



**FAUQUIER COUNTY WATER AND SANITATION AUTHORITY**

*CUSTOMER WATER SYSTEM SELF-SURVEY*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

**Property Owner:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

Telephone of property owner: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Account Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Please check any item that may apply to your premises:**

<input type="checkbox"/>	Outside spigots without vacuum breakers	<input type="checkbox"/>	Steam or hot water heating system
<input type="checkbox"/>	Frost-proof spigot with vacuum breaker	<input type="checkbox"/>	Solar heating system
<input type="checkbox"/>	Frost-proof spigot without vacuum breaker	<input type="checkbox"/>	Pressure washers
<input type="checkbox"/>	Yard hydrant/yard spigot/standpipe	<input type="checkbox"/>	Pressure booster pump
<input type="checkbox"/>	Lawn irrigation sprinkler system	<input type="checkbox"/>	Animal watering trough
<input type="checkbox"/>	Swimming pool	<input type="checkbox"/>	Shampoo bowl/sink
<input type="checkbox"/>	Jacuzzi/hot tub	<input type="checkbox"/>	Dye vat
<input type="checkbox"/>	Fish pond/decorative bird bath with pump	<input type="checkbox"/>	Carbonated drink machine
<input type="checkbox"/>	Fire protection sprinkler system	<input type="checkbox"/>	Dialysis equipment
<input type="checkbox"/>	Private well, spring or cistern	<input type="checkbox"/>	Darkroom/photo development
<input type="checkbox"/>	Water storage tank	<input type="checkbox"/>	Baptismal pool
<input type="checkbox"/>	Mop sink/laundry sink/utility sink with hose bib threads	<input type="checkbox"/>	Hose end sprayers for fertilizer or other lawn chemical system applications

Please offer a brief description of any other items or treatment units (i.e. water softeners) connected to the water system on your property:

\_\_\_\_\_  
\_\_\_\_\_

Please list any existing backflow prevention devices you have installed and if they appear to be working properly:

\_\_\_\_\_  
\_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_

**Please return this completed form to: FAUQUIER WATER & SANITATION AUTHORITY  
7172 KENNEDY ROAD WARRENTON, VA 20187**