

March 9, 2021

To Water Customer of **CRESTON WATER SYSTEM, INC.**

Please be advised that the Louisiana Department of Health, requires all public water systems within the state to protect the public water supply from contamination due to the backflow of water through cross-connections (LAC 51:XII).

Therefore, for the **CRESTON WATER SYSTEM** to develop a comprehensive Backflow Prevention Program, a Water Use Survey Form was mailed to all customers on **AUGUST 18, 2020** to complete and return to our office. Water customers are required by state law to complete the questionnaire to avoid a disruption in service.

We did not receive a response from you. Customers who do not return the survey by **May 11, 2021 will be disconnected** until the water use questionnaire is returned and/or a backflow prevention device is installed.

TO AVOID DISRUPTED SERVICE, THE ATTACHED QUESTIONNAIRE MUST BE RETURNED TO YOUR WATER UTILITY BY May 11, 2021.

Thanks in advance for filling out the questionnaire. We appreciate your cooperation in helping us to protect the drinking water we deliver to our customers. If you have any questions about the survey or how to fill out the questionnaire, please contact us at 318-875-2100. We will review your questionnaire and determine whether we need to contact you for further information.

Sincerely,

CRESTON WATER SYSTEM BOARD OF DIRECTORS

Enclosures: CCC Brochure
Water Use Questionnaire

CRESTON WATER SYSTEM, INC.
Water Use Questionnaire for Residential Customers

March 9, 2021

Customer Name: _____

Customer Address: _____

Please indicate whether the special plumbing or activities listed below apply to your premises:

Yes	No	Plumbing or Activity Present on Customer's Premises*
		Underground irrigation sprinkler system
		Water treatment system (e.g., water softener)
		Solar heating system
		Residential fire sprinkler system
		Other water supply (whether or not connected to the plumbing system, e.g. well, lake, river, cistern, etc.)
		Individual sewer mechanical treatment plant with irrigation spray or septic tank system
		Sewage pumping system or gray water system
		Portable dialysis machine or equipment
		Boat dock/moorage with water supply
		Hobby farm
		Livestock or Animal watering troughs
		Swimming pool or hot tub
		Greenhouse
		Decorative pond
		Photo lab or dark room
		Home-based business. If Yes, list type or describe (e.g., beauty salon, machine shop, etc.):

*Based on their knowledge of residential connections served, public water systems may "customize" this list by adding or deleting plumbing categories or activities.

Completed by (print name): _____ Date: _____

Residents Signature: _____