

Peoples of Bastrop, LLC

Water Use Survey

Cross Connection Control

The Company has developed a cross-connection control program (CCCP) to help eliminate potential cross-connections from the potable water supply. A cross-connection is the point at which a contaminated substance comes in contact with a drinking water system. This survey is a requirement of the Louisiana State Plumbing Code. We are conducting this survey of all our water customers to protect the water supply for all citizens. This information will be used to prevent possible contamination of our drinking water system. If a cross-connection is found to exist, appropriate corrective action will need to be taken.

Please return this survey to the address below:

Attn: Compliance Manager
Peoples of Bastrop, LLC
P.O. Box 70
Bastrop, LA 71221-0070

If you have questions or would like assistance in completing this survey, please contact the Compliance Manager at (318)281-2160.

Thank you in advance for your cooperation.

Please put an X by the best answer.

*Required Field

*Which best describes your facility?

- Commercial
- Medical
- Multi-Family
- Industrial
- Residential
- Agricultural
- Other _____

*Do you have an outdoor irrigation/sprinkler system?

- No
- Yes

*Do you have an indoor fire protection system (i.e. sprinkler system)?

- No
- Yes

*Do you use water from another source (i.e. well)?

- No
- Yes

*Do you have any water using equipment (other than standard plumbing fixtures, water softeners, etc. such as a boiler, cooling tower, condensate lines, pool)?

- No
- Yes

*Do you use chemicals onsite (other than standard household cleaners)?

- No
- Yes

*Do you have a backflow prevention device or assembly installed on your water line?

- No
- Yes

*If yes, has the backflow prevention device been inspected in the last 12 months?

- No
- Yes **If yes, please provide a copy of the most recent inspection results.**

*Please provide the following information as it pertains to you:

*Resident: **PLEASE PRINT**

Name: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____ Email Address: _____

*Commercial/Industrial: **PLEASE PRINT**

Company Name: _____

Site Contact: _____

Site Address: _____

City, State, Zip Code: _____

Site Telephone Number: _____

Any additional information pertaining to other backflow preventer devices: