



Water Usage Inventory

In compliance with State of Iowa Health Regulations, please complete the following survey by taking inventory of your plumbing fixtures at the *site address* referenced in the accompanying letter. This inventory **MUST BE RETURNED TO DES MOINES WATER WORKS WITHIN 30 DAYS TO AVOID FUTURE NOTICES AND ACTION**. If you need assistance completing this inventory, please contact your licensed plumber, building engineer, or property manager.

[Reference Account Number (from letter)] _____
 [Reference Property Address (from letter)] _____

1. Name of Business: _____

2. Type of Business: Contractor Manufacturing Residential Medical Multi-tenant
 Retail Office Building Warehouse Service/Repair
 Other _____

List names of tenants, if applicable: _____

Is there a Backflow Preventer on your incoming water line? Yes No Do not know

If "Yes" what model, size, and serial number? _____

Date last tested: _____

Is there any other source of water, such as a private well, at this address? Yes No Do not know

4. Do you have any of the following connected to the Public Water Supply?

- | Yes | No | | Yes | No | |
|--------------------------|--------------------------|--------------------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Boiler for steam heat | <input type="checkbox"/> | <input type="checkbox"/> | Truck or Tank Water Filling Station |
| <input type="checkbox"/> | <input type="checkbox"/> | Boiler for hot water heat | <input type="checkbox"/> | <input type="checkbox"/> | Underground Lawn Sprinkler Systems |
| <input type="checkbox"/> | <input type="checkbox"/> | Cooling Towers | <input type="checkbox"/> | <input type="checkbox"/> | Water Cooled Equipment |
| <input type="checkbox"/> | <input type="checkbox"/> | Fire Suppression System (sprinklers) | <input type="checkbox"/> | <input type="checkbox"/> | Steam Tables |
| <input type="checkbox"/> | <input type="checkbox"/> | Heat Pump | <input type="checkbox"/> | <input type="checkbox"/> | Private Well |
| <input type="checkbox"/> | <input type="checkbox"/> | Hose Aspirator (spraying chemicals) | <input type="checkbox"/> | <input type="checkbox"/> | Photo or X-Ray Developing Equipment |
| <input type="checkbox"/> | <input type="checkbox"/> | In Floor Radiant Heat with Chemicals | <input type="checkbox"/> | <input type="checkbox"/> | Water Recycling Equipment |
| <input type="checkbox"/> | <input type="checkbox"/> | Water Storage Tank | <input type="checkbox"/> | <input type="checkbox"/> | Plumbed-in Soft Drink Dispenser |
| <input type="checkbox"/> | <input type="checkbox"/> | Utility Yard Hydrant | <input type="checkbox"/> | <input type="checkbox"/> | Soap Injectors |
| <input type="checkbox"/> | <input type="checkbox"/> | Pedicure Chairs | <input type="checkbox"/> | <input type="checkbox"/> | Dilution of fertilizers, pesticides, herbicides |
| <input type="checkbox"/> | <input type="checkbox"/> | Livestock Watering Tank | <input type="checkbox"/> | <input type="checkbox"/> | Dental operatory equipment |
| <input type="checkbox"/> | <input type="checkbox"/> | Swimming Pool or Hot Tub | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Pumps connected to plumbing | | | |
| | <input type="checkbox"/> | Pressure Booster | <input type="checkbox"/> | <input type="checkbox"/> | Boiler Circulator |
| | <input type="checkbox"/> | Ornamental Fountain | <input type="checkbox"/> | <input type="checkbox"/> | Sewage |
| | <input type="checkbox"/> | Other (please specify) _____ | | <input type="checkbox"/> | Irrigation System |
| <input type="checkbox"/> | <input type="checkbox"/> | Are chemicals used in the water? | | | |
| | | If "yes," what chemicals? _____ | | | |

List all other operating processes connected to the water piping. _____

5. Signature _____
 To my knowledge, the answers are true and correct.

Please print name _____ Signature _____
 Date _____ Daytime Telephone Number _____

***To ensure compliance, complete this inventory
 and return in the enclosed envelope.***

Thank You

for helping fulfill State of Iowa Health Regulations!

This mandatory inventory must be completed and returned within 30 days.

If not completed, you may be required to install containment device(s).

- Backflow prevention devices must be installed by a licensed plumber.
- Testing and repairing of backflow prevention devices must be performed by a tester registered with the State of Iowa Health Department. For more information, visit www.idph.state.ia.us/eh/backflow_prevention.asp.
- State of Iowa Health Regulations requires that all testable backflow prevention devices be tested annually.
- Des Moines Water Works maintains records of these tests and will issue a reminder notice near your annual testing date.

Helpful Definitions

Cross-Connections

Any actual or potential connection between the public drinking water supply and customers plumbing system that makes it possible for used water, pollutants, or contaminants to enter the public drinking water supply.

Backflow

The undesirable reverse flow of used water, contaminants, or pollutants from a customer's plumbing system into the public drinking water supply.

Backflow Preventer

A device or process that prevents impurities or contaminants from being drawn into the public drinking water supply.

Containment

Installation of a backflow preventer on the water service line immediately following the meter.

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