

Home Plumbing System Questionnaire:

Please check the box if you have any of the following in your home:

- A private well
- An in-ground lawn irrigation system
- A water treatment system (water softener, reverse osmosis system, etc.)
- A hot tub or in-ground swimming pool
- A water assist backup sump pump
- A boiler
- A water pressure boosting pump
- Solar panels, walk/driveway snow-melt system, geo-thermal system, or other heat exchanger system
- Other water connection _____
- None of the above

Name: _____ Phone: _____ Date: _____