

Account #:  
Meter #:  
Last Survey: //  
Survey Due: //

Dear Customer:

FIELD SURVEY REPORT

Date: \_\_\_\_\_ Owner's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ PHONE!! \_\_\_\_\_

SURVEY: (List all plumbing fixture, plumbing appliances and ALL backflow devices)

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

COMPLIANCE: \_\_\_\_\_ YES or \_\_\_\_\_ NO \_\_\_\_\_ IN

CORRECTION(S): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Surveyor: \_\_\_\_\_ CCCDI No: \_\_\_\_\_  
Contractors Business Name: \_\_\_\_\_  
Date of test kit calibration: \_\_\_\_\_

Surveyor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Survey Fee \$60.00 MUST HAVE CONTACT NAME & PHONE NUMBER!  
Survey Paid by: CONTRACTOR or CUSTOMER circle one

IF NOT RECEIVED WITHIN THE 30 DAYS OF DUE DATE, ADD AN ADDITIONAL \$50 FOR PENALTY