



Account #:

Meter #:

FIELD SURVEY REPORT

Date: _____ Owner's Name: _____

Address: _____ Phone: _____

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

Multiple horizontal lines for survey details.

IN COMPLIANCE: _____ YES or _____ NO

CORRECTION(S): _____

Multiple horizontal lines for correction details.

Surveyor: _____ CCCDI No: _____

Contractor's Business Name: _____

Date of test kit calibration: _____

Surveyor Signature: _____ Date: _____

Survey Fee \$40.00

Mailing Address: PO Box 3157 Bloomington, IL 61702-3157

115 E. Washington St., 2nd Floor Bloomington, IL 61701

Phone: 309-343-2226 Fax: 309-434-2857 TTY: 309-829-5115