Clay County Utility Authority
3176 Old Jennings Road
Middleburg, Florida 32068-3907
Telephone (904) 213-2466
Facsimile (904) 213-2467
www.clayutility.org

Working together to protect public health, conserve our natural resources, and create long-term value for our ratepayers.

COMMERCIAL CUSTOMER SURVEY

Business Name: _____

Service Address: _____

Type of Business: _____ CCUA Route Number: _____

Contact: _____ Telephone Number: _____

Fax Number: _____ E-Mail Address: _____

PRIMARY BUSINESS: **(CHECK ALL THAT APPLY)**

_____ Health Care Provider
_____ Hospital, Clinic, Laboratory
_____ Veterinary Medicine
_____ Photo Finishing
_____ Plating
_____ Pesticides/Fertilizers
_____ Docks/Dockside Facilities
_____ Nail Salon
_____ Laundry
_____ Restaurant
_____ Hair Salons/Barber Shops
_____ Car Dealership/Service Department
_____ Car Wash
_____ None of the Above

ANSWER YES OR NO TO THE FOLLOWING:

_____ Is there a private well on the property?
_____ Are toxic chemicals used in the production of your goods/the service you provide?
_____ Is there a sprinkler system with chemical injectors?

IF ONE OR MORE OF THE ABOVE APPLY, YOU MUST SCHEDULE AN INSPECTION BEFORE SERVICE IS AVAILABLE.

I understand that the Clay County Utility Authority's Cross-Connection Control Policy requires the potable water services at all commercial accounts be equipped with a reduced pressure backflow assembly. Furthermore, I agree to install and get certified a reduced pressure backflow assembly downstream of the water meter serving the above location within 30 days, if one is not already installed and certified. I also understand that if a reduced pressure backflow assembly is not installed and operating properly, potable water service at this address is subject to termination without any further notification after the 30 days.

I understand that certain types of businesses require additional protection devices. Furthermore, I agree to comply with those additional requirements as outlined below.

Conditions & Comments: _____

_____

_____

_____

_____ Appointment Date: _____

Customer Signature Date Appointment Time: _____