

CROSS-CONNECTION SURVEY

Name of Business: _____ Contact: _____
 Service Address: _____ Phone #: _____
 Mailing Address: _____ City: _____ Zip: _____
 Name of Property Owner: _____ Phone #: _____

Type of Business (Check One): Commercial Industrial Institutional Residential

WATER WELLS

Do you have a private well or source of water, other than provided by our water system?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
If yes , is the water well connected to the same plumbing system as our water supply?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
If yes , is it protected by a testable backflow device?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW

PUMPS

Do you have any pumps on your water lines?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
If yes , are they protected by a testable backflow device?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW

PONDS / SWIMMING POOLS / HOT TUBS

Do you have a pond on your property?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
How is the pond filled?	Garden Hose	<input type="checkbox"/>	
	Automatic Fill Valve	<input type="checkbox"/>	
	Manual Fill Valve and Pipe	<input type="checkbox"/>	
Do you have a swimming pool?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
How is the swimming pool filled?	Garden Hose	<input type="checkbox"/>	
	Automatic Fill Valve	<input type="checkbox"/>	
	Manual Fill Valve and Pipe	<input type="checkbox"/>	
Do you have a hot tub?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
How is the hot tub filled?	Garden Hose	<input type="checkbox"/>	
	Automatic Fill Valve	<input type="checkbox"/>	
	Manual Fill Valve and Pipe	<input type="checkbox"/>	
Is there a backflow prevention device on the fill pipe to the pond / pool / hot tub?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW

BOILERS

An appliance that heats water to warm the inside of your home is considered a boiler. A hot water heater that heats water only for bathing and clothes washing is not considered a boiler.

Do you have a boiler?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If yes , is there a backflow prevention device installed on the water line supplying water to the boiler?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW

WATER TREATMENT DEVICES

Do you have a water softener?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
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If yes , does the water softener drain have an air gap installed on the drain lines?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
Do you have a reverse osmosis device?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
If yes , does the reverse osmosis device drain have an air gap installed on the drain lines?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
Do you have any other type of water treatment device not listed above? If yes , describe:			
LAWN SPRINKLERS / IRRIGATION			
Do you have an underground sprinkler or irrigation system?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
If yes , is it protected by a testable backflow preventer?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
LAB FACILITIES			
Do you have any photo, chemical, medical or lab facilities?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
If yes , is it protected by a testable backflow preventer?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
FIRE SERVICE / SPRINKLER SYSTEM			
Do you have a fire service or sprinkler system?	<input type="checkbox"/> Fire Service		<input type="checkbox"/> Sprinkler System
INDUSTRIAL PROCESSES			
Do you have auxiliary water supply?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
Do you have water fed industrial process?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
If yes , please indicate: <input type="checkbox"/> Plating <input type="checkbox"/> Chemical Makeup Tank <input type="checkbox"/> Dry Cleaning <input type="checkbox"/> Laundry <input type="checkbox"/> Petroleum <input type="checkbox"/> Car Wash <input type="checkbox"/> Other			
Is there a backflow prevention device on any of these processes?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
RESTAURANTS			
Do you have a pressurized drink dispenser?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
Do you have an industrial dishwasher?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
If yes to the above 2 questions, are they protected by a testable backflow preventer?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW

I certify that the information contained in this preliminary survey is true correct, and complete to the best of my knowledge. I certify that I am either an owner of this business or the owner's designated agent.

Signature _____ Title _____ Date _____
Printed Name _____ Phone _____

FOR INTERNAL USE ONLY			
Backflow prevention required:	YES , give reason with reference to above hazards:		NO
Reason:			
Type of device required:	<input type="checkbox"/> DC <input type="checkbox"/> DCDA <input type="checkbox"/> RPDA <input type="checkbox"/> PVB <input type="checkbox"/> RP		<input type="checkbox"/> Other
Existing Backflow Prevention Device?	YES , complete the following:		NO
Manufacturer:		Model:	
Size:	Type:	Serial No:	Date Installed:
Device Location:			
Comments:			
Field Investigation by:			Date: