

CROSS-CONNECTION CONTROL SURVEY

The following form is to be used by water department personnel and/or by customers of the _____ public water supply. Data from this form may be used to determine if the property should be inspected by a licensed plumber with a CCCDI certification to detect and correct any cross-connections found on the property.

Date survey conducted: _____

Name/Title of person conducting survey: _____

Name of water user: _____ Address: _____

Phone number: _____

Residential: (Check all that apply)

Kitchen: Sink Faucet _____ Sink Faucet w/Sprayer _____ Ice Maker _____ Garbage Disposal _____

Other: _____ Other _____ Other _____

Comments: _____

Bath: Lavatory _____ Toilet _____ Bathtub _____ Hot Tub _____ Bidet _____

Other: _____ Other: _____ Other: _____

Comments: _____

Other: Boiler heat _____ How Many Boilers? _____

Exterior: Outside faucets _____ How Many? _____ Non-Freezing Type: _____ How Many? _____

Lawn Irrigation System (Portable) _____ Lawn Irrigation System (Permanent) _____

Lawn Fertilizer System _____ Portable High-Pressure Washer _____ Private Wells(s) _____

Is/Are private well(s) physically connected to the water system? Yes _____ No _____

Other: _____

Other: _____

Other: _____

Comments: _____

(Please complete other side, if applicable.)

Commercial: (Check all that apply)

Lavatory: _____ How Many? _____ Deep Sinks _____ How Many? _____
Boilers _____ How Many? _____ Outside Faucets _____ How Many? _____
Outside Faucets
Non-Freezing Type) _____ How Many? _____ High Pressure Washers _____ How Many? _____
Lawn Irrigation Systems (Portable) _____ How Many? _____
Lawn Irrigation Systems (Permanent) _____ How Many? _____
Lawn Fertilizer Systems _____
Mixing Tanks w/Overhead Fill Lines _____ How Many? _____
Mixing Tanks w/Bottom Fill Lines _____ How Many? _____
Watering troughs _____ How Many? _____
Bulk Water Salesman _____ How Many? _____
Water-Cooled Air Conditioning System _____ How Many? _____
Sitz Baths _____ How Many? _____
Fire Protection Systems: _____
Embalming Facilities (Mortuaries) _____ How Many? _____
Private Well(s) _____ How Many? _____
Is/Are private well(s) physically connected to the water system? Yes _____ No _____
Other: _____ Other: _____ Other: _____
Other: _____ Other: _____ Other: _____
Comments: _____

(FOR WATER DEPARTMENT USE ONLY)

After reviewing the data on this form it is my recommendation that:

_____ The plumbing system serving the above-described property should be inspected for cross-connections by a properly certified plumber/CCCDI inspector.

_____ The plumbing system serving the above-described property does not pose a threat to the public safety and no inspection is ordered.

Dated this _____ day of _____, _____.

Signature/Title of Person Making Above Determination: _____