Cross Connection Control Survey

Company/Facility Name:  
Service Address:  
Mailing Address:  
City:  State:  Zip Code:  
Type of Business:  
Contact Name:  Telephone:  
Mobile Phone:  E-mail:  

<table>
<thead>
<tr>
<th>Number of Service Connections</th>
<th>Type of Existing Backflow Protection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic:</td>
<td></td>
</tr>
<tr>
<td>Fire:</td>
<td></td>
</tr>
<tr>
<td>Irrigation:</td>
<td></td>
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</tbody>
</table>

1. Is business activity listed in ordinance or rule?  
   Type of service protection required:  
   Yes  No

2. Is there an auxiliary water supply available?  
   A: Water Well  
   B: Storage Tank  
   C: Other  
   Yes  No

   Approved water system?  
   Yes  No

   Interconnected with Public water system  
   Yes  No

3. Are there hazardous materials on premises?  
   A. Water connected?  
   Yes  No

4. Special use equipment requiring water at all times?  
   Yes  No

5. Heating and/or cooling systems (water connected)  
   a. Air conditioners  
   b. Boilers  
   c. Chillers  
   d. Cooling towers  
   e. Heat exchangers  
   f. Solar panels  
   g. Other  
   Yes  No
6. **Industrial fluids and/or Pressure systems (water connected)**
   - a. Booster pumps
   - b. Circulating pumps
   - c. Hydraulic lines
   - d. Steam lines
   - e. Other

7. **Chemical injection and/or Feeder Systems (water connected)**
   - a. Corrosion/Scale inhibitors
   - b. Biocides Algae
   - c. Soaps
   - d. Softeners
   - e. Other:

8. **Irrigation Systems**
   - a. Chemigation
   - b. Pumps
   - c. Separate Service Connection
   - d. Other:

9. **Laboratory facilities with water connected equipment**:

10. **Kitchen facilities (commercial)**
    - Coffee urns
    - Dishwashers
    - Double boilers
    - Garbage disposal
    - Grease trap
    - Pressure cookers
    - Steam table
    - Other:
11. **Laundry and/or dry cleaning facilities**
   - Yes
   - No

12. **Fountains and/or ponds**
   - Yes
   - No

13. **Photo Processing and/or Printing equipment (water connected)**
   - Yes
   - No

14. **Plating facilities**
   - Yes
   - No

15. **Reclaimed water and/or solvents**
   - Yes
   - No

16. **Sewage System**
    a. Pumps
    b. Water operated sump ejectors
    c. Water connection for unclogging
    d. Trailer flushing facilities
    e. Holding tanks
    f. Flush valve toilets/urinals
    g. Other:

   - Yes
   - No

17. **Swimming pools and/or spas**
    Chemical additives
    Low-level inlet

   - Yes
   - No

18. **Tanks, vats or other vessels containing non-potable substances**

   - Yes
   - No

19. **Fire Protection Systems – connected to public water**
    a. Class I-II (Special conditions)
        i. Hazardous substances on premises?
        ii. Complex piping systems?
        iii. Other?
    b. Unapproved auxiliary water supply available?
       Connected to Auxiliary Water?
    c. Elevated storage tanks and/or private reservoirs?
    d. Hazardous substance(s) in fire system?
    e. Interconnection with another public water system?
Cross Connection Survey (page 4 of 4)

Comments:

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__________________________________________________________________________________

Required service line protection (AG, RP, DC, PVB, NONE)

Domestic:  

Fire:  

Irrigation:  

Water System Representative:  ________________________________  Date

Water Customer Representative:  ________________________________  Date