

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:** _____

	Number of Service Connections	Type of Existing Backflow Protection
Domestic:	_____	_____
Fire:	_____	_____
Irrigation:	_____	_____

	Yes	No
1. Is business activity listed in ordinance or rule?	<input type="checkbox"/>	<input type="checkbox"/>
Type of service protection required:	_____	

	Yes	No
2. Is there an auxiliary water supply available?	<input type="checkbox"/>	<input type="checkbox"/>
A: Water Well	<input type="checkbox"/>	<input type="checkbox"/>
B: Storage Tank	<input type="checkbox"/>	<input type="checkbox"/>
C: Other	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Approved water system?	<input type="checkbox"/>	<input type="checkbox"/>
Interconnected with Public water system	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
3. Are there hazardous materials on premises?	<input type="checkbox"/>	<input type="checkbox"/>
A. Water connected?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
4. Special use equipment requiring water at all times?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
5. Heating and/or cooling systems (water connected)	<input type="checkbox"/>	<input type="checkbox"/>
a. Air conditioners	<input type="checkbox"/>	<input type="checkbox"/>
b. Boilers	<input type="checkbox"/>	<input type="checkbox"/>
c. Chillers	<input type="checkbox"/>	<input type="checkbox"/>
d. Cooling towers	<input type="checkbox"/>	<input type="checkbox"/>
e. Heat exchangers	<input type="checkbox"/>	<input type="checkbox"/>
f. Solar panels	<input type="checkbox"/>	<input type="checkbox"/>
g. Other	<input type="checkbox"/>	<input type="checkbox"/>

Cross Connection Survey (page 2 of 4)

		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		

		Yes	No
7.	Chemical injection and/or Feeder Systems (water connected)		
a.	Corrosion/Scale inhibitors		
b.	Biocides Algae		
c.	Soaps		
d.	Softeners		
e.	Other:		

		Yes	No
8.	Irrigation Systems		
a.	Chemigation		
b.	Pumps		
c.	Separate Service Connection		
d.	Other:		

		Yes	No
9.	Laboratory facilities with water connected equipment:		

		Yes	No
10.	Kitchen facilities (commercial)		
	Coffee urns		
	Dishwashers		
	Double boilers		
	Garbage disposal		
	Grease trap		
	Pressure cookers		
	Steam table		
	Other:		

Cross Connection Survey (page 3/4)

	Yes	No
11. Laundry and/or dry cleaning facilities		
12. Fountains and/or ponds		
13. Photo Processing and/or Printing equipment (water connected)		
14. Plating facilities		
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:

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

Domestic: _____

Fire: _____

Irrigation: _____

Water System Representative: _____ **Date**

Water Customer Representative: _____ **Date**