

CUSTOMER CROSS-CONNECTION CONTROL SURVEY

1. Account # _____

2. Customer Name _____

3. Address _____

4. Type of Service : Residential _____ Commercial _____ Industrial _____

5. Do You Have: (Check all that apply)

_____ Automatic Watering System _____ Jacuzzi _____ Dishwasher _____ Swimming Pool

_____ Fire Sprinkler System _____ Hot Tub _____ Refrigerator/Automatic ice maker

_____ Sewer Septic Tank _____ Greenhouse _____ baptismal font/tub

6. Do You Use: (Check all that apply)

_____ Dark Room Equipment _____ Insecticide Sprayers/Attach to Garden Hose

_____ Portable High Pressure Washer

7. Do you have a water softener or any other treatment system connected to your water system? Yes/No

8. Do you have a private well and or cistern on the property? Yes/No
If yes, is it connected to the city water system? Yes/No

9. Do you have boiler heat? (not a hot water heater) Yes/No
If yes, does this boiler use chemical additives? Yes/No

10. Do you mix any type of chemicals? Yes/No

11. Do you have a sump pump on your property? Yes/No
If yes, is it connected to the city sewer? Yes/No

12. Do you have any situation that you are aware of that could create a cross-connection? Yes/No

13. Do you have any type of backflow prevention device installed on your service? Yes/No
If yes, give the date of most recent inspection. _____

Comments: _____

Customer Signature _____

Thank you for working with us to protect our drinking water. If you have questions concerning Cross-connection or this survey call Penny Pinkstaff at 537-4976 or 537-2523