Cross-Connection Survey

Occupant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupant Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Occupancy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Own\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Rent
2. Meter serves: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Homes How Many? \_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_Buildings How Many? \_\_\_\_\_\_\_\_\_

1. Do you have? (Please check all that apply)

Hot Tub \_\_\_\_\_\_\_\_\_\_ Swimming Pool\_\_\_\_\_\_\_\_ Jacuzzi\_\_\_\_\_\_

Waterbed\_\_\_\_\_\_\_\_ Solar System\_\_\_\_\_\_\_\_\_\_ Green House\_\_\_\_\_\_\_

Underground Sprinkler System\_\_\_\_\_\_\_\_ Darkroom Equipment\_\_\_\_\_\_\_

Drip/Soaker/Irrigation System\_\_\_\_\_\_\_\_\_ Portable Dialysis Machine\_\_\_\_\_\_

Insecticide Sprayers (That attach to garden hose also) \_\_\_\_\_\_\_\_\_

Utility sink w/ threaded faucet \_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have a bathtub that fills from the bottom? \_\_\_\_\_\_\_\_\_\_Yes\_\_\_\_\_\_\_\_\_\_\_\_No
2. Do you have a water softener of any extra water treatment system? \_\_\_\_\_\_\_\_Yes\_\_\_\_\_\_\_No
3. Do you have an auxiliary water supply on your premises? \_\_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_\_\_\_No
4. Do you have livestock and use a water trough or water system connected to by public water?

\_\_\_\_\_\_\_\_\_\_\_\_Yes\_\_\_\_\_\_\_\_\_\_\_No

1. Is your home or building elevated above your water meter? \_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_\_\_\_No
2. Does a creek, river, or spring water run near or on your property? \_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_No
3. Do you have a booster pump, well pump, or any other type water pump? \_\_\_\_\_\_\_\_\_Yes \_\_\_\_No
4. Do you receive irrigation water from a different source? \_\_\_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_\_\_\_No
5. Do you have a backflow protection device on your property now? \_\_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_No
6. Do you have any situation that you are aware of that could create a cross-connection?

\_\_\_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_\_\_\_\_\_No

1. Do you have any other water-using equipment on your property not mentioned above?

\_\_\_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_\_\_\_\_No

If yes, please list below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Phone #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date