

City of Breese, Illinois
CROSS-CONNECTION CONTROL SURVEY

The following form is to be used by water department personnel and/or by customers of the City of Breese 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.

This form maybe downloaded from the internet at www.breese.org and e-mailed back to kwegmann@breese.org

Date survey conducted: _____

Name/Title of person conducting survey: _____

Name of water user: _____ Address: _____

Phone number: _____ i.e. 6185267151

Please check the boxes that best describe your plumbing installation Yes No

1. Is your location heated by a boiler/ radiant heat?
If yes, Does this boiler/ heater utilize chemical additives to control scale?
Does this boiler/ heater have a backflow prevention device installed?
2. Do you have an underground sprinkler system installed?
If yes, Does this system have backflow prevention device installed?
3. Is there a fire suppression system connected to our water system?
If Yes, Does this system have backflow prevention device installed?
4. Is there a pool or hot tub at this location?
If yes, Aboveground Underground
Is the piping permanently installed to fill?
Does this system have backflow prevention device installed?
5. Do you have a well or cistern? Yes No Yard hydrants Yes No
If yes, are they connected to your potable piping system?
If Yes, Does this system have backflow prevention device installed?
6. Is there any type of Laboratory, photographic developing, dental treatment center
7. Kidney dialysis, funeral home or embalming facilities? (please list on No. 12)
If Yes, Does this system have backflow prevention device installed?
8. Are there any type of commercial dishwashers, laundry machines,
or other industrial machines that are connected to the water system?
If Yes, Does this system have backflow prevention device installed?
9. Are there any industrial ice makers at this location?
If Yes, Does this system have backflow prevention device installed?
10. Are there any mixing tanks, bulk water stations, watering troughs at this location?
If Yes, Does this system have backflow prevention device installed?
11. For carwashes, do you inject chemicals directly into the water line?
If Yes, Does this system have backflow prevention device installed?

If you have any backflow prevention devices installed, has it been tested within the past year?

12. Other? _____

Thank you for completing this survey