

**CROSS-CONNECTION CONTROL SURVEY**

The following form is to be used by water department personnel and/or by customers of the \_\_City of Breese\_\_ public 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.

Date survey conducted:\_\_\_\_\_

Name/Title of person conducting survey:\_\_\_\_\_

Name of water user:\_\_\_\_\_Address:\_\_\_\_\_

Phone number:\_\_\_\_\_

**Residential: (Check all that apply)**

**Kitchen:** Sink Faucet\_\_\_\_ Sink Faucet w/Sprayer\_\_\_\_ Ice Maker\_\_\_\_ Garbage Disposal\_\_\_\_  
Other:\_\_\_\_\_ Other\_\_\_\_\_ Other\_\_\_\_\_

Comments:\_\_\_\_\_

**Bath:** Lavatory\_\_\_\_ Toilet\_\_\_\_ Bathtub\_\_\_\_ Hot Tub\_\_\_\_ Bidet\_\_\_\_  
Other:\_\_\_\_\_ Other:\_\_\_\_\_ Other:\_\_\_\_\_

Comments:\_\_\_\_\_

**Other:** Boiler heat\_\_\_\_ How Many Boilers?\_\_\_\_\_

**Exterior:** Outside faucets\_\_\_\_ How Many?\_\_\_\_ Non-Freezing Type:\_\_\_\_ How Many?\_\_\_\_  
Lawn Irrigation System (Portable)\_\_\_\_ Lawn Irrigation System (Permanent)\_\_\_\_  
Lawn Fertilizer System\_\_\_\_ Portable High-Pressure Washer\_\_\_\_ Private Wells(s)\_\_\_\_  
Is/Are private well(s) physically connected to the water system? Yes\_\_\_\_ No\_\_\_\_

Other:\_\_\_\_\_

Other:\_\_\_\_\_

Other:\_\_\_\_\_

Comments:\_\_\_\_\_

\_\_\_\_\_

**(Please complete other side, if applicable.)**

**Commercial: (Check all that apply)**

Lavatory:\_\_\_\_\_ How Many?\_\_\_\_\_

Deep Sinks\_\_\_\_\_ How Many?\_\_\_\_\_

Boilers\_\_\_\_\_ How Many?\_\_\_\_\_

Outside Faucets\_\_\_\_\_ How Many?\_\_\_\_\_

Outside Faucets

Non-Freezing Type)\_\_\_\_\_ How Many?\_\_\_\_\_

High Pressure Washers\_\_\_\_\_ How Many?\_\_\_\_\_

Lawn Irrigation Systems (Portable)\_\_\_\_\_ How Many?\_\_\_\_\_

Lawn Irrigation Systems (Permanent)\_\_\_\_\_ How Many?\_\_\_\_\_

Lawn Fertilizer Systems\_\_\_\_\_

Mixing Tanks w/Overhead Fill Lines\_\_\_\_\_ How Many?\_\_\_\_\_

Mixing Tanks w/Bottom Fill Lines\_\_\_\_\_ How Many?\_\_\_\_\_

Watering troughs\_\_\_\_\_ How Many?\_\_\_\_\_

Bulk Water Salesman\_\_\_\_\_ How Many?\_\_\_\_\_

Water-Cooled Air Conditioning System\_\_\_\_\_ How Many?\_\_\_\_\_

Sitz Baths\_\_\_\_\_ How Many?\_\_\_\_\_

Fire Protection Systems:\_\_\_\_\_

Embalming Facilities (Mortuaries)\_\_\_\_\_ How Many?\_\_\_\_\_

Private Well(s)\_\_\_\_\_ How Many?\_\_\_\_\_

Is/Are private well(s) physically connected to the water system? Yes\_\_\_\_\_ No\_\_\_\_\_

Other:\_\_\_\_\_ Other:\_\_\_\_\_ Other:\_\_\_\_\_

Other:\_\_\_\_\_ Other:\_\_\_\_\_ Other:\_\_\_\_\_

Comments:\_\_\_\_\_

**(FOR WATER DEPARTMENT USE ONLY)**

After reviewing the data on this form it is my recommendation that:

\_\_\_\_\_The plumbing system serving the above-described property should be inspected for cross-connections by a properly certified plumber/CCCDI inspector.

\_\_\_\_\_The plumbing system serving the above-described property does not pose a threat to the public safety and no inspection is ordered.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature/Title of Person Making Above Determination:\_\_\_\_\_