

CROSS-CONNECTION CONTROL SURVEY

The following form is to be used by water department personnel and/or by customers of the _____ 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 the person conducting survey: _____

Name of water user: _____ Phone number: _____

Address: _____

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: _____
