

Please complete this Survey and Return to the above address before September 10, 2016

### Cross Connection Control Survey

Date: \_\_\_\_\_.

Name or Business: \_\_\_\_\_.

Service Address: \_\_\_\_\_.

Customer Contact: \_\_\_\_\_.  
(Name and Title if different from above)

Address of Contact: \_\_\_\_\_.

Contact Phone No.: \_\_\_\_\_.

1. Principal use of Water:  Residential  Business.
2. If Business provide uses for water: (carwash, food prep., Funeral Home, Fertilizer)  
3. \_\_\_\_\_  
\_\_\_\_\_
4. Does the service address have a water source other than Jerseyville Water (private well, secondary public water supply, etc.) Yes  No
5. If yes describe: \_\_\_\_\_
6. Is the service address heated with Hot Water:  Yes  No
7. Does the service address have a pool:  Yes  No
8. If yes, what type of Cross Connection Control Device is in place:  
 Fixed proper air-gap  RPZ Device  Double Check Valve  
 Atmospheric Vacuum Breaker  Other \_\_\_\_\_

Please provide the number of each type of Cross Connection Control Devices in place:

Air Gaps: \_\_\_\_\_ RPZ's: \_\_\_\_\_ Double Check Valves: \_\_\_\_\_

Vacuum Breakers: \_\_\_\_\_ Other: \_\_\_\_\_

Name and number of Cross-Connection Control Inspector for approved devices:

\_\_\_\_\_

I certify that all the information provided above is accurate and that all backflow devices required are in place and those requiring inspection have been tested and inspected as required:

\_\_\_\_\_ Date: \_\_\_\_\_