

# Cross-Connection Survey Form



Please complete this survey to help ensure the safety of the drinking water system.

Water System:

Account Number:

Service Address:

Customer Name:

Phone / Email:

Date:

## 1. Property Type

- Single-family residence
- Multi-family residence
- Commercial business
- Industrial facility
- Other

- |  |     |    |
|--|-----|----|
| 2. Does the property have more than one water service connection?        | Yes | No |
| 3. Is there a private well on the property?                              | Yes | No |
| 4. Is there an irrigation or sprinkler system connected to water supply? | Yes | No |

## 5. Equipment connected to plumbing (check all that apply)

- Swimming pool or spa
- Hot tub
- Water softener
- Boiler system
- Fire sprinkler system
- Decorative fountain

- |  |     |    |
|--|-----|----|
| 6. Are there any backflow prevention devices installed?        | Yes | No |
| 7. Are backflow devices tested annually by a certified tester? | Yes | No |

Customer Signature:

Date: