



## CROSS CONNECTION CONTROL SURVEY

The following form is to be used by water department personnel and/or by customers of the Downs public water supply. Data from the 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 of person conducting survey \_\_\_\_\_

Property Owner \_\_\_\_\_ Water User \_\_\_\_\_

Address \_\_\_\_\_ Phone/Email \_\_\_\_\_

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

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

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

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

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

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

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

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**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 System \_\_\_\_\_

Mixing Tanks with Overhead Fill Lines \_\_\_\_\_

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

Mixing Tanks with Bottom Fill Lines \_\_\_\_\_

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

Watering Troughs \_\_\_\_\_ How Many? \_\_\_\_\_

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

Water-Cooled Air Conditioning System \_\_\_\_\_

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

Seitz 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: \_\_\_\_\_

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**(FOR WATER DEPARTMENT USE ONLY)**

After reviewing the data on this form I 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 I ordered.

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

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