



Curran-Gardner Townships Public Water District

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CROSS-CONNECTION CONTROL SURVEY

IMPORTANT: THE IEPA NOW **REQUIRES** US TO UPDATE OUR WATER SERVICE MATERIALS INVENTORY EACH APRIL. PLEASE ENTER WHAT TYPE OF PIPE MATERIAL IS INSTALLED FROM THE METER PIT TO THE OUTSIDE WALL OF YOUR HOME, IF KNOWN. THANK YOU.

___ Galvanized ___ Lead ___ Copper ___ Plastic ___ Unknown

What year was the house built: ___ Before 1983 ___ Between 1983 and June 1988 ___ After 1988

Account Number: _____

The following survey is to be used by Water District Personnel and/or Customers of Curran-Gardner Townships Public Water District. Data from this form may be used to determine if property should be inspected by a licensed plumber with a CCCDI certification to detect and correct any cross-connections found on the property. Curran-Gardner Personnel cannot connect the backside of the service meter; a certified plumber should make this connection. Homes should be inspected by a certified plumber to ensure expansion tanks are not needed.

Date survey conducted: ___/___/___

Name/Title of person conducting survey: _____

Name of Water User: _____ Service Address: _____

Phone Number: (___) _____

RESIDENTIAL: Check all water sources that apply, and write quantity inside (#)

Kitchen(s): Sink Faucet: ___ Sink Faucet W/Sprayer: ___ Ice Maker: ___

Garbage Disposal: ___ Dishwasher: ___ Other: ___ Other: ___

Comments: _____

Bathroom(s) Sink ___ Bidet: ___ Toilet: ___ Bathtub/Shower: ___

Hot Tub: Other: ___ Other: ___ Other: ___

Comments: _____

Other: Water Heater: ___ Boiler Heat: ___ How Many Boilers: ___

Exterior: Outdoor Faucet: ___ Frost Proof Outdoor Faucet: ___

Lawn Irrigation System (Permanent): ___ Lawn Irrigation System (Portable): ___

Lawn Fertilizer System: ___ Portable High-Pressure Washer: ___

Private Well: ___ Is/Are private well(s) physically connected to the water system? Yes ___ No ___

Other: ___ Other: ___ Other: ___

Comments: _____



Curran-Gardner Townships Public Water Dist. is an equal opportunity provider.

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: _____