CROSS-CONNECTION CONTROL SURVEY

(This is a requirement by the EPA. Please only fill in the blanks that pertain to your home, Thank You.)

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. The Sangamon County Department of Public Health (217.535.3145) also requires a plumbing permit application to be completed.

Date survey conducted: ___ /___ /___

Name/Title of person conduction survey: _____

Name of Water User: _____ Service Address: _____

_____

Phone Number: (_____)_____

RESIDENTIAL : Check all water sources that apply, & 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: _____

_____