System Name

Residential Cross-Connection Questionnaire

Please read the enclosed brochure, look over the plumbing in your home and answer the questions below. Thank you for helping meet this State of Indiana regulation.

Please return to Public Works Department by date.

**Yes No Don’t Know**

1. Is there any other source of water, such as a private well, at this address?

If yes, is it protected by a testable backflow preventer?

2. Do you have a swimming pool or hot tub?

If you fill it with a hose, does a hose bib vacuum breaker protect it?

(See brochure)

If you fill it by a direct water line, is it protected by a reduced pressure

backflow preventer? (See brochure)

3. Do you have a lawn sprinkler system?

If yes, it is protected by an approved backflow preventer? (\*\*see below)

4. Do you have a hot water or steam boiler (not a water heater)?

If yes, is it protected by a reduced pressure backflow preventer?

(All boilers are required to have a RP)

Are chemicals used in the water?

If yes, please list the chemicals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Do you have a photo lab, medical, biological, auto paint/repair,

veterinarian or farm equipment, or any other chemical or medical labs

or facilities at this address?

If yes, is it protected by a testable backflow preventer?

6. Do you have a hose aspirator for spraying chemicals?

(All hose connections should have a hose bib vacuum breaker)

If yes, is it protected by a hose bib vacuum breaker?

Please list any and all backflow prevention devices or assemblies currently in use on your property. Include Manufacturer, Model Number, Type, Size, and Serial Number. If you aren’t sure just include as much information as you can.

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*\*\*Lawn sprinkler systems that have a connection to the drinking water service lines must have a backflow assembly installed which has to be tested every year. Check Idaho Public Drinking Water Rules or the Plumbing Code and its amendments as adopted by the State of Idaho for regulations.*

System Name has an active Cross Connection Control Program in place which directs us to survey all of our water customers annually, keep records of all tests on testable backflow preventers, and issue a reminder notice when testing is due. The customer shall provide access for inspection and testing by water system personnel at all reasonable times to determine whether cross connections, sanitary hazards or other violations of the Cross Connection Control Program exist.

Thank you. This survey will help prevent accidental contamination of our drinking water system.

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Signature (Sign) Date Daytime phone number

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please mail or deliver this survey to

Water Department Name/Public Works

Address

City, state zip

No later than date

If you have any questions about cross connection contamination or backflow prevention, please call Operator name and number or contact the Indiana Department of Environmental Management.