

June 17, 2014

**CROSS-CONNECTION CONTROL SURVEY**

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

Date: \_\_\_\_\_

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

Please circle "Yes" or "No" and provide requested information for each item listed below as it pertains to your home:

Lawn Irrigation System	Yes	No
Backflow Preventor in System	Yes	No
Location if Yes	Front Property Corner ____	Next to Home ____ Other ____
Swimming Pool	Yes	No
Filled with Garden Hose	Yes	No
Filled through Filter Plumbing System below Top Rim of Pool	Yes	No
Spa or Hot Tub	Yes	No
Filled with Garden Hose	Yes	No
Filled through Filter Plumbing System below Top Rim of Spa or Hot Tub	Yes	No
Garden Fountain	Yes	No
Filled with Garden Hose	Yes	No
Filled through Direct Tie-In to Water System below Top Rim of Fountain	Yes	No
Medical Equipment with Direct Tie-In to Water System	Yes	No
Backflow Preventor Provided at Tie-In	Yes	No
Hose Bib Vacuum Breakers Provided on All Outside and Inside Threaded Hose Bibs	Yes	No
Number of outside faucets without Vacuum Breakers	#	_____

Please call David Vinson or Bill Maier at the above telephone number if you have questions concerning this survey.