

Cross-Connection Control Survey

The following form is to be used by water department personnel and/or by customers of the Hardinville Water Company public water supply system. Data from this form may be used to determine if the property should be inspected by a licensed plumber with a CCCDI certification to detect and correct cross-connections found on the property.

Date survey conducted: _____

Name/title of person conducting survey: _____

Name of water user: _____ Address: _____

Phone number: _____

Residential: (Check all that apply)

Kitchen: Sink Faucet __ Sink Faucet w/Sprayer __ Ice Maker __ Garbage Disposal __

Other: _____

Comments: _____

Bath: Lavatory __ Toilet __ Bathtub __ Hot Tub __ Bidet __

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: _____

(Please complete back side of form, only if you have a Commercial water service)

Commercial: (Check all that apply)

Lavatory __ How many? __

Deep sinks __ How many? __

Boilers __ How many? __

Outside faucets __ How many? __

Non-Freezing Type __ How many? __

High Pressure Washers __ How many? __

Lawn Irrigation System (portable) __ Lawn Irrigation System (permanent) __

Lawn Fertilizer System __

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: _____

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 _____, 2017.

Signature/Title of Person Making Above Determination: _____