

WATER DEPARTMENT
Mandatory Cross Connection Control Survey

Account number (ON WATER BILL) _____ Date _____

Name on Account: _____

Water Service Address: _____

Type of service: Residential _____ Commercial _____ Industrial _____ Agricultural _____

Please indicate the nature of any business if any at this service address: _____

Do you have a sprinkler system for fire protection connected to the water system?---Yes _____ No _____
If yes what pressure is maintained in the sprinkler system?-----PSI _____
If yes, are there any chemicals added to the sprinkler system?-----Yes _____ No _____

Is there a private well or cistern at this service address?----- Yes _____ No _____
If yes is the well or cistern connected to the plumbing system?-----Yes _____ No _____

Do you have a swimming pool at the service address?-----Yes _____ No _____

Do you heat with hot water (i.e. boiler)?-----Yes _____ No _____
If yes are there any chemicals added to the heating system?-----Yes _____ No _____

Do you have a lawn irrigation system at this address?-----Yes _____ No _____

What type of pipe material is installed going into this address? _____ Unsure _____

Others Fixtures: _____

Do you have any type of backflow prevention device (RPZ) installed on your service? Yes _____ No _____
If backflow prevention devices are installed on your plumbing /fire sprinkler system, they are required by the Illinois Environmental Protection Agency to be tested annually and copies of test reports be maintained on file with the water department. If you do not have current copies of the test reports on file with us, please attach copies of the test to this survey.

_____ Phone _____
(PRINT) Name of person completing survey

Signature

Return to: Tri-Township Water
180 State Route 160
Trenton, IL 62293

Questions call: 618-973-0633
OR DROP in Night Deposit Box at the Office