



CROSS-CONNECTION CONTROL SURVEY

The following form is to be used by water department personnel and/or by customers of the Village of Germantown public water supply. 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 any 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: \_\_\_\_\_ Other \_\_\_\_\_ Other \_\_\_\_\_

Comments: \_\_\_\_\_

Bath: Lavatory \_\_\_\_\_ Toilet \_\_\_\_\_ Bathtub \_\_\_\_\_ Hot Tub \_\_\_\_\_ Bidet \_\_\_\_\_
Other: \_\_\_\_\_ Other: \_\_\_\_\_ 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 Wells(s) \_\_\_\_\_
Is/Are private well(s) physically connected to the water system? Yes \_\_\_\_\_ No \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Comments: \_\_\_\_\_

(Please complete other side, if applicable.)

**Commercial: (Check all that apply)**

Lavatory:\_\_\_\_\_ How Many?\_\_\_\_\_ Deep Sinks\_\_\_\_\_ How Many?\_\_\_\_\_

Boilers\_\_\_\_\_ How Many?\_\_\_\_\_ Outside Faucets\_\_\_\_\_ How Many?\_\_\_\_\_

Outside Faucets  
Non-Freezing Type)\_\_\_\_\_ How Many?\_\_\_\_\_ High Pressure Washers\_\_\_\_\_ How Many?\_\_\_\_\_

Lawn Irrigation Systems (Portable)\_\_\_\_\_ How Many?\_\_\_\_\_

Lawn Irrigation Systems (Permanent)\_\_\_\_\_ How Many?\_\_\_\_\_

Lawn Fertilizer Systems\_\_\_\_\_

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:\_\_\_\_\_ Other:\_\_\_\_\_

Other:\_\_\_\_\_ Other:\_\_\_\_\_ Other:\_\_\_\_\_

Comments:\_\_\_\_\_

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**(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 \_\_\_\_\_, \_\_\_\_\_.

Signature/Title of Person Making Above Determination:\_\_\_\_\_