

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: _____

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:_____

(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:_____

