

**NSCUDD WATER SYSTEM**  
**CROSS-CONNECTION SURVEY FORM**

ACCOUNT NUMBER: \_\_\_\_\_

DATE COMPLETED: \_\_\_\_\_

FACILITY NAME: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

FACILITY ADDRESS: \_\_\_\_\_

FACILITY PHONE: ( ) \_\_\_\_\_ FACILITY FAX: ( ) \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

OWNER ADDRESS: \_\_\_\_\_

OWNER PHONE: ( ) \_\_\_\_\_ OWNER FAX: ( ) \_\_\_\_\_

TYPE OF FACILITY: \_\_\_\_\_

DESCRIBE ACTIVITIES AT THE FACILITY: \_\_\_\_\_

WATER METER SIZE

WATER SERVICE LINE SIZE (in): \_\_\_\_\_ (in): \_\_\_\_\_

NOTE: Completion of this form in its entirety is required prior to initiation of water service

| <u>QUESTIONS</u>   | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| 1. Is there another source of water to the property other than the service connection to the public potable supply i.e., a private well, lake, stream, river, pond, etc.?  | ( )        | ( )       |
| 2. Is there an irrigation system on the property?  | ( )        | ( )       |
| 3. Are there any facilities (such as a booster pump, pressure tank, etc.) that increase the water pressure to the facility or any portion thereof, above the supply pressure presently provided by the potable supply? | ( )        | ( )       |
| 4. Are any chemicals used in the operation?  | ( )        | ( )       |
| 5. Are any chemicals stored at the facility?   | ( )        | ( )       |
| 6. Are any ejectors, aspirators, or pumps used in the operation?   | ( )        | ( )       |
| 7. Is any water recycled during the operation of an air conditioner or other equipment in your plant or building?  | ( )        | ( )       |
| 8. Are there any water supply lines submerged in tanks, vats, etc.?  | ( )        | ( )       |
| 9. Is there a fire stand-pipe or fire sprinkler system installed in the building?  | ( )        | ( )       |

PROVIDE APPROPRIATE DETAILS ON ALL QUESTIONS ANSWERED "YES".  
 ATTACH ADDITIONAL SHEETS AS  
 NECESSARY:

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Acknowledgement: Details regarding the Cross Connection Control Program are contained in a handbook that has been adopted by NSCUDD. By my signature below, I acknowledge that NSCUDD has made the Cross Connection Control Program Handbook available to me by logging on to [www.DistrictGov.org](http://www.DistrictGov.org) and then selecting the following: Departments - Utilities - Commercial Customers - and then under the heading Cross-Connection Control Handbook, select NSCUDD - Download Here. I further agree to be bound by the conditions and guidelines included therein. I also acknowledge that the information that I have provided is correct to the best of my knowledge and may result in the requirement of additional actions. Such actions may include, but are not limited to, installation of or modification of a backflow prevention assembly. Any action, if required, will be the responsibility of the customer or facility owner, as appropriate. Actions shall be completed within 30 days of receipt of notification by NSCUDD or its designated agent.

OWNER OR AGENT: \_\_\_\_\_ TITLE: \_\_\_\_\_  
 (Please Print)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NSCUDD  
 REPRESENTATIVE: \_\_\_\_\_ DATE: \_\_\_\_\_

Upon completion of this form, please return the original to:

North Sumter County Utility Dependent District  
 Attention: Cross Connection Control Program  
 984 Old Mill Run  
 The Villages, FL 32162  
 Phone: (352) 750-0000  
 Fax: (352) 751-3911