

VCCDD 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:

Acknowledgement: Details regarding the Cross Connection Control Program are contained in a handbook that has been adopted by VCCDD. By my signature below, I acknowledge that VCCDD has made the Cross Connection Control Program Handbook available to me by logging on to www.DistrictGov.org and then selecting the following: Departments - Utilities - Commercial Customers - and then under the heading Cross-Connection Control Handbook, select VCCDD - 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 VCCDD or its designated agent.

OWNER OR AGENT: _____ TITLE: _____
(Please Print)

SIGNATURE: _____ DATE: _____

VCCDD
REPRESENTATIVE: _____ DATE: _____

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

Village Center Community Development District
Attention: Cross Connection Control Program
984 Old Mill Run
The Villages, FL 32162
Phone: (352) 750-0000
Fax: (352) 751-3911