

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?	()	()

