GPU WATER SYSTEM CROSS-CONNECTION SURVEY FORM

	MBER:										
DA	TE COMPLETED:										
FAG	CILITY NAME:										
CONTACT NAME: FACILITY ADDRESS:											
FAG	CILITY PHONE:	()		FACILITY FAX:		_()				
OW	NER NAME:										
СО	NTACT NAME:										
OW	NER ADDRESS:										
OW	NER PHONE:	_()		OV	/NER FAX:	()			
DE:	PE OF FACILITY: SCRIBE ACTIVITIE CILITY:	S A	T THE								
NOTE: Completion of this form in its entirety is required prior to initial service <u>QUESTIONS</u> 1. Is there another source of water to the property other than the							YES		<u>NO</u>		
1.	service connection well, lake, stream,	n to t	the pub	olic potal		•		()	()
_	Is there an irrigation system on the property? 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				e onerat	tion?			()	(<i>)</i>
	Are any chemicals used in the operation? Are any chemicals stored at the facility?							()	()
	Are any ejectors, aspirators, or pumps used in the operation? Is any water recycled during the operation of an air conditioner						()	()	
							(,	(,	
8.	or other equipment in your plant or building? Are there any water supply lines submerged in tanks, vats, etc.? Is there a fire stand-pipe or fire sprinkler system installed in the					()	()		
a						()	()		
٥.	building?	ייא אין	- O	. o opinir	Jysic	motanea i		()	()

PROVIDE APPROPRIATE DETAILS ON ALL ATTACH ADDITIONAL SHEETS AS NECESSARY:	QUESTIONS ANSWERED "YES".
Acknowledgement: Details regarding the Cross in a handbook that has been adopted by GPU. GPU has made the Cross Connection Contrologging on to www.DistrictGov.org and then se Sanitation - Commercial Customers - and the Control, select GPU. I further agree to be bound therein. I also acknowledge that the information my knowledge and may result in the requirement include, but are not limited to, installation of assembly. Any action, if required, will be the result appropriate. Actions shall be completed with or its designated agent.	By my signature below, I acknowledge that of Program Handbook available to me by lecting the following: Services – Utilities and nen under the heading Cross-Connection d by the conditions and guidelines included in that I have provided is correct to the best of the ent of additional actions. Such actions may or modification of a backflow prevention sponsibility of the customer or facility owner,
OWNER OR AGENT: (Please Print)	TITLE:
SIGNATURE:	DATE:
GPU REPRESENTATIVE:	DATE:

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

Gibson Place Utility Company
C/O Vikus Water
Attention: Cross Connection Control Program
3635 Kiessel Road
The Villages, FL 32163
Renee.Smith@VikusWater.com

Fax: (352) 753-1296