MU WATER SYSTEM CROSS-CONNECTION SURVEY FORM

	COUNT MBER:										
DA	TE COMPLETED:										
FAG	CILITY NAME:										
FAG	NTACT NAME: CILITY DRESS:										
FAG	CILITY PHONE:	()			ACILITY AX:	()				
ow	NER NAME:										
со	NTACT NAME:										
OW	NER ADDRESS:										
OW	NER PHONE:	()		(OWNER FAX:	()				
DE	PE OF FACILITY: SCRIBE ACTIVITIE CILITY:	S AT TH	E								
NO	TER SERVICE LIN TE: Completion of vice			tirety is				of	wate	ər	
QUESTIONS								YES NO		0	
	 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.? 							()	()
	 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.	Are any chemicals used in the operation?							()	()
5.	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 or other equipment in your plant or building? Are there any water supply lines submerged in tanks, vats, etc.?							()	()
8								()	()
								()	()
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:



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

OWNER OR AGENT:	TITLE:		
	(Please Print)		
SIGNATURE:			DATE:
MU REPRESENTATIVE:			DATE:

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

Middleton Utility Company C/O Vikus Water Attention: Cross Connection Control Program 3635 Kiessel Road The Villages, FL 32163 <u>Renee.Smith@VikusWater.com</u> Fax: (352) 753-1296