## NSCUDD WATER SYSTEM CROSS-CONNECTION SURVEY FORM

	MBER:										
DA	TE COMPLETED:										
FAG	CILITY NAME:										
FAG	NTACT NAME: CILITY DRESS:										
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 initia service  QUESTIONS  1. Is there another source of water to the property other than the								YES		NO	
1.	service connection well, lake, stream,	n to t	the pub	olic potal		•		(	)	(	)
_	<ol> <li>Is there an irrigation system on the property?</li> <li>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?</li> </ol>							(	)	(	)
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?							(	)	(	)
	<ul> <li>Is any water recycled during the operation of an air conditioner or other equipment in your plant or building?</li> <li>Are there any water supply lines submerged in tanks, vats, etc.?</li> <li>Is there a fire stand-pipe or fire sprinkler system installed in the</li> </ul>						(	,	(	,	
8.							(	)	(	)	
a							(	)	(	)	
٥.	building?					(	)	(	)		

PROVIDE APPROPI ATTACH ADDITION NECESSARY:	RIATE DETAILS ON ALL C AL SHEETS AS	UESTIONS ANSWERE	ED "YES".
in a handbook that hat that NSCUDD has may by logging on to www and Sanitation - Commontorial Control, select NSC included therein. I also the best of my know actions may include prevention assembly facility owner, as ap	Details regarding the Cross Cas been adopted by NSCUD ade the Cross Connection CarbistrictGov.org and then somercial Customers - and the UDD. I further agree to be so acknowledge that the infoledge and may result in the but are not limited to, insort Any action, if required, with propriate. Actions shall be IDD or its designated agent	D. By my signature beloce the control Program Handboselecting the following: Some under the heading Commation that I have prove requirement of additional tallation of or modificate to the responsibility of completed within 30 completed within 30 controls.	ow, I acknowledge ok available to me Services – Utilities Cross-Connection as and guidelines vided is correct to nal actions. Such ion of a backflow of the customer or
OWNER OR AGENT:	(Please Print)	TITLE:	
SIGNATURE:	(Please Print)	DA	TE:
NSCUDD REPRESENTATIVE:		5.4	TE:

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

North Sumter County Utility Dependent District Attention: Cross Connection Control Program 3635 Kiessel Road The Villages, FL 32163 Renee.Smith@VikusWater.com Fax: (352) 753-1296