

# **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

## **QUESTIONS**

**YES**

**NO**

- |  |        |        |
|--|--------|--------|
| 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?  | (    ) | (    ) |

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

OWNER OR AGENT: \_\_\_\_\_ TITLE: \_\_\_\_\_  
(Please Print)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

VCCDD

REPRESENTATIVE: \_\_\_\_\_ DATE: \_\_\_\_\_

2