

**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

<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?	( )	( )

