WUDD 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								
ser <u>QU</u>	TE: Completion of vice ESTIONS				·				or wat <u>ES</u>		<u>10</u>
1.	Is there another so service connection well, lake, stream,	n to t	the pub	olic potal		•		()	()
_	Is there an irrigation Are there any facility etc.) that increase portion thereof, all by the potable supports the support is the potable supports.	lities the ove	(such water p the su	as a boo	oster pune to the fa	cility or any		()	()
4	Are any chemicals			e onerat	tion?			()	(<i>)</i>
	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.? Is there a fire stand-pipe or fire sprinkler system installed in the						()	()	
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8.							()	()	
a							()	()	
٥.	building?					()	()		

PROVIDE APPROP ATTACH ADDITION NECESSARY:	RIATE DETAILS ON ALL IAL SHEETS AS	QUESTIONS ANSWI	ERED "YES".
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		_	
in a handbook that he that WUDD has mad logging on to www.D Sanitation - Comme	Details regarding the Cross has been adopted by WUD e the Cross Connection Co istrictGov.org and then se ercial Customers - and the DD. I further agree to be	DD. By my signature bontrol Program Handbo lecting the following: S nen under the headin	elow, I acknowledge ook available to me by ervices – Utilities and g Cross-Connection
included therein. I al the best of my know actions may include prevention assembly facility owner, as ap	so acknowledge that the in ledge and may result in the body, but are not limited to, in a. Any action, if required, we opropriate. Actions shall be D or its designated agent.	nformation that I have ne requirement of add estallation of or modifi will be the responsibili	provided is correct to litional actions. Such cation of a backflow ty of the customer or
OWNER OR AGENT:	(Please Print)	TITLE:	
SIGNATURE:	(Flease Fillit)		DATE:
WUDD REPRESENTATIVE:			DATE:

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

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

Fax: (352) 753-1296