

WUDD 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? | () | () |

[illegible]

OWNER OR AGENT: _____ TITLE: _____
(Please Print)

SIGNATURE: _____ DATE: _____

WUDD

REPRESENTATIVE: _____ DATE: _____

Wildwood Utility Dependent District
C/O Vikus Water
Attention: Cross Connection Control Program
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The Villages, FL 32163
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Fax: (352) 753-1296