Questionnaire for Cross Connection Identification Survey

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| Name on Account: | Account Number: |
| Account Address: |

1. Occupancy: Own Rent
2. Meter serves: Homes/Buildings (garage, outbuildings, barns) How many?

Do you have (please check all that apply):

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Type | Yes/No | Type | Yes/No | Type | Yes/No | Type | Yes/No |
| Underground Sprinkler System |  | Swimming Pool |  | Hot Tub |  | Utility Sinks |  |
| Drip/Soaker/Irrigation System |  | Chemical Irrigation System |  | Solar System |  | Boilers / Closed Loop Hot Water Heaters |  |
| Darkroom Equipment |  | Fire Suppression System  |  | Portable Dialysis Machine |  | Soda Machine |  |
| Auxiliary Water Source (Well, Ditch/Canal) |  | Ghost pipes (unknown connections) |  | Onsite Water Storage  |  | Commercial Dishwasher |  |
| Insecticide Sprayers |  | Cleaning Solution Dispenser |  | Chemical Feed System |  | RV Hook Ups Connections |  |
| Dump Station |  | Yard Hydrant |  | Water Treat Plant |  | Storage Tank |  |
| Livestock Water Troughs |  | Water Softener/ Reverse Osmosis |  | Booster Pump |  | Well Pump |  |

3. Do you have outside hose bibs\*\* at your buildings that are used for non-potable purposes? Yes\_\_\_\_\_ No\_\_\_\_\_ How many? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\* Colorado Plumbing Code may require that the hose bibs are protected.

\*\* While not required by CDPHE it is best industry practice is to protect with a vacuum breaker.

4. Do you have a backflow protection device on your property now? Yes\_\_\_\_\_ No\_\_\_\_\_

5. Do you have any water-using equipment on not mentioned above? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, please describe:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you marked or answered yes to any of the above are you aware of potential backflow prevention measures being practiced onsite, such as an air gap, check valve or backflow prevention assembly? If so please explain and include the location of the identified backflow prevention measure:

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Print Name .Phone Number By signing this document I acknowledge that to the best of my knowledge the information provided is as accurate as possible.

Date Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please notify this office if any of the above conditions change.