

Village of Fieldon
CROSS-CONNECTION CONTROL SURVEY

The following form is to be used by the water department personnel and/or by customers of the Village of Fieldon public water supply. Data from this form may be used to determine if the property should be inspected by a licensed plumber with a CCDI certification to detect and correct any cross-connections found on the property.

Date survey conducted: _____

Name/Title of person conducting survey: _____

Name of water user: _____ Address: _____

Phone Number: _____

Water service size and material if known: Copper _____ Ploy _____ Galvanized iron: _____ Other: _____

Residential: (Check all that apply):

Kitchen: Sink Faucet: _____ Sink Faucet w/ Sprayer: _____ Ice Maker: _____ Garbage Disposal: _____
Other: _____
Comments: _____

Bath: Lavatory: _____ Toilet: _____ Bathtub: _____ Hot Tub: _____ Bidet: _____
Other: _____
Comments: _____

Other: Boiler Heat: _____ How Many Boilers? _____

Exterior: Outside faucets: _____ How Many? _____ Non-Freezing Type: _____ How Many? _____
Lawn Irrigation System (Portable): _____ Lawn Irrigation System (Permanent): _____
Lawn Fertilizer System: _____ Portable High-Pressure Washer: _____ Private Well(s): _____
Is/Are private well(s) physically connected to the water system? Yes _____ No _____

Other: _____

Other: _____

Other: _____

Comments: _____

(Please complete next page, if applicable)

Commercial (Check all that apply):

Lavatory: _____ How many? _____ Deep Sinks: _____ How Many? _____ Boilers: _____ How many? _____

Outside Faucets: _____ How Many? _____ Non-Freezing: _____ How many? _____

High Pressure Washers: _____ How Many? _____

Lawn Irrigation System (Portable): _____ How Many? _____

Lawn Irrigation System (Permanent): _____ How Many? _____

Lawn Fertilizer System: _____

Mixing Tanks w/ Overhead Fill Lines: _____ How Many? _____

Mixing Tanks w/ Bottom Fill Lines: _____ How Many? _____

Watering Troughs _____ How Many? _____ Bulk Water Salesman: _____ How Many? _____

Water-Cooled Air Conditioning System: _____ How Many? _____

Sitz Baths: _____ How Many? _____ Embalming Facilities (Mortuaries): _____ How Many? _____

Fire Protection Systems: _____

Private Well(s): _____ How Many? _____

Is/Are private well(s) physically connected to the water system? Yes ____ No ____

Other: _____

Other: _____

Other: _____

Comments: _____

(FOR WATER DEPARTMENT USE ONLY)

After reviewing the data on this form, it is my recommendation that:

_____ The plumbing system serving the above-described property should be inspected for cross-connections by a property certified plumber / CCDI inspector.

_____ The plumbing system serving the above-described property does not pose a threat to the public safety and no inspection is ordered.

Dated this _____ day of _____, _____.

Signature/Title of Person Making Above Determination: _____