

# Cross Connection Control Survey

**Survey must be completed and returned to this office within 30 days.**

Please return to: Louisville Service / Water Department, 1022 West Main St., Louisville, OH 44641

## 1. Service Information:

Service Address: \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

Property Owner's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner's Address (if different than service address): \_\_\_\_\_

Type of service:     Residential                       Commercial                       Industrial

## 2. Indicate which of the following will be used at the service address: (Please check all that apply)

- |                                                                          |                                                |                                               |
|--------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Underground Sprinklers                          | <input type="checkbox"/> Swimming Pool         | <input type="checkbox"/> Hot Tub              |
| <input type="checkbox"/> Auxiliary water systems(Private well, etc.)     | <input type="checkbox"/> Jacuzzi               | <input type="checkbox"/> Laboratories         |
| <input type="checkbox"/> Water recirculating systems and pumps           | <input type="checkbox"/> Greenhouse            | <input type="checkbox"/> Solar heating system |
| <input type="checkbox"/> Utility sink with threaded faucet               | <input type="checkbox"/> Waterbed              | <input type="checkbox"/> Fire sprinkler       |
| <input type="checkbox"/> Hot water or steam boilers                      | <input type="checkbox"/> Metal processing      | <input type="checkbox"/> Water softener       |
| <input type="checkbox"/> Water trough for livestock                      | <input type="checkbox"/> Antifreeze flush kits | <input type="checkbox"/> Darkroom equipment   |
| <input type="checkbox"/> Portable dialysis machine                       | <input type="checkbox"/> Booster pump          | <input type="checkbox"/> Other (see 4 below)  |
| <input type="checkbox"/> Insecticide sprayer's (Attached to garden hose) |                                                |                                               |
| <input type="checkbox"/> None of the above                               |                                                |                                               |

## 3. Do you have a backflow preventer on your property now? Yes / No

If yes, where: \_\_\_\_\_

## 4. Do you have other water-using equipment on your property not mentioned above? Yes / No

Comments: \_\_\_\_\_

## 5. Have you installed any of the following items listed in #2 above on your premises in the last 12 months? Yes / No

If yes, explain: \_\_\_\_\_

## 6. Person completing form:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please note: The owner of the property is responsible to have all backflow prevention devices inspected every twelve months. Failure to do this may result in your water service being turned off. If more information is needed, please call the Louisville Service / Water Department at 330-875-5644.**