

Residential Cross-Connection Questionnaire

Name: _____

Address: _____

Phone # 1: _____

Phone # 2: _____

Email Address: _____

Questionnaire

- | | <u>Yes</u> | <u>No</u> | <u>Unknown</u> |
|---|--------------------------|--------------------------|--------------------------|
| 1) Do you have a sprinkler system? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Has the PVB (pressure vacuum breaker) been tested?
<div style="border: 1px solid black; padding: 2px; margin-top: 5px; color: red; font-weight: bold;"> If NO see City Website for information on how to get my backflow device tested </div> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Does hose bibbs have vacuum breakers? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Do you have a water assisted sump pump backup? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Is there a private well? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Do you have a Boiler heating system? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) Do you own the home? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | | |
|---|---------|------------|---------|
| 8) Service line material: | | | |
| See City Website or information on how to ID service line | Plastic | Galvanized | Unknown |
| | Lead | Copper | N/A |

**The City will be contacting you to set up an appointment.
Please Provide Your Phone Number above.**