



THIS FORM IS REQUIRED BY THE

EPA

Please complete and return to the office

WWW.GCRWD.COM

Phone: 217-942-3503

Fax: 217-942-6346

Emergency: 217-248-6292

Cross-Connection Control Questionnaire

The following form is to be used by the rural water department and/or by the customer. Data from this form may be used to determine if the property should be inspected by a licensed plumber with a CCCDI certification to detect and correct any cross-connections found on the property.

Account Number: _____ Date survey conducted: _____
Name of User _____ Address: _____
Phone Number: _____ E-mail: _____

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 _____ Pool _____ Gallons _____

Recirculating Hot Water Heat _____ Fire protection sprinkler system _____ Private Well(s) _____

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

If yes, how are they connected? _____

Other: _____

Comments: _____

Backflow Prevention Device (Reduced Pressure Zone)

Do you have any type of backflow prevention device installed on your system?

Yes _____ No _____ If yes, give the name of the manufacture _____

Model# _____ Serial # _____

Date of installation _____ Date of last inspection _____

Plumber installing device _____

Licensed CCCDI license number _____

Do you have adequate water pressure? Yes _____ No _____ If no, please describe the problem. _____

Are you having problems with your water service? Yes _____ No _____ If yes, please describe the problem: _____

Was your water line connection done by yourself _____ or a plumber _____?

Check the type of plumbing used in your household. Galvanized _____ Lead _____ Flared Copper _____

Lead-Soldered _____ Copper _____ PVC _____ Other: _____

Was your residence built before 1983? Yes _____ No _____

I HEREBY VERIFY THAT THE ANSWERS ABOVE ARE CORRECT TO THE BEST OF MY KNOWLEDGE.

Please print the name of the person signing the form: _____

Signature: _____

Commercial: (Check all that apply)

Do you raise animals commercially (hogs, cattle, chickens, etc.?) Yes ___ No ___

Do you have an automatic watering system? Yes ___ No ___

Do you operate any kind of business which uses water? Yes ___ No ___

If yes, please describe: _____

Do you mix any type of chemicals? Yes ___ No ___ If yes, please list the type of chemicals mixed:

Lavatory: ___ How many? ___ Deep Sinks ___ How many? ___

Boilers ___ How many? ___ Outside Faucets ___ How many? ___

Outside Faucets:

Non-Freezing Type ___ How many? ___ High Pressure Washer ___ How many? ___

Lawn Irrigation Systems (Portable) ___ How many? ___

Lawn Irrigation Systems (Permanent) ___ How many? ___

Lawn Fertilizer Systems ___ 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? ___ Fire Protection Systems ___

Private Well(s) ___ How many? ___

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

Other: _____

Comments: _____

Backflow Prevention Device (Reduced Pressure Zone)

Do you have any type of backflow prevention device installed on your service? Yes ___ No ___

If yes, please give the name of the manufacture _____

Model # _____ Serial # _____

Date of installation: _____ Date of last inspection: _____

Plumber installing device _____

Licensed CCCDI license number _____

Do you have adequate water pressure? Yes ___ No ___ If no, please describe the problem below:

Are you having problems with your water service: Yes ___ No ___ If yes, please describe the problem. _____

I HEREBY VERIFY THAT THE ANSWERS ABOVE ARE CORRECT TO THE BEST OF MY KNOWLEDGE.

(Please print) _____ Signature _____

(FOR WATER DEPARTMENT 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 properly certified plumber/CCCDI 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 _____, 20 _____.

Signature/Title of Person Making Above Determination: _____