



CITY OF WASHINGTON, WASHINGTON ILLINOIS
RESIDENTIAL CROSS CONNECTION SURVEY
 - City of Washington Water Customers Only -

Name: _____

Address : _____

City/State/Zip: _____

Telephone #: _____

Email (Optional): _____

<p>Please check the box or boxes that best describe the use of water at your residence:</p> <p><input type="checkbox"/> Typical water usage, such as bathrooms, household laundry or dishwashing appliances, and outside water faucets. <i>(If this is the only usage that applies to your residence, please sign, date, and return.)</i></p> <p><input type="checkbox"/> Private well(s) supplying any part of your residence</p> <p><input type="checkbox"/> Connected into a chemical or agricultural process</p> <p><input type="checkbox"/> Connected into an underground lawn sprinkler/irrigation system</p> <p><input type="checkbox"/> Connected into a fire sprinkler suppression system</p> <p><input type="checkbox"/> Connected into a swimming pool</p> <p><input type="checkbox"/> Connected into a boiler</p> <p><input type="checkbox"/> Yard hydrant</p> <p><input type="checkbox"/> Home based business <i>(if checked please describe below)</i> _____</p>	<p>Please check the type or types of backflow prevention devices installed on your plumbing system:</p> <p><input type="checkbox"/> Residential Dual Check (RDC)</p> <p><input type="checkbox"/> Double Check Valve (DC)</p> <p><input type="checkbox"/> Reduced Pressure Zone Device (RP) <i>(please note a (RP) is not a pressure regulator)</i></p> <p><input type="checkbox"/> Pressure Vacuum Breaker Assembly (PVB)</p> <p><input type="checkbox"/> Spill Resistant Vacuum Breaker Assembly (SVB)</p> <p><input type="checkbox"/> Other _____</p> <p>Existing device information is needed if checked above:</p> <p>Manufacturer: _____</p> <p>Model: _____</p> <p>Serial #: _____</p> <p>Size: _____</p> <p>On line to: _____</p> <p>Location: _____</p>
<p>If backflow prevention devices are installed on your plumbing, fire protection or lawn irrigation system, they are required by Illinois Environmental Protection Agency to be tested annually and copies of the test reports be maintained on file with the water company. If you do not have current copies of the test reports on file with us, please attach copies to this survey.</p>	
<p>DATE: _____ SIGNATURE OF INDIVIDUAL COMPLETING THE SURVEY: _____</p>	

E-mail your completed survey to: chanson@ci.washington.il.us

Or you can mail it to: City of Washington
 Attn: Cross Connection Control
 301 Walnut St
 Washington, IL 61572

Phone: 309-444-1121

Fax: 309-444-9779