



# NORTH MORGAN WATER CO-OP

## CROSS-CONNECTION CONTROL SURVEY

The following form is to be used by water department personnel and/or by customers of the North Morgan Water Coop public water supply. 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.

Date survey conducted: \_\_\_\_\_

Your Name (name of person completing survey): \_\_\_\_\_

Name of water customer: \_\_\_\_\_ Phone number: \_\_\_\_\_

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

### **Residential: (Check all of the following that you have in your residence)**

**Kitchen:** Sink faucet  Sink Faucet w/Sprayer  Ice Maker  Garbage Disposal   
Other: \_\_\_\_\_ Other \_\_\_\_\_ Other \_\_\_\_\_

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

**Bath:** Sink  Toilet  Bathtub  Hot Tub  Bidet   
Other: \_\_\_\_\_ Other \_\_\_\_\_ 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

Are any private wells or other water supplies physically connected to the public water system?  
Yes  No

Other: \_\_\_\_\_

Other: \_\_\_\_\_

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

What Type Material is the Service Line to Residence: \_\_\_\_\_

(Please complete other side, if applicable.)

**Commercial: (Check all that apply)**

- Sink  How Many? \_\_\_\_\_ Deep Sinks  How Many? \_\_\_\_\_  
Boilers  How Many? \_\_\_\_\_ Outside Faucets  How Many? \_\_\_\_\_  
Outside Faucets  How Many? \_\_\_\_\_  
Non-Freezing Type  How Many? \_\_\_\_\_ High Pressure Washers  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? \_\_\_\_\_  
Water-Cooled Air Conditioning System  How Many? \_\_\_\_\_  
Sitz Baths  How Many? \_\_\_\_\_

Fire Protection Systems:

RPZ Valve:  How Many? \_\_\_\_\_ Inspection/Test Date: \_\_\_\_\_

Embalming Facilities (Mortuaries)  How Many? \_\_\_\_\_

Private Well(s)  How Many? \_\_\_\_\_

Are any private well(s) or other water supplies physically connected to the public water system?

Yes  No

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

**Type of Material used for the Service Line to the Customer:** \_\_\_\_\_

(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 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.

Name and Title of Person Making Above Determination: \_\_\_\_\_

Dated \_\_\_\_\_, 20\_\_.

**Return to:**

**North Morgan Water Coop  
P.O. Box 1566  
Jacksonville, IL 62651-1566  
217-204-6042**