



WATER DEPARTMENT

CROSS CONNECTION CONTROL SURVEY/INSPECTION REPORT

Date: _____ File No. _____ Time: _____

Name: _____ Type of Business: _____

Address: _____ Zip: _____ Phone No. _____

Contact Person: _____ Title: _____

Address: _____ Zip: _____

Cell Phone: _____ Fax: _____ E-Mail: _____

City Water Service:	Size	Psi	Type	Make	Model	Serial No.
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Domestic:	_____	_____	_____	_____	_____	_____
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Fire:	_____	_____	_____	_____	_____	_____
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Fire Line Bypass:	_____	_____	_____	_____	_____	_____
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Irrigation:	_____	_____	_____	_____	_____	_____
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Other Water Supply: _____ Source: _____ Use: _____

Cross-Connection Control Assembly Location: _____

Comments/Notes: _____

Cross-Connection Control Specialist (CCS) Information

Name: _____ Phone No: _____

Company Name: _____

Address: _____ Zip: _____

DOH CCS Certification Number: _____ Year Certified: _____

Surveyor's Recommendations

I certify that this cross-connection hazard survey accurately reflects the overall risk posed by the customer's plumbing system to the Purveyor's distribution system. Based on the above survey, I certify that:

1. I found the following type(s) of premises isolation backflow preventer(s):

Air Gap: _____ RPBA/RPDA: _____ DCVA/DCDA: _____ None: _____

2. The existing backflow preventer(s) is/are properly installed:

Yes: _____ No: _____ N/A: _____

3. The existing backflow preventer(s) is/are commensurate with the degree of hazard:

Yes: _____ No: _____ N/A: _____

4. Since no backflow preventer was installed for premises isolation, the premises owner should install a premises isolation backflow preventer of the following type:

Air Gap: _____ RPBA/RPDA: _____ DCVA/DCDA: _____ None: _____

5. The premises owner should replace the existing premises isolation backflow preventer(s) with the following:

Air Gap: _____ RPBA/RPDA: _____ DCVA/DCDA: _____ None: _____

The completed survey report shall be first signed by the CCS conducting the survey, and then counter-signed by the owner of the premises or the owner's authorized agent.

CCS Signature: _____ Date: _____

As the Owner of the Premises (or Owner's authorized agent), I certify that I have received a copy of this completed Cross-Connection Control Hazard Survey Report.

Signature: _____ Date: _____

Note: Customers and regulatory agencies should be aware that the Purveyor's requirement for this cross-connection hazard survey and/or for the installation of a specific backflow prevention assembly on a service pipe *do not* constitute an approval of the customer's plumbing system, compliance of the customer's plumbing system with the Uniform Plumbing Code or an assurance of the absence of cross-connections in the customer's plumbing system.