## VILLAGE OF GREEN VALLEY

## CROSS-CONNECTION CONTROL SURVEY

The following form is to be used by water department personnel and/or by customers of the Green Valley 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.

## Please Fill Out and Return to the Drop Box at the Village Hall

Date:					
Name of w	ater user:		Address:		
Phone num	ıber:				
Residentia	al: (Check all that	apply)			
Kitchen:	Sink Faucet	Sink Faucet w/Sprayer	_ Ice Maker	Garbage Disposal	
	Other:	Other	Other		
Comments	:				
Bath:	Lavatory	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 Private Wells(s)  Is/Are private well(s) physically connected to the water system? Yes No				
Other:					
Other:					
Comments	:				
(FOR WA	ATER DEPARTM	ENT USE ONLY)			
After revie	wing the data on th	is form it is my recommendation	that:		
		erving the above-described proper mber/CCCDI inspector.	rty should be inspected	l for cross-connections by a	
	plumbing system sonspection is ordered	erving the above-described properd.	rty does not pose a thre	eat to the public safety and	
Date					
Signature/	Fitle of Person Mak	ing Above Determination:			