

Questionnaire for Cross Connection Identification Survey

Name on Account:	Account Number:
Account Address:	

1. Occupancy: __Own__ Rent
2. Meter serves: Homes/Buildings (garage, outbuildings, barns) How many? ____

Do you have (please check all that apply):

Type	Yes/No	Type	Yes/No	Type	Yes/No	Type	Yes/No
Underground Sprinkler System		Swimming Pool		Hot Tub		Utility Sinks	
Drip/Soaker/Irrigation System		Chemical Irrigation System		Solar System		Boilers / Closed Loop Hot Water Heaters	
Darkroom Equipment		Fire Suppression System		Portable Dialysis Machine		Soda Machine	
Auxiliary Water Source (Well, Ditch/Canal)		Ghost pipes (unknown connections)		Onsite Water Storage		Commercial Dishwasher	
Insecticide Sprayers		Cleaning Solution Dispenser		Chemical Feed System		RV Hook Ups Connections	
Dump Station		Yard Hydrant		Water Treat Plant		Storage Tank	
Livestock Water Troughs		Water Softener/ Reverse Osmosis		Booster Pump		Well Pump	

3. Do you have outside hose bibs** at your buildings that are used for non-potable purposes?
Yes ____ No ____ How many? _____

** Colorado Plumbing Code may require that the hose bibs are protected.

** While not required by CDPHE it is best industry practice is to protect with a vacuum breaker.

4. Do you have a backflow protection device on your property now?
Yes ____ No ____
5. Do you have any water-using equipment on not mentioned above?
Yes ____ No ____ If yes, please describe:

If you marked or answered yes to any of the above are you aware of potential backflow prevention measures being practiced onsite, such as an air gap, check valve or backflow prevention assembly? If so please explain and include the location of the identified backflow prevention measure:

Print Name _____ .Phone Number _____

By signing this document I acknowledge that to the best of my knowledge the information provided is as accurate as possible.

Date _____ Signature _____

Please notify this office if any of the above conditions change.