

CROSS CONNECTION CONTROL SURVEY

Residential Users

The following form is to be completed by Village of Roanoke residential water customers. Data from this form may be used by water department personnel 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: _____

Name & title of person conducting survey: _____

Name and physical address of location: _____

Phone number: _____

RESIDENTIAL: (Check all that apply)

Kitchen: Sink faucet _____ Sink faucet w/ sprayer _____ Ice Maker _____
Garbage disposal _____ Other _____ Dishwasher _____

Comments: _____

Bath: Sink: _____ Toilet: _____ Bathtub: _____ Hot Tub: _____
Other: _____ Other: _____

Comments: _____

Other: Boiler heat _____ (hot water used to heat your home)

Exterior: Number of outside faucets: _____
Lawn Irrigation System: Permanent _____
Portable high pressure washer: _____
Private well(s): _____ Is it physically connected to the water system? _____

Other: _____

Other: _____

Other: _____

Comments: _____

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.

Dated this _____ day of _____, _____.

Signature/Title of person making above determination: _____