

**CROSS-CONNECTION CONTROL SURVEY**

The following form is to be used by water department personnel and/or by customers of New Landing Utilities, Inc. 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: \_\_\_\_\_

Name/Title of person conducting survey: Illinois Rural Water Association

Name of water user: \_\_\_\_\_ Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

**Residential: (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: \_\_\_\_\_

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

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

\_\_\_\_\_