

**PLEASANT VIEW UTILITY DISTRICT
CROSS-CONNECTION CONTROL SURVEY**

NEW

A cross-connection is any actual or potential physical connection between a public water system or the consumer's water system and any source of non-potable liquid, solid or gas that could contaminate the potable water supply by backflow.

- 1) Property Address: _____
- 2) Property Type Residential Agriculture Commercial Own Rent
- 3) This meter serves Home(s) _____ How many (rentals/apts.)? _____ Buildings _____ How many _____
- 4) Do you have (Check all that apply)
 - Hot Tub Swimming Pool Solar System
 - Jacuzzi Underground Sprinkler System Greenhouse Water bed
 - Fire Sprinkler Drip Irrigation System Ghost Pipes (Unidentified piping)
 - Utility Sink w/ Threaded Faucet Wood Burning Stove w/ built in water heater
- 5) Do you use (Check all that apply)
 - Anti-Freeze Flush Kits Insecticide Sprayers (that attach to a garden hose)
 - Darkroom Equipment Portable Dialysis Machine
- 6) Do you have a bath tub that fills from the bottom? YES NO
- 7) Do you have a water softener or any other treatment system connected to your water system? YES NO
- 8) Do you have an auxiliary water supply on your premise? YES NO
- 9) Do you have livestock and use a water trough? YES NO
- 10) Is your home or building elevated above your water meter? YES NO
- 11) Does a creek, river or spring run on or through your property? YES NO
If yes, do you pump or draw water from this source?
- 12) Do you have a booster pump, well pump or any other type of water pump? YES NO
- 13) Do you receive irrigation water from a different source? YES NO
- 14) Do you have a backflow preventer on your property now? YES NO
If yes, where is the device located?
- 15) Do you have any situation that you are aware of that could create a cross-connection? YES NO
- 16) Do you have any other water using equipment on your property not mentioned above? YES NO

COMMENTS: _____

PRINT NAME PHONE DATE

SIGNATURE

MAILING ADDRESS: _____

Thank you for working with us to protect our drinking water. For more information on Cross-Connections please call PLEASANT VIEW UTILITY DISTRICT at 615-746-5315.

*** Survey must be completed and returned to PVUD office within one week.**

<u>PVUD OFFICE USE ONLY</u>	
Degree of Hazard <input type="checkbox"/> HIGH <input type="checkbox"/> LOW	Account # _____
Type of backflow device recommended for containment	Date _____
<input type="checkbox"/> None Required <input type="checkbox"/> RP <input type="checkbox"/> RPDA <input type="checkbox"/> DC <input type="checkbox"/> DCDA	Comments: _____ _____ Approval: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Cross Connection Specialist Date </div>