

Cross- Connection Control Survey

Survey must be completed and returned to this office within 30 days.

Please return to:

Geauga County Department of Water Resources, 470 Center Street, Building #3, Chardon, OH 44024

Or Email at info@gcdwr.org

1. Service Information for Account Number:

Service Address: _____

Owner: _____

Address: _____

City, State Zip: _____

Phone: _____

Type of service: Residential Commercial Industrial

2. Indicate which of the following will be used at the service address: (Please check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Underground Sprinklers | <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Hot Tub |
| <input type="checkbox"/> Auxiliary water systems (Private well, etc.) | <input type="checkbox"/> Jacuzzi | <input type="checkbox"/> Laboratories |
| <input type="checkbox"/> Water recirculating systems and pumps | <input type="checkbox"/> Greenhouse | <input type="checkbox"/> Solar Heating System |
| <input type="checkbox"/> Utility sink with threaded faucet | <input type="checkbox"/> Waterbed | <input type="checkbox"/> Fire sprinkler |
| <input type="checkbox"/> Hot water or steam boilers | <input type="checkbox"/> Metal processing | <input type="checkbox"/> Water softener |
| <input type="checkbox"/> Water trough for livestock equipment | <input type="checkbox"/> Antifreeze flush kits | <input type="checkbox"/> Darkroom |
| <input type="checkbox"/> Insecticide sprayers (attached to garden hose) | <input type="checkbox"/> Portable dialysis machine | <input type="checkbox"/> Booster Pump |
| <input type="checkbox"/> Other (see 4 below) | <input type="checkbox"/> None of the above | |

3. Do you have a backflow preventer on your property now? Yes / No

Where: _____

4. Do you have any other water-using equipment on your property not mentioned above? Yes / No

If yes, explain: _____

5. Please see the list above. Has there been any of the following changes in the last 12 months on your premise that could cause any hazard to the public water system? Yes / No

If yes, explain: _____

6. Person completing form:

Name: _____

Address: _____ Phone: _____

Signature: _____ Date: _____

Please note: The owner of this property is responsible to have all backflow prevention devices inspected every twelve months. If more information is needed, please call (440) 279-1970