



CROSS CONNECTION SURVEY

Applicant Name _____ Physical Address _____

Mailing Address _____
Address, City, State and Zip

Phone Numbers _____

1. Property type: ___ Residential or ___ Commercial, Business Name _____

2. Occupancy: ___ Own or ___ Rental, Owners Name, Address & Phone _____

3. What is meter going to be used for? _____

4. This meter will serve ___ homes or ___ buildings.

5. Do you have (circle all that apply):
Greenhouse Solar System Underground sprinkler system Fire sprinkler
Ghost Pipes Drip Irrigation Swimming Pool

6. Do you use (circle all that apply):
Antifreeze flush kits Insecticide sprayers (that attach to garden hose)
Darkroom equipment Portable dialysis machine

7. Do you have a bathtub that fills from the bottom, or doesn't have an overflow drain and isn't air gapped? Yes / No

8. Do you have a water softener or any other treatment system connected to your drinking water? Yes / No

9. Do you have an auxiliary water supply on your premises? Yes / No

10. Will you be using any livestock watering troughs that are self-filling? Yes / No

11. Will/Is your home or building elevated above the water meter? Yes / No

12. Does a creek, river or spring run near your property? Yes / No If yes, do you draw water from this source? Yes / No

13. Do you have a booster pump, well pump or any other type of water pump? Yes / No

14. Do you receive irrigation water from a different source? Yes / No

15. Do you have a backflow preventer on your property now? Yes / No If yes, where? _____

16. Do you have any situation that you are aware of that could create a cross connection? Yes / No

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

Comments _____

Signature _____ Date _____

Please notify Steve Wall at Cleveland County Water if any of the above conditions change.

*****NOTE: ALL AGRICULTURAL, IRRIGATION AND COMMERCIAL METERS WILL BE REQUIRED TO INSTALL A BACKFLOW PREVENTER*****