

**CITY OF MOLINE WATER DIVISION
CROSS-CONNECTION & BACKFLOW PREVENTION SURVEY**

SERVICE ADDRESS: _____

NAME OF COMPANY: _____

NATURE OF BUSINESS: _____

BUILDING REPRESENTATIVES: _____

PHONE: _____

Do you have any other source of water, such as private well, pond, lake, tank, cistern, reclaimed water?

NO UNKNOWN YES If YES, list: _____

Do you have any of the equipment listed below on the premises:

- | | | | |
|--|------------------------------|-----------------------------|----------------------------------|
| Fire Sprinkler System | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNKNOWN <input type="checkbox"/> |
| Boiler Feed Line | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNKNOWN <input type="checkbox"/> |
| Lawn Sprinkling System..... | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNKNOWN <input type="checkbox"/> |
| Dishwasher | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNKNOWN <input type="checkbox"/> |
| Swimming Pool..... | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNKNOWN <input type="checkbox"/> |
| Hot Tub | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNKNOWN <input type="checkbox"/> |
| Baptismal Fount/Tub | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNKNOWN <input type="checkbox"/> |
| Fountain, Ornamental | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNKNOWN <input type="checkbox"/> |
| Steam Generating Equipment | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNKNOWN <input type="checkbox"/> |
| Photo Processing Equipment | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNKNOWN <input type="checkbox"/> |
| Laundry or Dye Equipment | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNKNOWN <input type="checkbox"/> |
| Pressure Booster | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNKNOWN <input type="checkbox"/> |
| Soap Injector | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNKNOWN <input type="checkbox"/> |
| Shampoo Bowl/Sink, Hose Rinse | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNKNOWN <input type="checkbox"/> |
| Commercial Ice Maker..... | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNKNOWN <input type="checkbox"/> |
| Soft Drink Dispenser | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNKNOWN <input type="checkbox"/> |
| Vending Machines w/Water Connection.. | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNKNOWN <input type="checkbox"/> |
| Steam Table | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNKNOWN <input type="checkbox"/> |
| Water Storage Tank | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNKNOWN <input type="checkbox"/> |
| Air Conditioning, Water Cooled..... | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNKNOWN <input type="checkbox"/> |
| Aspirator, Lab | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNKNOWN <input type="checkbox"/> |
| Aspirator, Medical | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNKNOWN <input type="checkbox"/> |
| Aspirator, Weedicide, etc..... | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNKNOWN <input type="checkbox"/> |
| Autoclave & Sterilizer | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNKNOWN <input type="checkbox"/> |
| Bedpan washer..... | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNKNOWN <input type="checkbox"/> |
| Tanks containing toxic substances..... | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNKNOWN <input type="checkbox"/> |
| Bottle Washer | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNKNOWN <input type="checkbox"/> |
| Plating Facilities..... | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNKNOWN <input type="checkbox"/> |
| Cooling Tower | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNKNOWN <input type="checkbox"/> |
| With make up line..... | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNKNOWN <input type="checkbox"/> |
| Other Water Cooled Equipment..... | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNKNOWN <input type="checkbox"/> |
| Car Wash Facilities | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNKNOWN <input type="checkbox"/> |
| Other Equipment Utilizing Water..... | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNKNOWN <input type="checkbox"/> |

Has any plumbing been replaced or updated in the last 10 years? NO YES If YES, please describe: _____

CUSTOMER SIGNATURE: _____ DATE: _____

**PLEASE FAX THIS SURVEY TO: (309) 797-0498 OR MAIL TO: MOLINE WATER PLANT
30 18TH STREET
MOLINE IL 61265**

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.

If you have any questions, please call (309) 797-0489.

A plumber is not required to complete this survey.