Village of Cullom

Cross-connection Control Survey

The following form is to be used by water department personnel and/or by customers of the Village of Cullom public water supply. 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 c	nducted: Name of person conducting survey:
Name and Wa	er Service Address: Please print clearly
	Phone number:
	Residential
Please check	I that apply:
Kitchen:	Sink Faucet Sink Faucet w/sprayer Ice Maker Garbage Disposal
	Other:
	Comments:
Bath:	Lavatory Toilet Bathtub Hot Tub Bidet
	Other:
	Comments:
Other:	Boiler heat How many Boilers?
	Comments:
Exterior Outsi	e Faucets How many? Non-Freezing Type: How many?
Lawn Irrigatio	Systems (Portable) Lawn Irrigation Systems (Permanent)
Swimming Po	Hot Tub
Lawn Fertilize	System Portable High-Pressure Washer Private Well(s)
ls/Are private	vell(s) physically connected to the water system? Yes No
Other:	
Comments:	
(FOR WATER D	PARTMENT USE ONLY)
After reviewing	he data on this form it is my recommendation that:
The plun plumber/CCCD	oing system serving the above-described property should be inspected for cross-connections by a properly certified inspector.
The plun ordered.	oing system serving the above-describe property does not pose a threat to the public safety and no inspection is
	Dated: Signature:

Signature: