



LOWNDES COUNTY CROSS-CONNECTION SURVEY FORM

Assigned Hazard Level: _____

Facility Name: _____

Customer #: _____

Facility Address: _____

Contact Person: _____

Type of facility: Industrial Commercial Institutional
 Municipal Residential Other _____

Describe the facility use: _____

Was full site access granted? (if not attach any assumptions made) Yes No

Does this facility require non-interrupted water service? Yes No

Findings and Location of Cross-Connection	
1. Does this facility have a boiler? If YES, does boiler feed utilize chemical additives? If YES, is the boiler protected with a backflow device?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does this facility have an air conditioning cooling tower? If YES, is make-up water automatically added to lines or the cooling tower? If YES, is the make-up supply line protected with a backflow device?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is process water in use in this facility? If YES, is the process water "raw" or "potable"? Are the process water lines protected by a backflow device?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Raw <input type="checkbox"/> Potable <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are there industrial processes at this facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does the facility have a fire protection system? If YES, what type of backflow device is being used on the fire protection system? <input type="checkbox"/> Single swing check valve (SSCV) <input type="checkbox"/> Reduced pressure backflow (RP) <input type="checkbox"/> Double check valve assembly (DCVA) <input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does the facility have an irrigation system? If YES, is the system backflow protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is there a swimming pool at this facility? If YES, is the system backflow protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does the facility have or have access to an auxiliary water supply? If YES, is the auxiliary supply water potable or raw?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

Any recommended protection(s) to be installed at the meter or before the first tee or tap and suggested fixture isolation measures are attached hereto.

I certify that these findings are a true, best survey as detailed above and on the attachments hereto.

Surveyor Name: _____ Signature: _____ Date: _____