

# RIVER ROAD UTILITY DISTRICT

## Residential Cross-Connection Survey

10-24-2011

**PRINT** Occupant Name \_\_\_\_\_

Occupant Address \_\_\_\_\_

1. Occupancy: \_\_\_\_\_ Own \_\_\_\_\_ Rent
2. Meter serves: How Many homes? \_\_\_\_\_  
How Many out buildings? \_\_\_\_\_
3. Do you have? (Please Check all that apply):  
Hot Tub \_\_\_\_\_ Swimming Pool \_\_\_\_\_ Jacuzzi \_\_\_\_\_  
Waterbed \_\_\_\_\_ Green House \_\_\_\_\_  
Darkroom Equipment \_\_\_\_\_ Portable Dialysis Machine \_\_\_\_\_  
Drip/Soaker - Irrigation System that is connected to River Road Utility \_\_\_\_\_  
Insecticide Sprayers (That attach to garden hose ) \_\_\_\_\_  
Utility sink w/threaded faucet \_\_\_\_\_ Solar System connected to Utilities water \_\_\_\_\_  
Wood burning hot water heater \_\_\_\_\_ Ghost pipes (unidentified) \_\_\_\_\_
4. Do you have bathtub that fills from the bottom? Yes \_\_\_\_\_ No \_\_\_\_\_
5. Do you have a water softener or any extra water treatment system? Yes \_\_\_\_\_ No \_\_\_\_\_
6. Do you have an auxiliary water supply in use on your premises? (well / spring etc.)  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes is this supply separated from public water? Yes \_\_\_\_\_ No \_\_\_\_\_
7. Do you have livestock and use a water trough or water system connected to by public water? Yes \_\_\_\_\_ No \_\_\_\_\_
8. Is your home or building elevated above your water meter? Yes \_\_\_\_\_ No \_\_\_\_\_
9. Does a creek, river, or spring water run near or on your property? Yes \_\_\_\_\_ No \_\_\_\_\_
10. Do you have a booster pump, well pump, or any other type water pump?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes is pump separated from public water? Yes \_\_\_\_\_ No \_\_\_\_\_
11. Do you receive irrigation water from a different source? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes is this system separated from the public water system? Yes \_\_\_\_\_ No \_\_\_\_\_
12. Do you have a underground sprinkler system connected to the public water? Yes \_\_\_\_\_ No \_\_\_\_\_
13. Do you have a backflow protection device on your property now? Yes \_\_\_\_\_ No \_\_\_\_\_
14. Do you have any situation that you are aware of that could create a cross-connection?  
Yes \_\_\_\_\_ No \_\_\_\_\_
15. Does this resident require a sprinkler system for fire protection? Yes \_\_\_\_\_ No \_\_\_\_\_
16. Do you have any other water-using equipment on your property not mentioned above?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list below:

\_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please notify this office if any of the above conditions change.**  
**\*\*\*Survey must be completed and returned within one week\*\*\***