



333 Lincoln Hwy
 PO Box 456
 Rochelelle, IL 61068

815-562-4155

Cross Connection Control Survey (PLEASE PRINT)

Name: _____

Service Address: _____

Telephone Number: _____ Date: _____

RMU Utility Account Number: _____

Type of Property: Residential Commercial Other: _____

Please Check Each Box Below If You Have The Following:

- | | | | |
|--|---------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> Boiler (for heat) | Backflow Preventer? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Lawn Irrigation System | Backflow Preventer? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Fire Sprinkler System | Backflow Preventer? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Swimming Pool/Hot Tub | Backflow Preventer? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Water-Powered Sump Pump | Backflow Preventer? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Pond/Fountain | Backflow Preventer? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Private Well | Backflow Preventer? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Chemicals (Commercial) | Backflow Preventer? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Backflow Prevention Devices:

Manufacturer	Model No.	Serial No.	Size
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

 Signature

 Date