



RESIDENTIAL CROSS CONNECTION SURVEY

Name: _____

Address : _____

Cit/State/Zip: _____

Telephone #: _____

<p>Please check the box or boxes that best describe the use of water at your residence:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Typical water usage, such as bathrooms, household laundry or dishwashing appliances, and outside water faucets. <i>(If this is the only usage that applies to your residence, please sign, date, and return.)</i> <input type="checkbox"/> Private well(s) supplying any part of your residence <input type="checkbox"/> Connected into a chemical or agricultural process <input type="checkbox"/> Connected into an underground lawn sprinkler/irrigation system <input type="checkbox"/> Connected into a fire sprinkler suppression system <input type="checkbox"/> Connected into a swimming pool <input type="checkbox"/> Connected into a boiler <input type="checkbox"/> Yard hydrant <input type="checkbox"/> Home based business <i>(if checked please describe below)</i> _____ 	<p>Please check the type or types of backflow prevention devices installed on your plumbing system:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Residential Dual Check (RDC) <input type="checkbox"/> Double Check Valve (DC) <input type="checkbox"/> Reduced Pressure Zone Device (RP) <i>(please note a (RP) is not a pressure regulator)</i> <input type="checkbox"/> Pressure Vacuum Breaker Assembly (PVB) <input type="checkbox"/> Spill Resistant Vacuum Breaker Assembly (SVB) <input type="checkbox"/> Other _____ <p>Existing device information is needed if checked above:</p> <p> Manufacturer: _____ Model: _____ Serial # _____ Size: _____ On line to: _____ Location: _____ </p>
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If backflow prevention devices are installed on your plumbing, fire protection or lawn irrigation system, they are required by Illinois Environmental Protection Agency to be tested annually and copies of the test reports be maintained on file with the water company. If you do not have current copies of the test reports on file with us, please attach copies of the test(s) to this survey.

Date: _____ **Signature of individual completing the survey:** _____ **Phone #** _____

Email (Optional): _____

Save a stamp and enter your survey online at: <http://tinyurl.com/yhvoown> or you can e-mail your completed survey to: ilaw.crossconnection@amwater.com

Illinois American Water
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