

CROSS CONNECTION QUESTIONNAIRE FORM

1. Is this a residential or commercial property? Residential Commercial
If commercial, please specify business name: _____
(IF MORE THAN 1, PLEASE SEE ATTACHMENT 1)
2. Are you renting or do you own this property? Rent Own
If renting, please provide name and address of owner:

3. Your water meter serves how many homes? _____ How many buildings? _____
(COMMERCIAL PROPERTIES: IF MORE THAN 1, PLEASE SEE ATTACHMENT 1)
4. Do you have any of the following? (check all that apply)
- | | | |
|--|------------------------------|-----------------------------|
| <input type="checkbox"/> Swamp cooler connected to piping | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <input type="checkbox"/> Hot tub (fills with a hose or automatic filler) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <input type="checkbox"/> Swimming pool | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <input type="checkbox"/> Underground sprinkler system | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <input type="checkbox"/> Drip irrigation system | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <input type="checkbox"/> Greenhouse | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <input type="checkbox"/> Onsite water storage | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <input type="checkbox"/> Cooling (Chillers) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <input type="checkbox"/> Solar System | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <input type="checkbox"/> Water makeup lines (boiler, hydronic heating) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <input type="checkbox"/> Utility sink with threaded faucet (hose attachment) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <input type="checkbox"/> Fire sprinkler system | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <input type="checkbox"/> Unknown, unidentifiable or complicated piping | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
5. Do you use any of the following? (check all that apply)
- | | | |
|--|------------------------------|-----------------------------|
| <input type="checkbox"/> Antifreeze flush kits with your automobile | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <input type="checkbox"/> Insecticide sprayers (that attach to a garden hose) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <input type="checkbox"/> Darkroom or photo developing equipment | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <input type="checkbox"/> Fill adapters for waterbed, fish tank or other | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
6. Does anyone on the premises use a portable dialysis machine? Yes No
7. Do you have a bathtub or hot tub that fills from the bottom or does not have an overflow drain or the fill spout is not above the tub rim? Yes No
8. Do you have a water softener or any other water treatment system connected to your drinking water supply? Yes No
9. Do you have auxiliary water supply (i.e. well, pond) on your premises? Yes No
10. Do you have livestock (i.e., horses, cows, etc.) that use a water trough? Yes No

11. Is the water piping that enters your home more than 10 feet above your water meter? Yes No
12. Does a creek, river, or spring run near your property? Yes No
 a. Do you pump or draw water from this source? Yes No
13. Do you have a booster pump, well pump, or any other type of water pump? Yes No
14. Do you receive irrigation water from a different source? Yes No
15. Do you have any situation that you are aware of that could create a connection between your drinking water and any other substance? Yes No
16. Do you have any other water using equipment on your property not mentioned above? Yes No
17. Is water used for any of the following on your property?
- Food Preparation? Yes No
 - Manufacturing? Yes No
 - Processing? Yes No
 - Industrial Uses Yes No

Do you have any backflow prevention devices AND/OR assemblies on any equipment at your site?

Yes No Unknown

If yes, please provide:

Manufacturer: _____ Model Number: _____

Serial Number: _____

Location on the premises: _____

Type of assembly: Reduced Pressure Principle Atmospheric Vacuum Breaker

Pressure Vacuum Breaker Double Check

Comments: _____

Please notify the ELCO Water District if any of the above conditions change on your property such as remodeling, changes or additions to your water piping system.

Signature of Water Customer

Phone Number

Print Your Name

Best time to call or alternate contact

Today's Date

Email

Mailing Address:

Service Address (if different):

Please answer all of the above questions and return the questionnaire within 30 days. This form will be kept on file at the «ServiceDistrict». If you have any questions please call us at 970-493-2044 ext 316

RETURN SURVEY REPORT FORM TO:
East Larimer County Water District
232 S Link Ln, Fort Collins CO

or email to alexandera@elcower.org

*Per District policy, failure to comply with backflow questionnaires and/or on site surveys, can result in termination of water services.

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