



VILLAGE OF MOUNT PROSPECT Cross Connection Survey

Please return by:

IMPORTANT: Please complete both sides of this form. Please type or print neatly.

Customer Information

Company Name: _____

Address: _____

Contact Person: _____

Title: _____ Phone Number: _____

Property Owner (if different than above): _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

What type of business are you in? (Please be specific, i.e. dry cleaner, shoe store, etc.)

What is your principle use of water? _____

SAMPLE

Water Use Information

Does your company use water in any manufacturing/industrial or commercial process? Yes No

If yes, please specify: _____

Does your company use any hazardous or toxic material or chemical in any kind of process? Yes No

If so, what? _____

Do any hot water boilers, steam boilers, instantaneous heat exchange water heaters, or steam generating facilities exist on the premises? Yes No

Does your company have any chemical mixing devices or industrial fluid systems attached to the plumbing system (i.e. cleaning agents, degreasers, hydraulic fluids, coolants, etc.) Yes No

Is there a fire sprinkling system on the property? Yes No

Does your fire sprinkling system have outside fire hose connections? Yes No

Does your fire sprinkling system use chemical additives? Yes No

Is there a fixed lawn sprinkling system on the property? Yes No

Are there any auxiliary water supplies on the premises? Yes No

Water Use Information (Continued)

Is there a booster pump attached to any portion the plumbing system? Yes No

Are there any buildings taller than 2 stories on the premises with water service ? Yes No

Does your company have any water-cooled equipment on the premises? Yes No

Are there any cooling towers or water storage reservoirs on the premises? Yes No

Are there any solar heating systems on the premises? Yes No

Does your firm have any potentially contaminated or sewer connected equipment on the premises such as aspirators, cuspidors, autoclaves, specimen tanks, sterilizers, laboratory, or mortuary/autopsy equipment? Yes No

Do you have more than one service line providing water to your building? Yes No

If yes, how many domestic water services: _____

how many fire services: _____

how many combined (domestic/fire) services: _____

Do you have a backflow preventer installed on the service line/lines providing water to the premises? Yes No

If yes, please attach a copy of the most recent test certification for each device.

Also list make and size of each device: _____

I hereby certify that, to the best of my knowledge, all of the preceding information is accurate and true.

Name: _____ Title: _____

Signature: _____ Date: _____

For Office Use Only

Install RPZ on domestic

Install DC on domestic

No Action

Install RPZ on fire

Install DDC on fire

Inspect

Require BFP test documentation

Other (specify)

APPROVED _____
W/S SUPT: _____ DATE: _____
PLMG ISP: _____ DATE: _____