

Sharpsburg and Neighboring Area Water System (SNAWS)
PO BOX 290, STONINGTON, IL 62567

2021 SNAWS Commercial Cross Connection Survey

The following form is to be used by water department personnel and/or by customers of the Sharpsburg and Neighboring Area Water System public water supply. Data from this form may be used to determine if the property should be inspected by a licensed plumber with a CCCDI certification to detect and correct any cross-connections found on the property.

Date survey conducted: _____

Name/Title of person conducting survey: _____

Name of water user: _____ Address: _____

Phone number: _____

Commercial: (Check all that apply)

Lavatory: _____ How Many? _____

Deep Sinks _____ How Many? _____

Boilers _____ How Many? _____

Outside Faucets _____ How Many? _____

Outside Faucets

Non-Freezing Type) _____ How Many? _____

High Pressure Washers _____ How Many? _____

Lawn Irrigation Systems (Portable) _____ How Many? _____

Lawn Irrigation Systems (Permanent) _____ How Many? _____

Lawn Fertilizer Systems _____

Mixing Tanks w/Overhead Fill Lines _____ How Many? _____

Mixing Tanks w/Bottom Fill Lines _____ How Many? _____

Bulk Water Salesman _____ How Many? _____

Water-Cooled Air Conditioning System _____ How Many? _____

Fire Protection Systems: _____

Private Well(s) _____ How Many? _____

Is/Are private well(s) physically connected to the water system? Yes _____ No _____

Other: _____ Other: _____ Other: _____

Other: _____ Other: _____ Other: _____

Comments: _____

Note: If you have not mailed in your Required Certified Backflow Prevention Device Inspection Report for 2017, please include it with this form.

(FOR WATER DEPARTMENT USE ONLY)

After reviewing the data on this form it is my recommendation that:

_____The plumbing system serving the above-described property should be inspected for cross-connections by a properly certified plumber/CCCDI inspector.

_____The plumbing system serving the above-described property does not pose a threat to the public safety and no inspection is ordered.

Dated this _____ day of _____, _____.

Signature/Title of Person Making Above Determination: _____