

CITY OF LYONS

CROSS-CONNECTION CONTROL REPORTING FORM

THE CITY OF LYONS MUST HAVE 100% OF THESE SURVEYS BACK TO STAY IN COMPLIANCE WITH STATE LAWS. SO PLEASE FILL IT OUT AND RETURN TO THE CITY OFFICE.

STATE LAW REQUIRES CONSUMERS OF PUBLIC WATER SUPPLIES TO INSPECT THEIR FACILITIES NOT LESS THEN ONCE EVERY FIVE YEARS. COMPLETING & RETURNING THIS FORM FULFILLS THAT REQUIREMENTS!

CUSTOMER NAME _____

CUSTOMER ADDRESS _____

ACCOUNT NUMBER _____

- | | YES | NO |
|---|------|------|
| 1. UNDERGROUND LAWN IRRIGATION SYSTEM?
IF YES IS IT PROTECTED BY A TESTABLE BACKFLOW PREVENTER? | ____ | ____ |
| 2. SWIMMING POOL OR HOT TUB?
IF YES IS IT PROTECTED BY A TESTABLE BACKFLOW PREVENTER? | ____ | ____ |
| 3. PHOTO, CHEMICAL, MEDICAL, OR OTHER LAB FACILITIES?
IF YES IS IT PROTECTED BY A TESTABLE BACKFLOW PREVENTER? | ____ | ____ |
| 4. PRIVATE WELL OR OTHER SOURCE OF WATER?
IF YES IS IT PROTECTED BY A TESTABLE BACKFLOW PREVENTER? | ____ | ____ |
| 5. BOILER HEAT OR WATER TO AIR HEAT PUMP?
IF YES IS IT PROTECTED BY A TESTABLE BACKFLOW PREVENTER? | ____ | ____ |
| 6. GARDEN HOSES CONNECTED TO POSSIBLE CONTAMINANTS?
IF YES IS IT PROTECTED BY A HOSE BIBB VACUUM BREAKER? | ____ | ____ |
| 7. WATER SOFTENER?
IF YES IS IT PROTECTED BY AN AIR GAP? | ____ | ____ |

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT RON DABERKOW AT 687-2130 OR TERRY UEDING AT 687-9517.

SIGNATURE _____ DATE _____

FAILURE TO COMPLETE AND RETURN THIS FORM PUTS YOUR WATER SYSTEM IN VIOLATION OF STATE HEALTH DEPARTMENT REGULATION TITLE 179.

*THANK YOU,
THIS FORM WILL HELP PREVENT THE ACCIDENTAL CONTAMINATION OF OUR
DRINKING WATER.*