



**City of Decatur / Department of Public Works
COMMERCIAL CROSS CONNECTION SURVEY**



WATER SERVICES DIVISION

1 Gary K. Anderson Plaza Decatur, IL. 62523

Account#	Customer Information	
Customer / Business Name		
Water Customer Address		
Please Indicate Type of Business		
Phone #	Date of Survey	Name of Person Completing Survey

Please Fill Out The Information Below / Check All That Apply

- | | |
|---|---|
| <input type="checkbox"/> Ice Maker | <input type="checkbox"/> Whirlpool / Hot Tub |
| <input type="checkbox"/> Electric Dish Washer | <input type="checkbox"/> Carbonated Beverage Machine |
| <input type="checkbox"/> Water Purifier | <input type="checkbox"/> Make-up Tanks |
| <input type="checkbox"/> Outside Faucets | <input type="checkbox"/> Boiler Heating System |
| <input type="checkbox"/> Deep Utility Sink with Hose | <input type="checkbox"/> X-Ray Equipment |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> High Pressure Washers |
| <input type="checkbox"/> Lawn Irrigation System | <input type="checkbox"/> Private Well / Cistern / Pond |
| <input type="checkbox"/> Urinal / Flushometer | <input type="checkbox"/> Dialysis Equipment |
| <input type="checkbox"/> Washing Machine | <input type="checkbox"/> Dental Equipment / Cuspidors |
| <input type="checkbox"/> Toilet / Flushometer | <input type="checkbox"/> Shower Sprayer with Hose |
| <input type="checkbox"/> Yard Hydrant | <input type="checkbox"/> Degreasing Equipment |
| <input type="checkbox"/> Drinking Fountains | <input type="checkbox"/> Condensate Tanks |
| <input type="checkbox"/> Chemical Feed Equipment | <input type="checkbox"/> Fire Sprinkler System |
| <input type="checkbox"/> Car Washing Equipment | <input type="checkbox"/> Booster Pump |
| <input type="checkbox"/> Commercial Cooking Kettles | <input type="checkbox"/> Film Processor |
| <input type="checkbox"/> Autoclave / Sterilizer | <input type="checkbox"/> Fertilizer Injection |
| <input type="checkbox"/> Water Softener | <input type="checkbox"/> Water Treatment Filtration Systems |
| <input type="checkbox"/> Building (3) Stories or More | <input type="checkbox"/> Laboratory Equipment |

SEE BACK



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Please Fill Out The Information Below / Check All That Apply

- | | |
|---|---|
| <input type="checkbox"/> Soap / Chemical Management System | <input type="checkbox"/> Shampoo Sink |
| <input type="checkbox"/> Sewer Connected Equipment / Flushing | <input type="checkbox"/> Food Waste Grinder w/Water Connection |
| <input type="checkbox"/> Radiator Flushing Equipment | <input type="checkbox"/> Embalming Equipment |
| <input type="checkbox"/> Water for Manufacturing Process | <input type="checkbox"/> Cooling Tower |
| <input type="checkbox"/> Steam Generating Equipment | <input type="checkbox"/> Aspirators / Weedicide, Herbicide, Pesticide |
| <input type="checkbox"/> Aspirators / Medical Lab | <input type="checkbox"/> Humidifier w/ Water Connection |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

Comments

THIS SECTION TO BE COMPLETED BY THE WATER SERVICES DIVISION

Backflow Information

Serial Number	Type	Test Date	Location
Serial Number	Type	Test Date	Location
Serial Number	Type	Test Date	Location

Meter Information / Location

Thank You,

This survey will help prevent accidental contamination of our water system. Please return your completed survey in the enclosed envelope. If you have any questions, please call Water Services at 875-5705.