

# WEST PRAIRIE WATER COOPERATIVE

## COMMERCIAL CROSS CONNECTION SURVEY

**Mailing Address**

Name: \_\_\_\_\_  
 Business: \_\_\_\_\_  
 Address : \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

**Property location**

Address : \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

<p><b>Pease check the box that best describes your facility type:</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Agricultural</td> <td style="width: 50%;"><input type="checkbox"/> Medical / Dental Clinic</td> </tr> <tr> <td><input type="checkbox"/> Automotive Maintenance</td> <td><input type="checkbox"/> Mortuary</td> </tr> <tr> <td><input type="checkbox"/> Car Wash</td> <td><input type="checkbox"/> Private Residence</td> </tr> <tr> <td><input type="checkbox"/> Educational</td> <td><input type="checkbox"/> Treatment Facilities</td> </tr> <tr> <td><input type="checkbox"/> Food Service</td> <td><input type="checkbox"/> Veterinary Clinics</td> </tr> <tr> <td><input type="checkbox"/> Hospital</td> <td><input type="checkbox"/> Apartment with ____Units</td> </tr> <tr> <td><input type="checkbox"/> Manufacturing</td> <td><input type="checkbox"/> Other _____</td> </tr> </table>	<input type="checkbox"/> Agricultural	<input type="checkbox"/> Medical / Dental Clinic	<input type="checkbox"/> Automotive Maintenance	<input type="checkbox"/> Mortuary	<input type="checkbox"/> Car Wash	<input type="checkbox"/> Private Residence	<input type="checkbox"/> Educational	<input type="checkbox"/> Treatment Facilities	<input type="checkbox"/> Food Service	<input type="checkbox"/> Veterinary Clinics	<input type="checkbox"/> Hospital	<input type="checkbox"/> Apartment with ____Units	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Other _____	<p><b>Please check the box or boxes that best describe the usage of water in your facility:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Typical, such as bathrooms, drinking fountains, outside water faucets, household laundry or dishwashing appliances</li> <li><input type="checkbox"/> Private well(s) supplying any part of your facility</li> <li><input type="checkbox"/> Connected into a manufacturing process</li> <li><input type="checkbox"/> Connected into a chemical process or photo processing</li> <li><input type="checkbox"/> Connected into underground lawn sprinkler/irrigation system</li> <li><input type="checkbox"/> Connected into a swimming pool</li> <li><input type="checkbox"/> Connected into water operated/cooled equipment/appliances/boilers</li> </ul>
<input type="checkbox"/> Agricultural	<input type="checkbox"/> Medical / Dental Clinic														
<input type="checkbox"/> Automotive Maintenance	<input type="checkbox"/> Mortuary														
<input type="checkbox"/> Car Wash	<input type="checkbox"/> Private Residence														
<input type="checkbox"/> Educational	<input type="checkbox"/> Treatment Facilities														
<input type="checkbox"/> Food Service	<input type="checkbox"/> Veterinary Clinics														
<input type="checkbox"/> Hospital	<input type="checkbox"/> Apartment with ____Units														
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Other _____														
<p><b>Please check the box or boxes that best describe your fire protection at your facility:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> This account serves private hydrants only (no fire sprinkler system in facility)</li> <li><input type="checkbox"/> This account serves an installed fire sprinkler system</li> <li><input type="checkbox"/> Fire sprinkler system has outside fire department connections for pumping into the system</li> <li><input type="checkbox"/> Fire sprinkler system contains antifreeze or other chemicals</li> <li><input type="checkbox"/> Fire sprinkler system is also supplied by an auxiliary source of water (i.e., pond, reservoir, or storage tank)</li> <li><input type="checkbox"/> None</li> </ul>	<p><b>Existing backflow device information is needed if you have a backflow device installed on your plumbing. Please complete below and provide a copy of the most recent backflow test report(s). (If no backflow device is installed on your plumbing please skip this section.)</b></p> <p><b>Please circle device type: RDC, RP, RPDA, DC, DCDA, PVB, SVB</b>                  Manufacturer: _____ Model: _____                  Serial # _____ Size: _____                  On line to: _____ Location: _____</p> <p><b>Please circle device type: RDC, RP, RPDA, DC, DCDA, PVB, SVB</b>                  Manufacturer: _____ Model: _____                  Serial # _____ Size: _____                  On line to: _____ Location: _____</p> <p><b>Please circle device type: RDC, RP, RPDA, DC, DCDA, PVB, SVB</b>                  Manufacturer: _____ Model: _____                  Serial # _____ Size: _____                  On line to: _____ Location: _____</p>														

If backflow prevention devices are installed on your plumbing, fire protection or lawn irrigation, they are required Illinois Environmental Protection Agency to be tested annually and copies of the test reports be maintained on file with the water company. If you do not have current copies of the test reports on file with us, please attach copies of the test(s) to this survey.

**Date:** \_\_\_\_\_ **Signature of individual completing the survey:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Email (Optional):** \_\_\_\_\_

**West Prairie Water Cooperative**  
**P.O. Box 101**  
**Bushnell, IL 61422** **(309) 772-3057**