

Commercial Cross Connection Control Survey

PLEASE COMPLETE THIS FORM AND RETURN IT -- BY OCTOBER 1, 2020 --

YOU MAY ALSO COMPLETE THIS FORM ONLINE AT btpwd.org UNDER FORMS AND REPORTS

YOU MAY RETURN THE SURVEY TO THE DISTRICT OFFICE, 1717 RT DUNN DRIVE

OR MAIL TO PO BOX 704, BLOOMINGTON, IL 61702

QUESTIONS? CALL OUR ANSWERING SERVICE AT 309-823-0211

Customer Name: _____ Date: _____

Name & Title of Person completing form: _____

Daytime Phone Number: _____

Service Address: _____

Please have local contact fill out - Indicate quantity of all that apply

****See enclosed brochure for pictures and descriptions of backflow devices****

1. **Kitchen:** Commercial sink with spring loaded sprayer _____
2. **Other:** Boiler heat (including radiator that provide heat) _____
Boiler treatment chemicals used Yes _____ No _____
Water-Cooled Air Conditioning System (Chiller with chemicals) _____
Therapeutic Sitz Baths _____ Embalming Facilities (mortuaries) _____
Fire Sprinkler type (not including smoke detectors) Wet _____ Foam _____
Dry _____ Alarm _____
3. **Exterior:** Private Well(s) _____ Pond _____
Outside Faucets _____ Anti-siphon type _____
Lawn Irrigation System (Permanent) _____
Feed Fertilizer/Pesticides through Irrigation System _____
High-Pressure Washer _____ Yard Hydrant _____
Mixing Tanks w/ Overhead fill lines _____ Container Air Gapped? _____
Mixing Tanks w/ Bottom fill lines _____
Stocking watering/Watering Troughs _____

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

None of the devices or systems listed are present on this property _____

Any Backflow prevention device on your property? No _____ Yes _____ If yes, please provide most recent backflow test.

Any other activities/processes where drinking water is used at your business? _____

Other: _____

Comments: _____

4. Indicate Type of Water Service Line Material: (if known)

(For help identifying the service line material type, there are many useful resources on YouTube. Search for "identify water service line material".)

_____ Plastic (PVC, HDPE, Polyethylene)

_____ Copper

_____ Lead

_____ Other

The Bloomington Township Public Water District is required by the Illinois EPA regulations and District Ordinance to conduct a Cross-Connection Control Survey every two years. When you have completed the survey please return to the District Office at 1717 RT Dunn Drive, or via mail to PO Box 704 Bloomington, IL 61702. **Please return by OCTOBER 1, 2020.**