

Customer Cross Connection and Backflow Protection Survey



Premise:

Contract Account:

Property Located at:

Meter Number:

- Description of Facility to be Serviced:** Residential Apartments W_____ units Offices Church Hotel/Lodging
 Funeral Home Beauty/Barber/Nail Salon Laundry/Dry Cleaners Garden Center Car Wash Food Service/Restaurant
 Dept. Store/General Merchandise Medical/Dental Clinic Recycling Facility Salvage Facility Wastewater Facility
 Commercial Bldg.-3 Stories or Greater Industrial / Manufacturing Correctional Facility
 Other: Please describe: _____

PLEASE ANSWER THE FOLLOWING QUESTION FOR BOTH WATER AND FIRE SERVICE:

Does your facility use any chemicals that are harmful to human health? If so, please list them and any details about the amount stored/used and how they are used:

GENERAL WATER USE AT YOUR LOCATION (OTHER THAN FIRE PROTECTION)

Please check ALL boxes that apply/best describe the use of water at your facility.

- Typical, such as bathrooms, drinking fountains, outside water faucets, household laundry or dishwashing appliances.
- Private well(s) supplying any part of your facility (**Interconnected to another water supply**).
- Connected into a manufacturing process.
- Connected into a chemical process or photo processing.
- Connected into an underground lawn sprinkler/irrigation system.
- Connected into a swimming pool.
- Connected into water operated/cooled equipment/appliances/boilers.
- Tanks, Tubs, Pools or Cisterns' 85 gallons or greater**

Please check ALL types of backflow prevention devices installed on your domestic plumbing system.

- None
- Residential Dual Check (RDC)
- Reduced Pressure Device (RP)
- Double Check Valve (DC)
- Pressure Vacuum Breaker (PVB)
- Other _____

Existing Device Information (if applicable):

Manufacturer _____ Model _____
 Serial # _____
 Size _____ Type: (Circle) RP : DC : PVB : RDC

FIRE PROTECTION SERVICES

Please check ALL boxes that apply/best describe your fire protection account:

- This account serves private hydrants only (no fire sprinkler system in facility).
- This account serves an installed fire sprinkler system.
- Fire sprinkler system has outside fire department connections for pumping into system.
- Fire sprinkler system contains antifreeze or other chemicals.
- None

Please check ALL types of backflow prevention devices installed on your sprinkler system.

- None
- Reduced Pressure Device (RP)
- Reduced Pressure Principle Detector Assembly (RPDA)
- Double Check Valve (DC)
- Double Check Detector Assembly (DCDA)
- Other _____

Existing Device Information (if applicable):

Manufacturer _____ Model _____
 Serial # _____
 Size _____ Type: (Circle) RP : DC : DCDA : RPDA

If backflow prevention devices are installed on your plumbing/fire sprinkler system, it is required they 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 to this survey.

SIGNATURE

Signature of person completing this survey:

Date:

Email:

Phone:

Send your completed form to:

Fax: 304-340-2071 **Contact Phone:** 304-340-2070 **Email:** wvccn@amwater.com

Mail: Cross Connection Department, West Virginia American Water, 1600 Pennsylvania Ave, Charleston, WV 25302