

HILLSVILLE WATERWORKS
CROSS-CONNECTION QUESTIONNAIRE
2012

Name _____

Address _____

Home Telephone _____ Work Telephone _____

Property Owner if not current resident:

Name _____

Address _____

City, State, Zip _____

Telephone _____

Please check any item that may apply to your premises:

- | | |
|---|---|
| <input type="checkbox"/> outside spigots without vacuum breaker | <input type="checkbox"/> swimming pool |
| <input type="checkbox"/> animal watering trough | <input type="checkbox"/> shampoo bowl/sink |
| <input type="checkbox"/> private well, spring or cistern | <input type="checkbox"/> darkroom/photo development |
| <input type="checkbox"/> frost-proof spigot with vacuum breaker | <input type="checkbox"/> Jacuzzi/hot tub |
| <input type="checkbox"/> frost-proof spigot without vacuum breaker | <input type="checkbox"/> lawn irrigation sprinkler system |
| <input type="checkbox"/> fire protection sprinkler system | <input type="checkbox"/> baptismal pool |
| <input type="checkbox"/> mop sink/laundry sink/utility sink with hose bib threads | <input type="checkbox"/> dye vat |
| <input type="checkbox"/> steam or hot water heating system | <input type="checkbox"/> carbonated drink machine |
| <input type="checkbox"/> yard hydrant/yard spigot/standpipe | <input type="checkbox"/> fish pond |
| <input type="checkbox"/> pressure booster pump | <input type="checkbox"/> solar heating system |
| <input type="checkbox"/> dialysis equipment | <input type="checkbox"/> water storage tank |
| <input type="checkbox"/> hose end sprayer for fertilizer or other chemicals | <input type="checkbox"/> pressure washers |

Please offer a brief description of any other items or treatment units connected to the water system on your property:

Please list any existing cross connection control devices you have installed and if they appear to be working properly:

Any additional comments:

Please return this form to:

Town of Hillsville
P. O. Box 545
Hillsville, VA 24343