

VILLAGE OF STONINGTON
P.O. BOX 290, STONINGTON, IL 62567

2021CROSS-CONNECTION CONTROL SURVEY

The following form is to be used by water department personnel and/or by customers of the Village of Stonington public water supply. Data from this form may be used to determine if the property should be inspected by a licensed plumber with a CCCDI certification to detect and correct any cross-connections found on the property.

Date survey conducted:_____

Name/Title of person conducting survey:_____

Name of water user:_____Address:_____

Phone number:_____

Residential: (Check all that apply)

Kitchen: Sink Faucet_____ Sink Faucet w/Sprayer_____ Ice Maker_____ Garbage Disposal_____

Other:_____ Other_____ Other_____

Comments:_____

Bath: Lavatory_____ Toilet_____ Bathtub_____ Hot Tub_____

Other:_____ Other:_____ Other:_____

Comments:_____

Other: Boiler heat_____ How Many Boilers?_____

Exterior: Outside faucets_____ How Many?_____ Non-Freezing Type:_____ How Many?_____

Lawn Irrigation System (Portable)_____ Lawn Irrigation System (Permanent)_____

Lawn Fertilizer System_____ Portable High-Pressure Washer_____ Private Wells(s)_____

Is/Are private well(s) physically connected to the water system? Yes_____ No_____

Other:_____

Other:_____

Other:_____

Comments:_____

(FOR WATER DEPARTMENT USE ONLY)

After reviewing the data on this form it is my recommendation that:

_____The plumbing system serving the above-described property should be inspected for cross-connections by a properly certified plumber/CCCDI inspector.

_____The plumbing system serving the above-described property does not pose a threat to the public safety and no inspection is ordered.

Dated this _____ day of _____, _____.

Signature/Title of Person Making Above Determination:_____