



The Village of

GIFFORD

est. 1875

P.O. Box 37 | Gifford, IL 61847

CROSS-CONNECTION CONTROL SURVEY

The following form is to be used by water department personnel and/or by customers of the Village of Gifford Public Water Supply strictly for the use of listing what types of plumbing fixtures are present on and in the property described below. Data from this form may be used to determine if the property should be inspected by a plumber, properly certified by the State of Illinois for such inspections, to determine if any cross-connections are present on said property.

DATE: _____

NAME/TITLE OF PERSON

COMPLETEING SURVEY: _____

(Water department personnel, homeowner, business owner, etc.)

NAME OF WATER USER: _____

ADDRESS: _____

PHONE#: _____

IS PROPERTY SERVICE LINE METERED?

(*DO YOU HAVE A WATER METER? *)

____ YES ____ NO

WHERE IS YOUR WATER METER LOCATED?

****THIS IS NOT THE REMOTE READER LOCATED OUTSIDE****

____ BASEMENT ____ CRAWLSPACE ____ UTILITY ROOM

____ PIT ____ OTHER

RESIDENTIAL: CHECK ALL THAT APPLY

INTERIOR:

KITCHEN:

____ SINK FAUCET ____ SINK FAUCET W SPRAYER

____ ICE MAKER ____ GARBAGE DISPOSAL

____ DISHWASHER

OTHER: _____

COMMENTS: _____

BATH:

_____ SINK _____ BATHTUB _____ TOILET
_____ HOT TUB _____ BIDET _____ SHOWER

OTHER: _____

COMMENTS: _____

_____ WASHING MACHINE HOOK UP
_____ WATER SOFTNER
_____ BOILER HEAT (*THIS IN NOT YOUR WATER HEATER*)

OTHER: _____

COMMENTS: _____

EXTERIOR:

OUTSIDE FAUCET: _____ HOW MANY? _____
_____ FREEZING TYPE _____ NON-FREEZING TYPE

LAWN IRRIGATION SYSTEM (PORTABLE) _____

LAWN IRRIGATION SYSTEM (PERMANENT) _____

LAWN FERTILIZER SYSTEM _____

PORTABLE HIGH-PRESSURE WASHER _____

IS (ARE) PRIVATE WELL(S) PHYSICALLY CONNECTED TO WATER SYSTEM?

_____ YES _____ NO

COMMENTS: _____

**FOR WATER DEPARTMENT
USE ONLY
DO NOT WRITE ON THIS PAGE**

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 LICENSED PLUMBER/CCCDI INSPECTOR, IN ACCORDANCE
WITH ILLINOIS DEPARTMENT OF PUBLIC HEALTH REGULATIONS.

_____ 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 _____, 20____

JONATHON COUTURE – WATER/SEWER SUPERINTENDENT