

DuPage County Cross-Connection Control Program

PLEASE SAVE THIS DOCUMENT TO YOUR DEVICE BEFORE FILLING OUT AND COMPLETEING

Date: _____ Facility No. _____
 Name: _____
 Water Account Number: _____
 Address: _____
 City & ZIP: _____
 EMAIL: _____
 Phone: _____

Facility Numbers:

Southeast Regional Water Facility, (SERWF) - **0430060**
 Greene Road Facility/Hobson Valley (GRHV) - **0430040**
 Steeple Run/Steeple Chase Facility (STPL) - **0437160**
 York Township (YWTP) - **0430010**
 Glen Ellyn Heights (GEH) - **0435500**
 North Region Water Facility (NRWF) - **0435850**

Send the completed survey to **DuPage County Public Works Department, Attn: Cross Connection Control Program, 421 N County Farm Rd, Wheaton, IL 60187**, fax the completed survey to **(630)-401-6701**, or scan and send via email to **RPZData@ec.dupageco.org**. For a description of the Cross Connection Control Program, visit the Public Works Department Water Division at **www.dupageco.org/WaterDivision**.

1. Please indicate your property type:

Residential Commercial Industrial Other (please describe) YES NO

2. Does your address utilize a separate water system other than DPC water (well)?

3. Does your home use a boiler or steam for heating (water heaters do not apply)?

3.1. Check box if a backflow prevention device is installed?

4. Is there a landscaping/irrigation sprinkler system connected to the plumbing at this address?

4.1. Check box if it uses a separate source of water other than DPC water (on a well)?

4.2. Check box if a backflow prevention device is installed?

5. Is there a fire suppression/protection system installed at this address?

5.1. Check box if the system utilizes a chemical additive such as antifreeze?

5.2. Check box if the system has a backflow prevention device installed?

6. Is there a swimming pool or hot tub at this address?

6.1. If YES, Please indicate how it is filled:

GARDEN HOSE **DIRECT PLUMBING CONNECTION**

7. Is there a gravity feed type air conditioning system connected to the plumbing at this address?

7.1. Check box if a backflow prevention device is installed?

8. Are any industrial ice makers being used at this location?

8.1. Check box if a backflow prevention device is installed?

9. Is there a laboratory (photo, biological, chemical) at this address?

10. Is there medical, dental, or dialysis equipment at this address?

For those hazards that have backflow prevention devices installed, please identify the following:

Manufacturer	Model No.	Serial No.	Size	Testing Company
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Initials: _____ Date: _____

****By initialing you agree that your answers are truthful and correct to the best of your knowledge**