

CITY OF MARION WATER DEPARTMENT
CROSS CONNECTION SURVEY

CUSTOMER ACCOUNT NO. _____

NAME OF CUSTOMER: _____

CUSTOMER ADDRESS: _____

ADDRESS OF PREMISES RECEIVING WATER (IF DIFFERENT THAN ABOVE: _____

TYPE OF SERVICE: RESIDENTIAL _____ COMMERCIAL _____ INDUSTRIAL _____

DO YOU RAISE ANIMALS COMMERCIALY? HOG, CATTLE, CHICKEN, ETC
YES ___ NO _____ NUMBER OF ANIMALS _____

TYPE OF CHEMICALS _____

DO YOU HAVE A PRIVATE WELL? YES _____ NO _____

IS THE PRIVATE WELL CONNECTED TO YOUR CENTRAL PLUMBING? YES ___ NO ___

DO YOU HAVE A POOL? YES ___ NO _____ SIZE IN GALLONS _____

DO YOU HEAT YOUR HOME WITH RECIRCULATING HOT WATER HEAT? YES ___ NO ___

DO YOU HAVE FIRE PROTECTION (SPRINKLER) SYSTEM? YES ___ NO ___

DOES THIS WATER SERVICE MORE THAN ONE RESIDENCE? YES ___ NO ___

DO YOU HAVE ADEQUATE WATER PRESSURE? YES ___ NO ___

IF NO. DESCRIBE THE PROBLEM _____

IF YOU HAVE MORE THAN ONE METER PLEASE FILL OUT AN INVENTORY SHEET FOR EACH ONE.

PRINT NAME OF PERSON COMPLETING FORM _____

SIGNATURE _____

THANK YOU FOR YOUR COMPLIANCE WITH THIS INVENTORY.

=====

PLEASE RETURN THIS FORM TO OUR OFFICE: CITY OF MARION WATER DEPT.
1102 TOWER SQUARE
MARION, IL. 62959

Within 30 days of receipt: