Residential Cross-Connection Questionnaire

Se ofrece este cuestionario en Español – Llame al 554.6666

Please read the enclosed brochure, look over the plumbing in your home and answer the questions below. Thank you for helping meet this State of Nebraska regulation.

Please return by:

	Yes	No	Don't Know
1. Is there any other source of water, such as a private well, at this address?	❑	❑	❑
If yes, is it protected by a testable backflow preventer?	❑	❑	❑
2. Do you have a swimming pool or hot tub?	❑	❑	❑
If you fill it with a hose, does a hose bib vacuum breaker protect it? *(See brochure)*	❑	❑	❑
If you fill it by direct water line, is it protected by a reduced pressure backflow preventer? *(See brochure)*	❑	❑	❑
3. Do you have a lawn sprinkler system?	❑	❑	❑
If yes, is it protected by a testable backflow preventer? *(**see below)*	❑	❑	❑
4. Do you have a hot water or steam boiler (not a water heater)?	❑	❑	❑
If yes, is it protected by a reduced pressure backflow preventer?	❑	❑	❑
(All boilers are required to have a RP)			
Are chemicals used in the water?	❑	❑	❑
If yes, please list the chemicals: _____			
5. Do you have a photo lab, medical, biological, veterinarian or farm equipment, or any other chemical or medical labs or facilities at this address?	❑	❑	❑
If yes, is it protected by a testable backflow preventer?	❑	❑	❑
6. Do you have a hose aspirator for spraying chemicals?	❑	❑	❑
(All hose connections should have a hose bib vacuum breaker — *see brochure*)			
If yes, is it protected by a hose bib vacuum breaker?	❑	❑	❑

*** Lawn sprinkler systems that use booster pumps or chemical injection systems must be tested every year. Check your city's plumbing code for their regulations.*

State of Nebraska Health & Human Services, Public Health Division, Title 179 Regulations direct us to survey all our customers every five years, keep records of all tests on testable backflow preventers, and issue a reminder notice when testing is due. The customer shall provide access for inspection and testing by the District at all reasonable times to determine whether cross connections, sanitary hazards or other violations of the District's water rules exist.

Thank you. This survey will help prevent accidental contamination of our drinking water system.

_____ _____ _____

Signature (sign) Date Daytime phone number

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

If you have any questions about cross contamination or backflow prevention, please call M.U.D.'s backflow inspector at 504.7013, weekdays, 7 a.m. to 3:30 p.m. or visit our website at www.mudomaha.com.