

# Commercial Cross Connection Control Survey

PLEASE COMPLETE THIS FORM AND RETURN IT **--AS SOON AS POSSIBLE --**

YOU MAY ALSO COMPLETE THIS FORM ONLINE AT [jacksonvilleil.gov](http://jacksonvilleil.gov) UNDER THE UTILITIES DEPARTMENT

YOU MAY RETURN THE SURVEY TO THE UTILITY BILLING OFFICE, FAX TO 217-479-4675, MAIL TO 200 W

DOUGLAS, JACKSONVILLE, IL 62650, OR EMAIL TO [bmcfadden@jacksonvilleil.gov](mailto:bmcfadden@jacksonvilleil.gov).

Questions? Call 217-479-1802

Customer Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name & Title of person completing form: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Service Address: \_\_\_\_\_

**Please have local contact fill out - Indicate quantity of all that apply**

**\*\*See enclosed brochure for pictures and descriptions of backflow devices\*\***

1. **Kitchen:** Commercial sink with spring loaded sprayer \_\_\_\_\_
2. **Other:** Boiler heat (including radiators that provide heat) \_\_\_\_\_  
Boiler treatment chemicals used \_\_\_\_\_  
Water-Cooled Air Conditioning System (Chiller with chemicals) \_\_\_\_\_  
Therapeutic Sitz Baths \_\_\_\_\_ Embalming Facilities (mortuaries) \_\_\_\_\_
3. **Exterior:** Private well(s) \_\_\_\_\_ Pond \_\_\_\_\_  
Outside faucets \_\_\_\_\_ Anti-siphon type \_\_\_\_\_  
High-Pressure Washers \_\_\_\_\_ Lawn Irrigation System (Permanent) \_\_\_\_\_  
Feed fertilizer/pesticides through irrigation system \_\_\_\_\_ Yard Hydrant \_\_\_\_\_  
Mixing Tanks w/ Overhead fill lines \_\_\_\_\_ Container Air Gapped? \_\_\_\_\_  
Mixing Tanks w/ Bottom fill lines \_\_\_\_\_  
Stock watering/Watering Troughs \_\_\_\_\_

Fire Sprinkler System type (not including smoke detectors) Wet \_\_\_\_\_ Foam \_\_\_\_\_  
Dry \_\_\_\_\_ Alarm \_\_\_\_\_

None of the devices or systems listed are present on this property \_\_\_\_\_

Any Backflow prevention device on your property? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please provide most recent backflow test.

Any other activities/processes where drinking water is used in your business? \_\_\_\_\_

**Other:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

4. **Indicate Type of Water Service Line Material: (if known)**

Plastic (PVC, HDPE, Polyethylene) \_\_\_\_\_

Copper \_\_\_\_\_

Lead \_\_\_\_\_

Unknown \_\_\_\_\_

Other \_\_\_\_\_

**The City of Jacksonville is required by the Illinois EPA regulations and municipal ordinance to conduct a Cross-Connection Control Survey every two years. When you have completed the survey tape the survey closed and place it in the mail or return the survey to the Utility Billing Office **AS SOON AS POSSIBLE.****