

**FOSTERBURG WATER DISTRICT
3216 MAIN ST. – FOSTERBURG
ALTON, IL 62002 Phone: 618 259-0935**

REQUIRED: CROSS CONNECTION CONTROL RECORD

This document is required by Law Subpart H: Cross Connection Section 653.801 of the Illinois Environmental Protection Agency and as part of the District's Cross-Connection Control Program Ordinance 019-94 and **must be conducted every two years**. The information will be used to compile an inventory of devices which will help safeguard against backflow and back-siphonage into Fosterburg Water District's water supply and to determine the different types of customer water usage.

Please complete, to the best of your knowledge, and return to our office as soon as possible. **Please be sure to fill out the front and reverse sides and sign this form.**

If you fail to return this document, your service will be considered a high risk cross-connection and will be subject to a plumbing inspection by the Illinois Department of Public Health.

Name _____

Mailing Address _____ Home Phone _____

Work Phone _____

Water Service Address (if different than mailing address): _____

If renting, list landlord: Name _____ Phone: _____

Address _____

Listed below are devices that may be installed on your premises that may be interconnected either temporarily or permanently with your potable water supply from the District. Please check any that may apply to you and add any that are not listed.

- | | | |
|---|---|---|
| <input type="checkbox"/> Cistern ** (see below) | <input type="checkbox"/> Fire sprinkler system | <input type="checkbox"/> Shampoo basin (beauty shop type) |
| <input type="checkbox"/> Well or wells ** (see below) | <input type="checkbox"/> In-ground sprinkler system | <input type="checkbox"/> Hot water furnace (boiler system) that requires a public water supply line |
| <input type="checkbox"/> Swimming pool | <input type="checkbox"/> Faucets with hose attachments that do not have anti-siphon attachments | <input type="checkbox"/> Automatic animal waterers – nipple type |
| <input type="checkbox"/> Hot tub | <input type="checkbox"/> Dialysis machine | <input type="checkbox"/> Automatic milkers |
| <input type="checkbox"/> Aspirator-weedicide | | <input type="checkbox"/> Water operated equipment |

OTHER _____

If you have checked "cistern or well" in the list above:

- ** Check one: _____ No existing plumbing or abandoned with plumbing capped off
_____ Plumbed separately (for example, outside faucets only on well)
_____ Plumbed with only a valve between city supply & other supply
_____ Plumbed with an RPZ valve between city supply & other supply

-CONTINUED ON THE REVERSE SIDE-

List all backflow prevention devices installed on your premises other than the device installed at your meter by the District. Examples of some devices include Reduced Pressure Principle Zone Backflow Preventer (RPZ), Pressure Type Vacuum Breaker, and Dual Check Valves.

Name	Model	Serial #	A.S.S.E. #	Date Installed	Installed By
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please fill out your name, address and signature and return to our office even if you do not have any listed devices or if your premises does not contain any known interconnections.

Mail the form to: Fosterburg Water District, 3216 Main St., Alton IL 62002
Email: fosterwater@fosterburgwaterdistrict.com (front and back pages)
Fax: 618 259-9887 (front and back pages)

If you have any questions about this survey, contact Mark Voumard at 259-0935 between the hours of 8:00 a.m. and 4:30 p.m. Monday-Friday.

Signature

Date