

# Morgan County Quality Water District

## Cross-Connection/Backflow Prevention Questionnaire

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Name on Account \_\_\_\_\_ Date \_\_\_\_\_

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

Owner \_\_\_\_\_ Contact Person \_\_\_\_\_

Contact Email \_\_\_\_\_ Phone \_\_\_\_\_

Type of facility: \_\_\_\_\_ Commercial \_\_\_\_\_ Industrial \_\_\_\_\_ Residential

Business Activity \_\_\_\_\_

(Example: Multi-family, mobile home park, manufacturing, retail, office, restaurant, etc.)

Account Number \_\_\_\_\_ Tap Number \_\_\_\_\_

1. Occupancy: \_\_\_\_\_ Own \_\_\_\_\_ Rent

2. Meter serves: \_\_\_\_\_ Homes How many? \_\_\_\_\_  
\_\_\_\_\_ Buildings (garage, outbuildings, barns) How many? \_\_\_\_\_

3. Do you have (or intend to have) outside hose bibs &/or yard hydrants at your building(s)? \_\_\_\_\_  
How many? \_\_\_\_\_

4. Do you have (or intend to have)? (Please check all that apply):

Swimming Pool \_\_\_\_\_ Hot Tub \_\_\_\_\_ Jacuzzi \_\_\_\_\_

Darkroom Equipment \_\_\_\_\_ Portable Dialysis Machine \_\_\_\_\_

Ghost pipes (unidentified) \_\_\_\_\_ Onsite Water Storage \_\_\_\_\_

Insecticide Sprayers \_\_\_\_\_ Chemical Irrigation System \_\_\_\_\_

Chemical Feed System \_\_\_\_\_

5. Water is used for:

A. Domestic Consumption Yes \_\_\_\_\_ No \_\_\_\_\_

B. Lawn Irrigation Yes \_\_\_\_\_ No \_\_\_\_\_

Underground Sprinkler System \_\_\_\_\_

Drip/Soaker/Irrigation System \_\_\_\_\_

- C. Solar System Yes \_\_\_\_ No \_\_\_\_
- D. Cooling (Chillers) Yes \_\_\_\_ No \_\_\_\_  
 If yes, is the water chemically conditioned? Yes \_\_\_\_ No \_\_\_\_ Unknown \_\_\_\_
- E. Heating (Boilers) Yes \_\_\_\_ No \_\_\_\_  
 If yes, is the water chemically conditioned? Yes \_\_\_\_ No \_\_\_\_ Unknown \_\_\_\_
- F. Fire Suppression System Yes \_\_\_\_ No \_\_\_\_  
 If yes, type of fire system Dry \_\_\_\_ Wet \_\_\_\_ Unknown \_\_\_\_  
 Are there any antifreeze legs? Yes \_\_\_\_ No \_\_\_\_ Unknown \_\_\_\_  
 Is there a fire pump? Yes \_\_\_\_ No \_\_\_\_ Unknown \_\_\_\_
- G. Food Preparation Yes \_\_\_\_ No \_\_\_\_
- H. Manufacturing Yes \_\_\_\_ No \_\_\_\_
- I. Processing Yes \_\_\_\_ No \_\_\_\_
- J. Industrial Uses Yes \_\_\_\_ No \_\_\_\_

If you answered YES on G, H, I or J, please describe the water use. \_\_\_\_\_

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6. Are there other water sources available on this property? Yes \_\_\_\_ No \_\_\_\_  
 If yes, what source? (well, etc.) \_\_\_\_\_
7. Do you have a water softener, Reverse Osmosis or other treatment system? Yes \_\_\_\_ No \_\_\_\_
8. Do you have livestock and use a water trough? Yes \_\_\_\_ No \_\_\_\_
9. Do you have a booster pump, well pump, or any other type water pump? Yes \_\_\_\_ No \_\_\_\_
10. Do you receive irrigation water from a different source? Yes \_\_\_\_ No \_\_\_\_
11. Do you have any water-using equipment on not mentioned above? Yes \_\_\_\_ No \_\_\_\_

If yes, please describe: \_\_\_\_\_

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12. Do you have a backflow protection device at your service connection?

Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown \_\_\_\_\_

If yes, please provide:

Manufacturer: \_\_\_\_\_ Model # \_\_\_\_\_ Serial # \_\_\_\_\_

Type of device: Reduced Pressure \_\_\_\_\_ Atmospheric Vacuum Breaker \_\_\_\_\_

Double Check \_\_\_\_\_ Pressure Vacuum Breaker \_\_\_\_\_

Date of last backflow prevention device test: \_\_\_\_\_

13. Do you have any backflow prevention devices on any equipment at your site?

Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown \_\_\_\_\_

If yes, please provide:

Manufacturer: \_\_\_\_\_ Model # \_\_\_\_\_ Serial # \_\_\_\_\_

Type of device: Reduced Pressure \_\_\_\_\_ Atmospheric Vacuum Breaker \_\_\_\_\_

Double Check \_\_\_\_\_ Pressure Vacuum Breaker \_\_\_\_\_

Date of last backflow prevention device test: \_\_\_\_\_

By signing this document I certify that to the best of my knowledge and belief the information provided is true, accurate and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Name \_\_\_\_\_  
(Please Print)

Title \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Please notify this office if any of the above conditions change.