

# Cross-Connection Control Reporting Form

State law requires consumers of public water supplies to inspect their facilities not less than once every five years. Completing and returning this form fulfills that requirement!

**Completion of this form is a condition of water service!**

## RESIDENTIAL SURVEY FORM FOR THE WATER SYSTEM OF THE CITY OF WILBER

Customer Name \_\_\_\_\_

Customer Address \_\_\_\_\_

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

*Circle One*

- |  |     |    |
|--|-----|----|
| 1. Underground lawn irrigation system?                       | YES | NO |
| If "YES", is it protected by a testable backflow preventer?  | YES | NO |
| 2. Swimming Pool or Hot Tub?                                 | YES | NO |
| If "YES", is it protected by a testable backflow preventer?  | YES | NO |
| 3. Photo, chemical, medical, or other laboratory facilities? | YES | NO |
| If "YES", is it protected by a testable backflow preventer?  | YES | NO |
| 4. Private well or other source of water?                    | YES | NO |
| If "YES", is it protected by a testable backflow preventer?  | YES | NO |
| 5. Boiler heat or water to air heat pump?                    | YES | NO |
| If "YES", is it protected by a testable backflow preventer?  | YES | NO |
| 6. Are garden hoses connected to any possible contaminants?  | YES | NO |
| If "YES", is it protected by a hose bibb vacuum breaker?     | YES | NO |
| 7. Do you have a water softener?                             | YES | NO |
| If "YES", is it protected by an air gap?                     | YES | NO |

If you have any questions, please contact – Jason Ripa at 402-821-3233

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / 2023

*Thank you,*

*This form will help prevent the accidental contamination of our drinking water!*

**Failure to complete this form puts your water system in violation of  
State Health Department Regulation Title 179**