

**ERIE WATER WORKS – WATER USE / CROSS CONNECTION CONTROL SURVEY**  
For Residential Customers (Must be completed with the Water Service Application or Upon Request)

**WATER SERVICE ADDRESS:** \_\_\_\_\_

Property Owner Name / Business Name: \_\_\_\_\_

Mailing Address / Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Property Type:  Residential  Commercial / Industrial  Other: \_\_\_\_\_ Occupancy:  Rent  Own

The water service line:  Single Family Home  Multiple Unit Home(s) - Number of Units: \_\_\_\_\_

If Other, Describe use: \_\_\_\_\_

Do you have? (Check all that apply)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Unidentifiable Pipes | <input type="checkbox"/> Drip Irrigation System                   | <input type="checkbox"/> Greenhouse     |
| <input type="checkbox"/> Hot Tub              | <input type="checkbox"/> Solar or Hot Water Heating System        | <input type="checkbox"/> Fire Sprinkler |
| <input type="checkbox"/> Swimming Pool        | <input type="checkbox"/> Underground Sprinklers (lawn irrigation) | <input type="checkbox"/> Not Applicable |

Do you use? (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Anti Freeze Flush Kits | <input type="checkbox"/> Insecticide/Fertilizer Sprayers (that attach to a garden hose)    |
| <input type="checkbox"/> Darkroom Equipment     | <input type="checkbox"/> Portable Dialysis Machine <input type="checkbox"/> Not Applicable |

Do you have a bathtub/spa that fills from the bottom or does not have an air gap on the overflow?  Yes  No

Do you have a water softener or other treatment system connected to your drinking water supply?  Yes  No

Do you have an auxiliary water supply on your premises?  Yes  No If yes, source is \_\_\_\_\_

Do you have livestock that are fed using a water trough?  Yes  No

Do you pump or draw water from a creek, stream, river, pond or well?  Yes  No If yes, explain below:  
\_\_\_\_\_

Do you have a booster pump, well pump, or any other type of water pump?  Yes  No If yes, type \_\_\_\_\_

Do you receive irrigation water from a different source?  Yes  No

Do you have a backflow preventer on your property now?  Yes  No If yes, where? \_\_\_\_\_

If yes, list the following: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Size: \_\_\_\_\_ Serial #: \_\_\_\_\_

Do you have any situation that you are aware of that could create a cross-connection?  Yes  No

Do you have any other water-using equipment on your property not mentioned above?  Yes  No

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

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Please notify Darlene Grandinetti at 870-8000 Ext. 207 if any of the above conditions change.  
Return to: Erie Water Works Engineering Department, 240 West 12<sup>th</sup> Street, Erie, PA 16501, Fax 870-8011,  
Email [engineering@eriewaterworks.org](mailto:engineering@eriewaterworks.org)