

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"/> Private Hydrants |

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 Tamura Squire at 870-8000 Ext. 207 if any of the above conditions change.
Return to: Erie Water Works Engineering Department, 240 West 12th Street, Erie, PA 16501, Fax 870-8011,
Email engineering@eriewaterworks.org