

CROSS CONNECTION CONTROL AND BACKFLOW PREVENTION

WATER USE SURVEY

The following considerations and review of equipment and/or processes is necessary for determination of containment backflow protection on facilities having actual or potential cross connection and backflow hazards.

Business Name: _____

Address of Facility: _____

Mailing Address of Facility: _____

Contact Person: _____ Phone Number: _____

Type of Business: _____

I. Is this a critical service, i.e., twenty four hour operation? Yes _____ No _____

--If yes, is service dual or belted? Yes _____ No _____

--If water service is not belted and is a critical service, a by-pass will be necessary with a backflow preventer of the same type on the by-pass.

II. Is this a restricted establishment, i. e., no inspection access? Yes _____ No _____

III. Building Height (piping max. height) – Number of Stories _____

IV. Is there a Fire Protection System on site? Yes _____ No _____

-- Chemical Injection? Yes _____ No _____

-- Foam Stations? Yes _____ No _____

-- Belted or Dual Fireline Services? Yes _____ No _____

-- Booster Pump? Yes _____ No _____

-- Storage Tank on Site? Yes _____ No _____

-- Fire Protection Auxiliary Water Available On-Site? Yes _____ No _____

V. On-Site Auxiliary Water Availability

--Is the on-site piping system labeled and color coded? Yes _____ No _____

--Storage tanks on site? Yes _____ No _____

--Auxiliary water supply on site? Yes _____ No _____

-- Reclaimed Water On-Site Yes _____ No _____

Source: _____ Location on site: _____

--Recycle Water On-Site Yes _____ No _____

If yes, is the source inter-connected with the domestic water supply?
Yes _____ No _____

Spool Joints? Yes _____ No _____

--Are on-site as-built drawings available? Yes _____ No _____

If yes, have the drawings been maintained as changes were made?
Yes _____ No _____

VI. Water Using Equipment or Processes

--Cooling Towers or Heat Exchangers On-Site? Yes _____ No _____

--Re-circulating/Circulating Systems? Yes _____ No _____

--Steam Generating Facilities? Yes _____ No _____

--Water Cooled Equipment which may be Sewer Connected – Yes _____ No _____

Type Equipment _____

--Industrial Fluid Systems? – Type Equipment _____

--Equipment under Hydraulic Tests? Yes _____ No _____

--Sewage Pumps? Yes _____ No _____

--Laboratory Equipment, e.g., Autoclaves, Fume Hoods, etc. Yes _____ No _____

--Automatic film processing equipment? Yes _____ No _____

--Degreasers? Yes _____ No _____

--Water to Air Heat Exchangers? Yes _____ No _____

--Irrigation System(s)? Yes _____ No _____
 Auxiliary Supply? (well – Pond, etc.) Yes _____ No _____
 Recycle Water? – Yes _____ No _____
 Chemical Injection? Yes _____ No _____
 Spray Aerobic System? Yes _____ No _____
 Gray Water System? – Yes _____ No _____

--Dye Vats, Mixing Tanks, Plating Tanks, etc.? – Yes _____ No _____
 Vat – Tank Usage _____

--Purge Lines? Yes _____ No _____
 Type Injection? (air – water – chemical – other): _____

--Radioactive Materials on Site? – Yes _____ No _____

--Solar Heating Systems? Active System _____ Passive System _____
 Water Connection? Yes _____ No _____
 Heat Exchanger? Yes _____ No _____

--Tank Truck Fill Lines On-Site? – Yes _____ No _____

--Water Front Facilities? – Industries – Marina – Yes _____ No _____

Other Types Equipment: _____

VII. Containment Backflow Protection Recommended:

- ____ Reduce Pressure Principle Assembly
- ____ Reduce Pressure Principle Detector Assembly
- ____ Double Check Valve Assembly
- ____ Double Check Detector Assembly
- ____ Pressure Vacuum Breaker Assembly

VIII. Thermal Expansion Equipment in Place? – Yes _____ No _____

Type? _____

If no – reason: _____

IX. Comments: _____

Date(s) Inspected _____

Site Representative Present (print) _____ Title _____

Site Representative Signature _____

Representative Ph. # _____ Fax # _____

Inspector (print) _____ Title _____

Inspector Signature _____