

## **Cross-Connecton Survey**

Occupan Name	t 			
Occupan Address	t			
<b>Circle be</b> Meter se		tal/Apartments	How Many?	
Type of E	susiness			
Type of F	acility:  Commercial	Residential		Industrial
Please ch 1.	eck all that apply: Hot Tub	Swimming Pool		Jacuzzi
	Waterbed	Solar System		Green House
	Underground Sprinkler System	Darkroom Equipment		Drip/Soaker/Irrigation System
	Portable Dialysis Machine	Insecticide Sprayers (That attach to garden hose also)		Utility sink w/threaded
	Wood burning hot water heater	Ghost pipes (unidentified)		
2.	Do you have bathtub that fi	lls from the bottom?		i <b>rcle</b> 5 No
3.	Do you have a water softener or any extra water treatment system?		system? Yes	s No
4.	Do you have an auxiliary water supply on your premises?		Yes	s No
5.	Do you have livestock and use a water trough or water system connected to by public water?  Yes No			s No
6.	Is your home or building ele	evated above your water meter?	Yes	No No
7.	Does a creek, river, or spring water run near or on your property?		erty? Yes	s No
8.	Do you have a booster pump, well pump, or any other type water pump?		vater pump? Yes	s No
9.	Do you receive irrigation water from a different source?		Yes	s No
10.	Do you have a backflow pro	tection device on your property r	now? Yes	s No
11.	Do you have any situation that you are aware of that could create a cross-connection?			s No
12.	Do you have any other water-using equipment on your property not mentioned above?			s No
If yes, p	lease list below:			

Print Name	Phone # (include area code)
Email	
Signature	 Date

## **Tellico Area Services System:**

Mail: PO Box 277 Vonore TN 37885 Physical address: 505 Clearview Rd Maryville TN 37801

Please notify Tellico Area Services System if any of the above conditions change.