Village of Wellington Cross-Connection Control Survey

Home Owner/Company Name:	
Premises Address:	
Contact Person:	Contact Person Phone Number:
Existing Backflow Preventer Installed? ❒ Yes ❒ No	Number of Backflow Devices on Premises:
Number of New Backflow Devices Added on Premises:	

Fixtures	
Has any plumbing modification taken place at your facility that would require an on-site survey from an employee at the Village of Wellington's Water Department?	❒ Yes ❒ No
Hot water heater	❒ Yes ❒ No
Utility sink with detergent educator	❒ Yes ❒ No
Hose bib	❒ Yes ❒ No
Chemically treated boiler	❒ Yes ❒ No
Chemically treated air conditioning	❒ Yes ❒ No
Drinking fountains	❒ Yes ❒ No
Coffee, tea, hot chocolate machine	❒ Yes ❒ No
Sanitary facilities	❒ Yes ❒ No
Recycled wash or rinse reservoir	❒ Yes ❒ No
Irrigation system	❒ Yes ❒ No
Murdock-type hydrant	❒ Yes ❒ No
Auxiliary water, not connected to Village water line (tank, reservoir, well, lagoon)	❒ Yes ❒ No
Auxiliary water connected to Village water line (tank, reservoir, well, lagoon)	❒ Yes ❒ No
Backflow preventer, check valve or pressure regulator at meter	❒ Yes ❒ No
Minimum Fixture Protection	
Is there a situation where an increased degree of hazard would warrant a backflow prevention device modification?	❒ Yes ❒ No
Air gap at T&P valve drain line	❒ Yes ❒ No
Vacuum breaker at hose connection or faucet	❒ Yes ❒ No
Non-removable vacuum breaker	❒ Yes ❒ No
Reduced pressure assembly on make-up line	❒ Yes ❒ No
Air gap & non-self-draining	❒ Yes ❒ No
Air gap at fill line	❒ Yes ❒ No
Air gap at fixtures	❒ Yes ❒ No
Air gap at reservoir make-up line	❒ Yes ❒ No
Reduced pressure assembly or pressure vacuum breaker	❒ Yes ❒ No
Non-self-draining if used for sanitary or culinary purposes – hose bib vacuum breaker if not used for sanitary or culinary purposes	❒ Yes ❒ No
Reduced pressure assembly at water meter	❒ Yes ❒ No
Requires Ohio EPA approval; four way valve or swing connector	❒ Yes ❒ No
Thermal expansion device	❒ Yes ❒ No

Comments:

Survey Completed By: _____ Date: _____

Company: _____ Phone: _____