



# WSSC Cross-Connection Survey Form

**Instructions:** Form to be completed by a knowledgeable representative of the owner or a registered licensed plumber. Copy and distribute form to individual tenants/suite owners or complete for entire building or property as applicable. When directly mailed by WSSC to tenant or suite owner, please share with property manager/owner.

**WSSC Account No.** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Surveyed By:** \_\_\_\_\_ **Title/Role:** \_\_\_\_\_ **or Plumbing Firm:** \_\_\_\_\_

**Name of Business/Property/Building/Suite:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **Tenant suite #** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **No. of Tenants/Suites:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Primary Use of Property/Building/Suite:** \_\_\_\_\_

**Area Surveyed (describe campus, building, or suite):** \_\_\_\_\_

**Water Uses - check all that apply:**

- |   |   |
|---|---|
| <input type="checkbox"/> Central Heating Boiler             | <input type="checkbox"/> Nursery/Garden Center            |
| <input type="checkbox"/> Cooling Tower Supply               | <input type="checkbox"/> K-12 School/College/University   |
| <input type="checkbox"/> Air Conditioning Condenser Make-up | <input type="checkbox"/> Assisted Living/Nursing Home     |
| <input type="checkbox"/> Process Water Make-Up              | <input type="checkbox"/> Hospital                         |
| <input type="checkbox"/> Medical/Dental Equipment           | <input type="checkbox"/> Automotive/Vehicle Service       |
| <input type="checkbox"/> Laboratory Equipment/Sinks         | <input type="checkbox"/> Funeral Home/ Embalming Services |
| <input type="checkbox"/> Food Service                       | <input type="checkbox"/> Morgue/Autopsy Services          |
| <input type="checkbox"/> Concrete Mixing                    | <input type="checkbox"/> Vehicle Washing Facility         |
| <input type="checkbox"/> Irrigation                         | <input type="checkbox"/> Farming                          |
| <input type="checkbox"/> Equipment/Process Cooling          | <input type="checkbox"/> Food Processing                  |
| <input type="checkbox"/> Fire Protection/Sprinkler System   | <input type="checkbox"/> Water Purification – RO; DI; etc |
| <input type="checkbox"/> Other (describe): _____            |   |

**List Known Testable Backflow Prevention Assemblies (use the table below or attach a separate spreadsheet):**

Complete Serial Number	Make, Model, and Size	Type of Equipment or Process Served	Latest Test Date (if available)	Latest Test Report Number

**Submit**