

Residential Cross Connection Control Survey for City Water Users Only

PLEASE COMPLETE THIS FORM AND RETURN IT – AS SOON AS POSSIBLE— YOU MAY RETURN THE SURVEY TO THE UTILITY BILLING OFFICE OR MAIL TO: CITY OF ROCK FALLS UTILITY OFFICE 603 W 10TH ST. ROCK FALLS, IL 61071 OR EMAIL TO tpadilla@rockfalls61071.com QUESTIONS? Call 815-622-1120

Customer Name _____ Date _____
Name & Title of person completing form _____
Daytime Phone Number _____
Service address _____

Please indicate quantity of all that apply

Check yes or no as required

	YES	#	NO
1. Other Boiler heat (including radiators that provide heat)		_____	
Boiler treatment chemicals used _____			
Fire Sprinkler system type (not including smoke detector)			
Wet _____ Dry _____ Foam _____ Alarm _____			

	YES	#	NO
2. Exterior Swimming Pool		_____	
Private Well(s)		_____	
Pond in front or back yard		_____	
Outside Faucets		_____	
Anti-siphon device on outside faucets		_____	
Lawn or irrigation system (connected to city service)		_____	
Feed fertilizer/ Pesticides through irrigation system		_____	
Portable High-Pressure Washer		_____	

	YES	#	NO
3. Is/Are private well(s) /ponds physically connected to the City’s water system?		_____	
Is there any type of Back Flow device on the City water system near the meter?		_____	
If yes, please provide the type of device. _____			
Any other activities/process where drinking water is used in your house hold?			

Other _____
Comments _____

4. **Indicate Type of Water Service Line Material (if known)**
Plastic _____ Steel _____ Lead _____ Copper _____

The City of Rock Falls is required by the Illinois EPA regulations and Municipal Ordinance to conduct a Cross-Connection Control Survey every three years. When you have completed the survey Please send to or deliver to the Utility Office locate at the above location As Soon As Possible.