

# City of Kearney Utilities Department Cross-Connection Control Reporting Form\* Commercial Survey

State law requires consumers of public water supplies to inspect their facilities and to report that inspection to the public water supply system not less than once every five years. Completing and returning this form fulfills that requirement!

Failure to complete and return this form may place the City of Kearney Public Water Supply System in violation of State Health Department Regulation Title 179.

RESIDENT \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City: \_\_\_\_\_, State: \_\_\_\_\_ ZIP \_\_\_\_\_

Type of Business Activity  
Check One

Manufacturing  Medical   
 Restaurant  Mechanic   
 Office  Other   
 List Other: \_\_\_\_\_

Site Address: \_\_\_\_\_ Daytime phone: \_\_\_\_\_ Account #: \_\_\_\_\_

When completing the survey, please indicate if the listed cross connection is present and if it is protected with a backflow device. Thank you for assisting in compliance with State regulations and protecting Kearney's drinking water.

	Is Connection Present?		Is Connection Protected with Backflow?	
	Yes	No	Yes	No
1. Auxilliary water source water such as a well used for irrigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Auxilliary water source used for geothermal heating or cooling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Underground lawn sprinkler system at this address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Swimming pool or hot tub at this address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cooling tower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Boiler or steam system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Water cooled compressors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Fire suppression system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Post mixed carbonator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Water cooled ice maker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Medical, dental or dialysis equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Laboratory or photo equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Mobile or stationary water tank filling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Water system booster pumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

***Thank you, this form will help prevent the accidental contamination of our drinking water!***