

Residential Cross Connection Survey

This survey is being performed in accordance with; WI DNR 810.15, Chapter-SPS 381, 382, 384 and the Local Municipal Ordinance for Cross Connection Control to ensure safe drinking water.

Compliant No further action required

Non-Compliant See table below for corrective action

Name _____

Address _____ City _____

Phone _____ Date of Survey _____

Brochure provided in lieu of surveying normal kitchen and bathroom fixtures? Yes

Fixture Type	Approved	Location/Description	*Device
Water Softener Drain	Y / N		ASME A112.1.2 Vacuum breaker tee, ASME a112.1.3
Laundry Tub with hose threads	Y / N		ASSE 1011, 1052
Inside Hose Bibb(s)	Y / N		ASSE 1011, 1052
Toilet(s)	Y / N		ASSE 1002
Boiler	Y / N		ASSE 1012** - Low Hazard ASSE 1013** - High Hazard
Humidifier	Y / N		ASME A112.1.2** ASSE 1012**
Outside Hose Bibb(s)	Y / N		ASSE 1019, 1053 ASSE 1011, 1052
Lawn Irrigation	Y / N		ASSE 1001** ASSE 1020** ASSE 1013**
Hand Held Showers	Y / N		ASSE 1014 ASME A112.18.1
Water Powered Sump Pump	Y / N		ASSE 1013**
Pools / Spas / Hot Tubs	Y / N		ASME A112.1.2** ASSE 1001**
Kitchen Faucets	Y / N		ASME A112.18.1
Sump Pump	Y / N		
Other	Y / N		
Other	Y / N		

Notes: _____