

JOINT MUNICIPAL WATER AND SEWER COMMISSION CROSS CONNECTION CONTROL QUESTIONNAIRE

RESIDENTIAL SERVICE

Date: _____

Account#: _____

Customer Name: _____

Service: Location: _____

Is this service location for a residence only? Yes ____ No ____

LAWN IRRIGATION / SPRINKLER SERVICES

Do you have a lawn irrigation system? Yes ____ No ____

Was your irrigation system installed **BEFORE** June of 2000 _____ or **AFTER** June of 2000 _____

Do you use an alternate source for irrigation such as a pond or well? Yes ____ No ____

Is the alternate water source connected to the distribution system? Yes ____ No ____

I understand that if an alternate water source is connected to the household distribution system that I must install the appropriate backflow prevention device and that the Commission will be notified immediately.

I understand that the backflow prevention assembly must be tested annually by a certified tester and that the Commission shall be furnished with the results of this testing. I authorize the Commission to perform the annual testing of my device(s) and understand that costs associated with these tests will be in accordance with their standard rate structure and accessed to my account. Yes _____ No _____

I hereby certify that all information furnished is complete and correct. I further acknowledge that incomplete or incorrect information may result in additional or different requirements for a Backflow Prevention Assembly at the water service connection.

Applicant Signature _____

Date: _____ Telephone: Work _____ Home _____

FAX _____ Mobile _____ Pager _____

JMWSC USE ONLY

Reviewed by: _____ Date: _____

Additional Notes: _____
