



City of Oberlin Cross-Connection Control Survey

Home Owner/Company Name:	
Premises Address:	
Contact Person:	Contact Person Phone Number:
Existing Backflow Preventer Installed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Backflow Devices on Premises:
Number of New Backflow Devices Added on Premises:	

Fixtures	
Has any plumbing modification taken place at your facility that would require an on-site survey from the Oberlin Water Department?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hot water heater	<input type="checkbox"/> Yes <input type="checkbox"/> No
Utility sink with detergent educator	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hose bib	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chemically treated boiler	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chemically treated air conditioning	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drinking fountains	<input type="checkbox"/> Yes <input type="checkbox"/> No
Coffee, tea, hot chocolate machine	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sanitary facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recycled wash or rinse reservoir	<input type="checkbox"/> Yes <input type="checkbox"/> No
Irrigation system	<input type="checkbox"/> Yes <input type="checkbox"/> No
Murdock-type hydrant	<input type="checkbox"/> Yes <input type="checkbox"/> No
Auxiliary water, <u>not</u> connected to City water line (tank, reservoir, well, lagoon)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Auxiliary water connected to City water line (tank, reservoir, well, lagoon)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Backflow preventer, check valve or pressure regulator at meter	<input type="checkbox"/> Yes <input type="checkbox"/> No
Minimum Fixture Protection	
Is there a situation where an increased degree of hazard would warrant a backflow prevention device modification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Air gap at T&P valve drain line	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vacuum breaker at hose connection or faucet	<input type="checkbox"/> Yes <input type="checkbox"/> No
Non-removable vacuum breaker	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reduced pressure assembly on make-up line	<input type="checkbox"/> Yes <input type="checkbox"/> No
Air gap & non-self-draining	<input type="checkbox"/> Yes <input type="checkbox"/> No
Air gap at fill line	<input type="checkbox"/> Yes <input type="checkbox"/> No
Air gap at fixtures	<input type="checkbox"/> Yes <input type="checkbox"/> No
Air gap at reservoir make-up line	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reduced pressure assembly or pressure vacuum breaker	<input type="checkbox"/> Yes <input type="checkbox"/> No
Non-self-draining if used for sanitary or culinary purposes – hose bib vacuum breaker if not used for sanitary or culinary purposes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reduced pressure assembly at water meter	<input type="checkbox"/> Yes <input type="checkbox"/> No
Requires Ohio EPA approval; four way valve or swing connector	<input type="checkbox"/> Yes <input type="checkbox"/> No
Thermal expansion device	<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments:

Survey Completed By: _____

Date: _____

Company: _____

Phone: _____