

Cross-Connection Control Reporting Form

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

Completion of this form is a condition of water service!

Village of Homer 2024 Cross Connection Survey

STATE LAW requires consumers of public water supplies to inspect their facilities not less than once every five years. Completing this form fulfills that requirement. Please return this form with your next monthly remittance.

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Underground lawn irrigation system? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, is it protected by a testable backflow preventer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Swimming pool or hot tub? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, is it protected by a testable backflow preventer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Photo, chemical, medical, or other lab facilities? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, is it protected by a testable backflow preventer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Private well or other source of water? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, is it protected by a testable backflow preventer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Boiler heat or water to air heat pump? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, is it protected by a testable backflow preventer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Garden hoses connected to possible contaminants? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, is it protected by a hose bibb vacuum breaker? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Water softener? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, is it protected by an approved air gap? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Booster pump? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, is it protected by a backflow preventer? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, does it have a low pressure shut-off set at 20 psi? | <input type="checkbox"/> | <input type="checkbox"/> |

If you have any questions please contact Elvin Vavra at 712-259-0301

Form completed by: _____ Date: _____

Failure to complete this form violates state health department regulation title 179 and may warrant a plumbing inspection by the water department.

Failure to complete and return this form puts your water system in violation of State Health Department Regulation Title 179.