



Village of Andover
Water System
Cross-Connection Survey
Residential

Occupant Name _____

Occupant Address _____

Meter serves: Homes How Many?_____ Buildings How Many?____

1. Do you have? (Please Check all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> Hot Tub | <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Jacuzzi |
| <input type="checkbox"/> Waterbed | <input type="checkbox"/> Solar System | <input type="checkbox"/> Green House |
| <input type="checkbox"/> Underground Sprinkler System | <input type="checkbox"/> Darkroom Equipment | <input type="checkbox"/> Drip/Soaker/Irrigation System |
| <input type="checkbox"/> Portable Dialysis Machine | <input type="checkbox"/> Insecticide Sprayers (That attach to garden hose also) | <input type="checkbox"/> Utility sink w/threaded faucet |
| | <input type="checkbox"/> Ghost Pipes (unidentified) | |

2. Do you have bathtub that fills from the bottom? Yes No
3. Do you have a water softener or any extra water treatment system? Yes No
4. Do you have an auxiliary water supply on your premises? Yes No
5. Do you have livestock and use a water trough or water system connected to by public water?
 Yes No
6. Do you have a water operated sump drain device? Yes No
7. Do you have a frost-free yard hydrant? Yes No
8. Do you have a booster pump, well pump, or any other type water pump? Yes No
9. Do you receive irrigation water from a different source? Yes No
10. Do you have a backflow protection device on your property now? Yes No
11. Do you have any situation that you are aware of that could create a cross-connection? Yes No
12. Do you have any other water-using equipment on your property not mentioned above? Yes No

If yes, please list below:

Print Name _____

Phone# (include area code) _____

Signature _____

Date _____

Please notify the Village Hall if any above conditions apply or change.
440.293.4747 or email your survey to water@andovervillage.com