

Cross Connection Control Survey

PLEASE COMPLETE THIS FORM AND RETURN IT **AS SOON AS POSSIBLE** – NO LATER THAN DECEMBER 31, 2017
YOU MAY ALSO COMPLETE THIS FORM ONLINE AT: www.franklinillinois.net YOU MAY RETURN THE SURVEY TO
THE UTILITY BILLING OFFICE AT 112 MAIN ST., FAX TO 217-675-2754, MAIL TO VILLAGE OF FRANKLIN 112 MAIN
STREET P.O. BOX 119 FRANKLIN IL 62638, OR EMAIL TO vofwater@outlook.com Questions? Call 217-675-2322

Name & Title of Person completing this form if not the Resident _____

Date Completed _____

Service Address _____

Area & Daytime Phone Number _____

Residential Customers please continue to Question 1-4, for Commercial Customers please skip to Question 5.

Residential (Check all that apply)

1. Kitchen Sink Faucet _____ W/Sprayer ___ Ice Maker _____
Garbage Disposal _____
2. Bath Lavatory _____ Toilet _____ Bathtub ___ Hot Tub ___ Bidet ___
3. Other: Boiler _____ Boiler treatment chemicals used _____ Fire Protection Systems _____
4. Exterior: Private Well(s) _____ Pond(s) _____
Outside Faucets _____ How many? _____ Self-draining type _____ How many? _____
Lawn Irrigation System (Portable) _____ Lawn Irrigation System (Permanent) _____

Feed fertilizer/pesticides through irrigation system _____ Portable High-Pressure Washer _____
Is/Are private well(s)/ponds physically connected to the water system? Yes _____ No _____

Any other activities/processes where drinking water is used in your household? _____

Other: _____

Comments: _____

Commercial: (Check all that apply)

5. Kitchen: Sink Faucet _____ Sink Faucet w/sprayer _____ Deep Sinks _____
6. Other: Boiler(s) _____ Boiler treatment chemicals used _____ Fire Protection Systems _____
Water-Cooled Air Conditioning System _____ How many? _____
Sitz Baths _____ How many? _____
Embalming Facilities (mortuaries) _____ How many? _____
7. Exterior Private well(s) _____ Pond _____ Yard hydrant _____ How Many? _____
Outside faucets _____ How many? _____
High-Pressure Washers _____ How many? _____
Feed fertilizer/pesticides through irrigation system _____

Lawn Irrigation System (Portable) _____ Lawn Irrigation System (Permanent) _____
Mixing Tanks w/ Overhead fill lines _____ How many? _____ Container Air Gapped? _____
Mixing Tanks w/ Bottom fill lines _____ How many? _____
Stock watering/Watering Troughs _____ How many? _____

Any other activities/processes where drinking water is used in your business? _____

Other: _____

Comments: _____