

Commercial Cross Connection Plumbing Survey

Falls Water Co., Inc.

The safety of Falls Water's water is very important. The Idaho Department of Environmental Quality requires water utilities in Idaho to have all water customers inspect their plumbing systems for potential cross connections with the public water supply and ensure these connections are properly protected against backflow or back-siphonage.

Company Name:		<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant	<input type="checkbox"/> Both
Account Number:				
Water Service Address:				
Phone Number:		Date:		

If you have questions please contact 208.522.1300, or email at fallswater@fallswater.com, or visit the Falls Water's website at fallswater.com. Thank you for assisting in compliance with State of Idaho public water supply regulations and protecting Falls Water's drinking water.

When completing the survey, please indicate if the listed cross connection is present and if it is protected with a backflow device. Thank you for assisting in compliance with State regulations and protecting Falls Water's drinking water.

Plumbing Cross Connection Type (Please return survey even if no cross connections are present)	Is Connection Present?		Is Connection Protected with Backflow?	
	Yes	No	Yes	No
1. Auxiliary water source water such as a well used for irrigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Auxiliary water source used for geothermal heating or cooling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Underground lawn irrigation system at this address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Lawn irrigation system using chemicals, fertilizer, or has a booster pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Swimming pool or hot tub at this address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Cooling tower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Boiler or steam system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Water cooled compressors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Fire suppression system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Post mixed carbonator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Water cooled ice maker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Medical, dental or dialysis equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Laboratory or photo equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Survey Continued on Back

When completing the survey, please indicate if the listed cross connection is present and if it is protected with a backflow device. Thank you for assisting in compliance with State regulations and protecting Falls Water's drinking water.

Plumbing Cross Connection Type (Please return survey even if no cross connections are present)	Is Connection Present?		Is Connection Protected with Backflow	
	Yes	No	Yes	No
14. Mobile or stationary water tank filling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Water system booster pumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please list other processes that are connected to Falls Water's water supply:				
16. <input type="text"/>			<input type="checkbox"/>	<input type="checkbox"/>
17. <input type="text"/>			<input type="checkbox"/>	<input type="checkbox"/>
18. <input type="text"/>			<input type="checkbox"/>	<input type="checkbox"/>
19. <input type="text"/>			<input type="checkbox"/>	<input type="checkbox"/>
20. Please Indicate type of business activity (eg. Manufacturing, medical, restaurant, mechanic, office, etc)	<input type="text"/>			
Please provide contact information for your business. Thank You.				
Contact Name	<input type="text"/>		Contact Title	<input type="text"/>
Contact Phone	<input type="text"/>		Contact Email	<input type="text"/>