

CITY OF PAPILLION CROSS-CONNECTION CONTROL REPORTING FORM
Completion of this form is a requirement of State Health Department Regulation Title 179

Customer Name: _____

Customer Address: _____

If you need some help in filling out this form, or have questions about cross-connections, please call 597-2018.
If no one is available please leave a message and someone will contact you.
Please complete this form and return it with your water bill,
or you may mail or drop it off at City Hall, Utility Billing office located at 122 East Third Street, First Floor.

WATER WELLS

- | | | |
|--|------------------------------|-----------------------------|
| 1. Do you have a private well or other source of water? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. If yes, is the water well connected to the same plumbing system as the city water supply? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. If yes, is it protected by a testable backflow device? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

PUMPS

- | | | |
|---|------------------------------|-----------------------------|
| 1. Do you have any pumps on your water lines? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. If yes, is it protected by a testable backflow device? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

SWIMMING POOLS/HOT TUBS

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|--|---|-----------------------------|
| 1. Do you have a swimming pool? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Do you have a hot tub? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. How is the pool filled? | <input type="checkbox"/> Garden hose <input type="checkbox"/> Automatic fill valve
<input type="checkbox"/> Manual fill valve and pipe | |
| 4. How is the hot tub filled? | <input type="checkbox"/> Garden hose <input type="checkbox"/> Automatic fill valve
<input type="checkbox"/> Manual fill valve and pipe | |
| 5. Is there a backflow prevention device on the fill pipe to the pool/hot tub? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

BOILERS

An appliance that heats water to warm the inside of your home is considered a boiler. A hot water heater that heats water only for bathing and clothes washing is not considered a boiler.

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|---|------------------------------|-----------------------------|
| 1. Do you have a boiler? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. If yes, is there a backflow prevention device installed on the water line supplying water to the boiler? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

WATER TO AIR HEAT PUMP

An appliance that uses water to heat and cool the inside of your home is considered a water to air heat pump.

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|--|------------------------------|-----------------------------|
| 1. Do you have a water to air heat pump? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Where does the water that supplies the unit come from? _____ | | |
| 3. Is there a backflow prevention device installed on the water line supplying water to the heat pump? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

WATER TREATMENT DEVICES

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|--|------------------------------|-----------------------------|
| 1. Do you have a water softener? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. If yes, does the water softener drain have an air gap installed on the drain lines? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Do you have a reverse osmosis device? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. If yes, does the reverse osmosis device drain have an air gap installed on the drain lines? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Do you have any other type of water treatment device not listed above? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

LAWN SPRINKLERS

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|--|------------------------------|-----------------------------|
| 1. Do you have an underground sprinkler system? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. If yes, is it protected by a testable backflow preventer? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

LAB FACILITIES

- | | | |
|---|------------------------------|-----------------------------|
| 1. Do you have any photo, chemical or medical lab facilities? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. If yes, is it protected by a testable backflow preventer? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Thank you for taking the time to fill out this survey