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Douglas Arndt, Superintendent Albert T. Fiorillo, Assistant Superintendent Maria Nason, Office Supervisor 605 West Queen Street P.O. Box 111 Southington, CT. 06489-0111 (860) 628-5593 -Fax (860) 621-0491

CROSS CONNECTION CONTROL QUESTIONNAIRE

Dear Consumer.

Under the State of Connecticut's Health Code we are required to identify and inspect locations where cross connections may exist. Cross Connection regulations have been developed in an effort to prevent the contamination of drinking water and to protect public health. Protecting the water our consumers drink is our top priority here at the Southington Water Department. Please complete this Cross Connection questionnaire

Please complete this questionnaire and return it to us. If you have any questions please contact Ryan Libby our cross connection inspector at (860) 628-5593

NAME OF	COMPANY, CORPORATION, OR BUSINESS:				
ADDRESS	::				
	COMPANY: MANUFACTURER SE				
X				CIRCLE	
	 Do you require non-interrupted water service? Will you use water to mix any toxic, objectionable chemicals or biological substances in a water solution? 			YES YES	NO NO
	 3. Will any pumps be connected to the water lines or your internal plant plumbing? 4. Is your premise connected to a private source of water, (well etc.) as well as our 			YES	NO
_	water system?	,	}	YES	NO
5.	Will you be using a: Lawn sprinkler / irrigation system Fire sprinkler system Hot water heating boiler () with chemicals (Steam heating boiler () with chemicals () w Water storage tank Solar Collector Cooling Tower or Chiller Make-up Heat Exchanger or Condenser Laboratory Chemicals, Photo Processing, etc. Water used for heating or cooling purposes	vithout Chemicals added	ded '	YES	NO NO NO NO NO NO NO NO NO NO
Please list	the name and telephone number of a contact pers	son if additional informa	tion needed.		
Name:		Telephone #			