

BOARD OF WATER COMMISSIONERS
Ralph Warner, President
Rudolph Cabata, Vice President
Ron Lamaroux, Secretary & Treasurer
Robert M. Berkmoes
Thomas J. Murphy
Domenic Perone



Douglas R. Arndt, Superintendent
Albert T. Fiorillo, Assistant Superintendent
Nancy Sullivan, Office Supervisor
605 West Queen Street
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 John Formeister, our cross connection inspector at (860) 628-5593

NAME OF COMPANY, CORPORATION, OR BUSINESS: _____

ADDRESS: _____

TYPE OF COMPANY: MANUFACTURER _____ SERVICE _____ OTHER _____

DESCRIPTION OF PRODUCT OR SERVICE: _____

CIRCLE

- | | | |
|---------------------------------------------------------------------------------------------------------------|-----|----|
| <input type="checkbox"/> 1. Do you require non-interrupted water service? | YES | NO |
| 2. Will you use water to mix any toxic, objectionable chemicals or biological substances in a water solution? | YES | NO |
| 3. Will any pumps be connected to the water lines or your internal plant plumbing? | YES | NO |
| 4. Is your premise connected to a private source of water, (well etc.) as well as our water system? | YES | NO |
| 5. Will you be using a: | | |
| Lawn sprinkler / irrigation system | YES | NO |
| Fire sprinkler system | YES | NO |
| Hot water heating boiler () with chemicals () without Chemicals added | YES | NO |
| Steam heating boiler () with chemicals () without Chemicals added | YES | NO |
| Water storage tank | YES | NO |
| Solar Collector | YES | NO |
| Cooling Tower or Chiller Make-up | YES | NO |
| Heat Exchanger or Condenser | YES | NO |
| Laboratory Chemicals, Photo Processing, etc. | YES | NO |
| Water used for heating or cooling purposes | YES | NO |

Please list the name and telephone number of a contact person if additional information needed.

Name: _____ Telephone# _____