CROSS-CONNECTION CONTROL / BACKFLOW SURVEY FORM

This survey will assist to help prevent the contamination or pollution of our water resources. Please complete the form below to the best of your ability or consult a licensed plumber for assistance.

PROPERTY ADDRESS

Property Name

Property Physical Address

City | State | Zip Code

MAILING ADDRESS

Name

Mailing Address

City | State | Zip Code

Water Account # | Phone | E-mail | Contact Name

Please state your type of business *(i.e. restaurant, dry cleaner, etc.)*

DO YOU HAVE ANY OF THE FOLLOWING ITEMS AT YOUR PROPERTY?

Yes	No	
○	○	Fire Sprinkler System
○	○	Lawn Irrigation System
○	○	X-Ray Machine
○	○	Large, Commercial Boiler *(not a water heater)*
○	○	Carbonated Beverage Machine
○	○	Commercial Ice Maker
○	○	Swimming Pool
○	○	Cooling Tower
○	○	Hose Aspirator for Spraying Chemicals
○	○	Medical Equipment
○	○	Farm Equipment
○	○	Photo Lab
○	○	Water Tank Truck Filling Station

Yes	No	
○	○	Does your business use chemicals, such as a medical facility or a beauty salon?
○	○	Do you have any equipment hooked directly to your water-lines?
○	○	Are there any backflow assemblies present at your property? If yes, how many?

If yes, please list / fill in the information below for each backflow assembly. The information requested can generally be found on the assembly name plate. You may also list any additional assemblies on the back of this form.

If you have any questions, please contact Backflow Solutions, Inc. (BSI) at 800-414-4990 or email us directly at bsionline@backflow.com. Please also visit our website at www.bsiprograms.com/surveys for additional information which will help with the completion of this form.

ASSEMBLY #1

Manufacturer

○ Ames
○ Conbraco
○ Febco
○ Hersey
○ Watts
○ Wilkins
○ Other

If other, please specify | Model # (909,975,825,etc.)

Size (1",2",6",etc.) | Type (RP,DC,PVB,SVB)

Serial Number *(found on name plate)*

ASSEMBLY #2

Manufacturer

○ Ames
○ Conbraco
○ Febco
○ Hersey
○ Watts
○ Wilkins
○ Other

If other, please specify | Model # (909,975,825,etc.)

Size (1",2",6",etc.) | Type (RP,DC,PVB,SVB)

Serial Number *(found on name plate)*

PLEASE RETURN THE ABOVE FORM TO BSI, P.O. BOX 246, WORTH, IL 60482. OR COMPLETE THIS FORM ONLINE AT WWW.BSIPROGRAMS.COM/SURVEY WITHIN 15 DAYS. THANK YOU FOR YOUR COOPERATION.