

# Cross-Connection Control Reporting Form

State law requires consumers of public water supplies to inspect their facilities not less than once every five years. Completing & returning this form fulfills that requirement!

**Completion of this form is a condition of water service!**

## RESIDENTIAL SURVEY FORM FOR THE WATER SYSTEM OF City of Dakota City

Customer Name \_\_\_\_\_

Customer Address \_\_\_\_\_

Account Number \_\_\_\_\_

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Underground lawn irrigation system?                    | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, is it protected by a testable backflow preventer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Swimming pool or hot tub?                              | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, is it protected by a testable backflow preventer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Photo, chemical, medical, or other lab facilities?     | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, is it protected by a testable backflow preventer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Private well or other source of water?                 | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, is it protected by a testable backflow preventer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Boiler heat or water to air heat pump?                 | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, is it protected by a testable backflow preventer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Garden hoses connected to possible contaminants?       | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, is it protected by a hose bibb vacuum breaker?    | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Water softener?  | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, is it protected by an air gap?                    | <input type="checkbox"/> | <input type="checkbox"/> |

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete the survey and return to City of Dakota City, PO Box 482, Dakota City, NE 68731, drop off at City Hall, or fill out digitally at <http://www.dakotacity.net/> within 7 days

*Thank you,  
This form will help prevent the  
accidental contamination of*

**Failure to complete and return this form puts your water system in violation of State Health Department Regulation Title 179.**

