



## CROSS-CONNECTION QUESTIONNAIRE

### For new Commercial Water Accounts to comply with Rule 62-550.200, F.A.C.

**Completion of this form is a condition for water service!** This Cross-Connection Questionnaire is required for all new commercial water accounts. The City of Sunrise kindly requests your full cooperation in completing and submitting this form.

It is important for all water service customers to be involved in keeping their drinking water safe from contamination. The most common way contaminants enter the drinking water system is through cross-connections in the plumbing system. A cross-connection is an actual or potential link between plumbing pipes and a non-potable water source such as a sink full of water or a hose-end sprayer containing chemicals.

Backflow occurs when water flows in the opposite direction through a pipe or plumbing fixture. Backflow from a cross-connection can occur when pressure in the water main drops below the line pressure in your plumbing system causing a vacuum which results in water returning to the Public Water System.

Please fill out this Cross-connection Questionnaire as accurately as possible. We will use this information to evaluate whether your system will need to be isolated from the Public Water System by a backflow preventer. Any device that uses water and is connected to your water system can and should be mentioned even if not included in the questionnaire.

#### Account Information

Name of Owner:		Name of Business:	
Phone:		Email:	
Physical Address			
City:		State:	
Mailing Address (if different than physical)			
City:		State:	
Account #:		Account Open Date:	

1. Check the following that apply and answer the questions that pertain to the facility type selected.

Commercial	Type of Operation:	
Home Business	Type of Operation:	
Restricted Access Facility	Type of Operation:	
Building (With five or more floors above ground level)		



2. Water will be used for (please check all that apply):

Cooking/Drinking
Lawn / Garden Irrigation System (with chemical injection)
Auxiliary Water System (Well/Canal/other)
Processing
Boilers
Chillers
Cooling tower
Solar hot-water system
Equipment, please list ALL other equipment water will be used for (e.g., steam cooker, chemical dispenser, pressure washer, dish washing equipment, automatic hood wash, lab equipment, autoclaves, autopsy equipment, film processing machine, dialysis equipment, etc:

3. Is water pumped at the facility for any purpose?    YES                      NO
4. Does the facility have Chemical or Hazardous Materials storage?    YES                      NO
5. Are water supply lines or hose bibs submerged in tanks, vats, pool, etc.?    YES                      NO
6. Do you have Backflow Prevention Assemblies located on the premises?    YES                      NO

If so, please provide the following:

Make:		Model:		Serial #:		Size:		Inch
Location of Assembly:								
Date of Last Test:								

**Certification Statement**

<ul style="list-style-type: none"> <li>The authorized representative certifies that the information provided in this Cross-Connection questionnaire is accurate to the best of his/her knowledge.</li> <li>The Customer agrees that upon all changes in water use, alterations and additions to the plumbing, to notify the purveyor of water and to comply with any additional requirements for Cross Connection Control.</li> </ul>			
Authorized Representative Name ( <i>print name</i> ):			
Phone:		Email:	
<i>Authorized Representative Signature</i>		<i>Date</i>	