
# City of Georgetown

208 South Walnut Street - Georgetown, Illinois 61846
Phone 217-662-2525 - Fax 217-662-2358

## CROSS-CONNECTION CONTROL SURVEY

The following form is to be used by Water Department personnel and/or by customers of the City of Georgetown public water supply.
Date survey conducted: _____
Name/Title of person conducting survey: Ed Hitt, Water/Sewer Superintendent
Name of water user: _____
Address: _____
Phone number: _____

**CHECK ALL THAT APPLY**

**Kitchen**:
Sink Faucet_____
Sink Faucet w/Sprayer_____
Ice Maker_____
Garbage Disposal_____
Dish washer _____
Other _____

**Bath:**
Lavatory_____
Toilet_____
Bidet_____
Bathtub_____
Hot tub_____
Other_____

**Other**:
Boiler system (hot water used to heat your home) _____
Geothermal system _____
Water softening system_____
Hot water heater (tank)_____
Hot water (on-demand) _____

Water operated back-up system for your sump pump_____
Whole house water filter system_____
Other_____

**Exterior**:
Outside house faucet _____
Outside yard hydrant_____
Portable High-Pressure Washer_____
Private Wells_____ is private well connected to your water system? Yes or No
Swimming pool_____

Lawn Irrigation System (Portable)_____
Lawn Irrigation System (Permanent)_____
Lawn Fertilizer System_____
Other: _____

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**(FOR WATER DEPARTMENT USE ONLY)**
After reviewing the data on this form, it is my recommendation that:
_____The plumbing system serving the above-described property should be inspected for cross-connections by a properly certified plumber/CCCDI inspector.
_____The plumbing system serving the above-described property does not pose a threat to public safety and no inspection is ordered.

_____ _____
Water Superintendent Date