



765 New Lewisburg Highway
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CROSS-CONNECTION SURVEY

What is a Cross Connection? A Cross Connection is any physical arrangement whereby the public water supply is connected, directly or indirectly, either inside or outside of a building, with any other water supply whether public or private, sewer, drain, conduit, pool, storage reservoir, plumbing fixture or other device which contains or may contain contaminated water, sewage or other waste, liquid, gas or solid, of unknown or unsafe quality which may be capable of contaminating the public water supply as a result of back flow caused by the manipulation of valves, because of ineffective check valves or back pressure valves, or because of any other arrangement.

Customer Name: _____ Phone Number: _____

Service Address: _____ City, State, Zip: _____

1. Do you have any of the following? (Please Check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Above Ground Pool | <input type="checkbox"/> Sprinkler System |
| <input type="checkbox"/> Inground Pool | <input type="checkbox"/> Water Storage Tank |
| <input type="checkbox"/> Drip / Soaker / Irrigation System | <input type="checkbox"/> Wood Burning Hot Water Heater |
| <input type="checkbox"/> Utility Sink w/Threaded Faucet | <input type="checkbox"/> Insecticide Sprayers (attached to garden hose) |
| <input type="checkbox"/> Frost-Proof Yard Hydrant | <input type="checkbox"/> Medical Equipment |
| <input type="checkbox"/> Jacuzzi / Hot Tub | <input type="checkbox"/> Bath Tub that fills from the bottom |
| <input type="checkbox"/> Fish Pond | <input type="checkbox"/> Water Softener or Other Water Treatment System |
| <input type="checkbox"/> Green House | <input type="checkbox"/> Auxillary Water Supply |
| <input type="checkbox"/> Booster Pump, Well Pump, or Other Type of Water Pump | <input type="checkbox"/> Livestock Watering Trough or Other Watering Assembly |

2. Do you receive irrigation water from another source? YES _____ NO _____

3. Do you currently have a backflow prevention device on your property? YES _____ NO _____

4. Do you have any situation that you are aware of that could create a cross-connection? YES _____ NO _____

5. Do you have any other water consuming devices on your property not mentioned above? YES _____ NO _____

If YES, please list: _____

Customer Signature: _____ Date: _____

THIS SURVEY WILL HELP PREVENT ACCIDENTAL CONTAMINATION OF OUR DRINKING WATER.
PLEASE COMPLETE THE INFORMATION AND RETURN THIS FORM WITH YOUR WATER BILL.
ELECTRONIC FORMS MAY ALSO BE OBTAINED ON OUR WEBSITE AND EMAILED TO customerservice@mymcws.com.

OFFICE USE ONLY

Account No: _____ Location No: _____ Date Received: _____

MCWS Initials: _____