

# VILLAGE OF IOLA

## RESIDENTIAL CROSS CONNECTION CONTROL SURVEY REPORT

Date \_\_\_\_\_ Time \_\_\_\_\_ Surveyor Name \_\_\_\_\_  
 Owners Name \_\_\_\_\_ Property Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Customer Connection/Account Number \_\_\_\_\_  
 Contact on site \_\_\_\_\_

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Private well on property?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Permit/well test report?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Interconnection, private & public? <span style="float: right;">1013 ____ None ____</span>  |
| <input type="checkbox"/> | <input type="checkbox"/> | Exterior wall hydrants <span style="float: right;">Quantity ____ 1019 ____ 1011 ____ 1052 ____ None ____</span>  |
| <input type="checkbox"/> | <input type="checkbox"/> | Lawn irrigation system <span style="float: right;">1001 ____ 1020 ____ 1013 ____ None ____</span>  |
| <input type="checkbox"/> | <input type="checkbox"/> | Swimming pool <span style="float: right;">Air Gap ____ 1001 ____ 1013 ____ None ____</span>  |
| <input type="checkbox"/> | <input type="checkbox"/> | Decorative fountain/pond <span style="float: right;">Air Gap ____ 1001 ____ 1020 ____ 1013 ____ None ____</span>   |
| <input type="checkbox"/> | <input type="checkbox"/> | Interior hose bibbs <span style="float: right;">Quantity ____ 1011 ____ 1052 ____ None ____</span>   |
| <input type="checkbox"/> | <input type="checkbox"/> | Laundry tub faucet <span style="float: right;">Plain ____ Aerator ____ 1011 ____ 1052 ____</span>  |
| <input type="checkbox"/> | <input type="checkbox"/> | Automatic clothes washer   |
| <input type="checkbox"/> | <input type="checkbox"/> | Dishwasher   |
| <input type="checkbox"/> | <input type="checkbox"/> | Kitchen faucet <span style="float: right;">Pull-out spout ____ Side Spray ____ No Spray ____</span>  |
| <input type="checkbox"/> | <input type="checkbox"/> | Boiler: <span style="float: right;">1012 ____ 1013 ____ None ____</span><br><input type="checkbox"/> <15# <input type="checkbox"/> <30# <input type="checkbox"/> Toxic <input type="checkbox"/> Nontoxic |
| <input type="checkbox"/> | <input type="checkbox"/> | Heat Pump <span style="float: right;">1012 ____ 1013 ____ None ____</span>   |
| <input type="checkbox"/> | <input type="checkbox"/> | Humidifier <span style="float: right;">Air Gap ____ 1012 ____ None ____</span>   |
| <input type="checkbox"/> | <input type="checkbox"/> | Water treatment device <span style="float: right;">Vaccuum breaker tee ____ Air Gap ____ None ____</span>  |
| <input type="checkbox"/> | <input type="checkbox"/> | Water closets <span style="float: right;">Quantity ____ 1002 OK ____ Repair Required ____</span>   |
| <input type="checkbox"/> | <input type="checkbox"/> | Hand held showers <span style="float: right;">Quantity ____ 1014 ____ 1001 ____ None ____</span>   |
| <input type="checkbox"/> | <input type="checkbox"/> | Bath tub (submerged spout) <span style="float: right;">Air Gap ____ 1001 ____ 1014 ____ None ____</span>   |
| <input type="checkbox"/> | <input type="checkbox"/> | Bidet <span style="float: right;">Air Gap ____ 1001 ____ None ____</span>  |
| <input type="checkbox"/> | <input type="checkbox"/> | Other connections (list): _____  |

Reinspection date by \_\_\_\_\_  
 Corrections made    Yes    No

**Contact Herb or Glenn for reinspection, between the hours of 7 am to 4 pm, at 715.445.2612.**