

CENTRAL ARKANSAS WATER

Cross-Connection Control Program - Survey Questionnaire

Company Name: _____ Date: _____
 Service Address: _____ Telephone: _____
 Account Number: _____ Meter Serial Number _____
 Completed by: (printed) _____ e-mail address _____

Please Check your Type of Business - Please Check all that Apply

- | | | |
|--|---|---|
| <input type="checkbox"/> Automotive (See Page 2) | <input type="checkbox"/> Church/Religious | <input type="checkbox"/> Hospital or Medical Facility |
| <input type="checkbox"/> Administrative Office | <input type="checkbox"/> Dental Facility | <input type="checkbox"/> Manufacturing Plant |
| <input type="checkbox"/> Apartment/Hotel/Condominium | <input type="checkbox"/> Doctor's Office | <input type="checkbox"/> Mortuary and or Funeral Home |
| <input type="checkbox"/> Barber/Beauty/Styling Salon | <input type="checkbox"/> Distributing Plant | <input type="checkbox"/> Retail Sales and Service |
| <input type="checkbox"/> Car/Truck Wash Facility | <input type="checkbox"/> Fabricating Plant | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Food Processing | <input type="checkbox"/> School or College |
| <input type="checkbox"/> Chemical Plant | <input type="checkbox"/> Gas Station | <input type="checkbox"/> Warehouse |
- Other Type of Facility not listed Including New Construction: _____

Please Answer the Following Questions

Is there a Backflow Preventer (Reduced Pressure Zone Assembly) installed on this building's **domestic** water line (NOT IRRIGATION SYSTEM)? Yes No Unknown

Is there more than one Water Meter Supplying this Building? Yes No

Please indicate the number of floors of this building (not including basement). 1 2 3 or more _____

Does your Facility Contain any of the Following - Please Check all that Apply

- | | | |
|--|---|---|
| <input type="checkbox"/> A C Cooling Towers
(See Page 2) | <input type="checkbox"/> Water used in Process
(List on Page 2) | <input type="checkbox"/> Testing Laboratory
(List Type on Page 2) |
| <input type="checkbox"/> Boilers (List Type on Page 2) | <input type="checkbox"/> Commercial Laundry (List Type) | <input type="checkbox"/> Film Processing Including X-Ray |
| <input type="checkbox"/> Booster Pumps (Domestic Water) | <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Chemical Feed Lines |
| <input type="checkbox"/> Private Fire Hydrants | <input type="checkbox"/> Wash Basins/Tubs & Sinks | <input type="checkbox"/> Toxic and or Hazardous Materials |
| <input type="checkbox"/> Wash Down Hose or Mop Sinks | <input type="checkbox"/> Grease Traps | <input type="checkbox"/> Chemical Tanks and or Vats |
| <input type="checkbox"/> Garden Hose Spigots
(Without Hose Bib Vacuum Breakers) | <input type="checkbox"/> Underground Lawn Irrigation
(Not on Separate Meter) | <input type="checkbox"/> Equipment Using Water
(List Type on Page 2) |
- Chemicals stored on site?(List types): _____

PLEASE SEE REVERSE SIDE FOR ADDITIONAL QUESTIONS

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Cross-Connection Control Program - Survey Questionnaire Page 2

Please Select Your Type of Facility

- Automotive Facilities Paint and Body Shop Vehicle Repair Sales Office
Do you have a Car Wash or Do you Hand Wash or Both
- Apartments, Condominiums
Or Mobile Home Parks How many Units are served by this Water Meter? _____
- Barber, Beauty and
Nail Salons How many Shampoo Basins do you have? _____
- Retail Sales and Service Do you PREPARE and sell Food on site? Yes No
Do you Store and sell Gasoline? Yes No
Do you sell Antifreeze? Yes No
Do you Allow Customers to Work on Vehicles on Site ? Yes No
- Church or Religious Do you have a Kitchen or Cafeteria? Yes No
Do you have a Baptistry? Yes No
If so, is it filled by a Hose ... or Dedicated Fixture

Please List all Information Pertinent to the Following, Including: Materials Stored, Used and Building Tenants:

- Distributing Plant Describe: _____
- Food Processing _____
- Manufacturing _____
- Multi-Tenant Facilities _____
- Restaurants or Clubs _____
- Warehouse _____
(List Material Stored)

- If you have an Air Conditioning Cooling Tower How is it Filled? Automatic Timer Float Valve
Does it have an Air Gap? Yes No - If so, what is the Distance from the Outlet Piping to the Tank Rim ___ "
- Do you have Janitorial Mop Sinks without built in Vacuum Breakers in this building? Yes No
- Do you have Freeze Proof or Drain Down Type Hydrants on this Property ? Yes No
- Do you have a Carbonated Fountain Drink Machine in this building? Yes No
- Please List the Type and Process' at this Facility: _____

List all equipment using water at this facility: _____

PLEASE NOTE:

The return of a survey questionnaire without the company name, date, address, telephone, account number or the failure to answer all questions pertaining to your facility, may result in an on site inspection by Central Arkansas Water where as a \$100.00 fee will be added to your water bill and the requirement to install a RPZA Backflow Prevention Assembly.

Please Complete and Return this Survey to: Central Arkansas Water
Cross-Connection Control Program
PO Box 1789
Little Rock, AR 72203

Or email the completed form to: cccp@carkw.com
Phone 501-210-4960