

City of Kearney Utilities Department Cross-Connection Control Reporting Form* Residential Survey

State law requires consumers of public water supplies to inspect their facilities and to report that inspection to the public water supply system not less than once every five years. Completing and returning this form fulfills that requirement!

Failure to complete and return this form may place the City of Kearney Public Water Supply System in violation of State Health Department Regulation Title 179.

RESIDENT _____
 Mailing Address _____
 City: _____, State: _____ Zip _____

Type of Use: Check One
 Single Family
 Multiple Family
 Other

Site Address: _____ Daytime phone: _____ Account #: _____

	Yes	No
1. Do you have a well on your property? If yes, is it connected to your home plumbing system? If yes, is it protected by a testable backflow preventer?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2. Do you have underground lawn irrigation system? If yes, is it connected to your home plumbing system? If yes, is it protected by a testable backflow preventer?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. Do you have a Swimming pool or hot tub? If yes, is it connected to your home plumbing system? If yes, is it filled with a hose, protected by a testable backflow preventer?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4. Do you have photo, chemical, medical, or other lab facilities? If yes, is it separated from plumbing system by an air gap? If no, is it protected by a testable backflow preventer?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5. Do you have boiler heat or water to air heat pump? If yes, is it connected to your home plumbing system? If yes, is it protected by a testable backflow preventer?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6. Do you use a garden hose to apply lawn chemicals? If yes, is it protected by a hose bib vacuum breaker?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
7. Do you have a water softener? If yes, is discharge line above floor drain to produce an air gap?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

If you have any questions, please contact Mike Sawin, Water Quality Coordinator, at 308-233-3258.

Date: _____ Signature: _____

Thank you, this form will help prevent the accidental contamination of our drinking water!