

# Kenosha Water Utility

## Cross Connection Control Comprehensive Survey



**Instructions:**

**A comprehensive survey is the inventory of every point of water use throughout the property. Including, but not limited to, fixtures listed on page 2.** Each service address requires both pages to be completed, certified and signed by a Wisconsin licensed cross connection inspector or plumber, and signed by a representative of the property owner or occupying business. Every point of water use must be properly protected from backflow by approved prevention devices, methods or assemblies.

**Return completed and signed forms to: Kenosha Water Utility, 4401 Green Bay Rd, Kenosha WI 53144 - (262) 653-4300**

Building Information:									
Service Address:	Company/Occupant:								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 2px;">Size of Service:</td> <td style="padding: 2px;">Type of Service:</td> </tr> <tr> <td></td> <td style="padding: 2px;">Industrial <input type="checkbox"/> Commercial <input type="checkbox"/></td> </tr> <tr> <td></td> <td style="padding: 2px;">Governmental <input type="checkbox"/></td> </tr> <tr> <td></td> <td style="padding: 2px;">Other:</td> </tr> </table>	Size of Service:	Type of Service:		Industrial <input type="checkbox"/> Commercial <input type="checkbox"/>		Governmental <input type="checkbox"/>		Other:	Company Contact:
Size of Service:	Type of Service:								
	Industrial <input type="checkbox"/> Commercial <input type="checkbox"/>								
	Governmental <input type="checkbox"/>								
	Other:								
	Phone:								
<b>Description of Business (please be specific):</b>	<b>Potential Cross Connection Hazard Level:</b> <input type="checkbox"/> Low <input type="checkbox"/> High								
	<b>Is this service address in a multi-unit building (strip mall)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No								
Owner Information:	Inspector/Plumber Information:								
Name:	Name: <span style="float: right;">Credential No.</span>								
Mailing Address:	Company: <span style="float: right;">Phone:</span>								
City, State, Zip:	Mailing Address:								
Phone:	City, State, Zip:								
Email Address:	Email Address:								
Inspector/Plumber Certification Statement: <i>Check the appropriate box to indicate your findings</i>									
<input type="checkbox"/> <b>Statement of Compliance:</b> I certify that I have inspected the plumbing at this facility and, to the best of my knowledge and belief, all fixtures and point of use devices are listed on the reverse side of this form, and there are no potential cross connections or plumbing code violations from the service line to the last flowing tap. Furthermore, I am a licensed cross connection inspector or plumber, and am knowledgeable of plumbing codes and cross connection issues.									
<input type="checkbox"/> <b>Statement of Noncompliance:</b> Due to the following conditions, the subject building does not comply with all requirements of the State Plumbing Code as they relate to cross connections (please be specific). <hr/> <hr/> <hr/>									
Signatures:									
Owner or Facility Manager	Date								
Licensed Inspector/Plumber	Date								

## Notes

**Each service address will require both forms to be completed.  
Please make additional copies as necessary.**

**Every property in the City of Kenosha is required to complete a  
Cross Connection Control Survey. If you own or manage multiple properties,  
please be sure to complete a survey for each property.**

**A comprehensive survey is the inventory of every point of water use throughout your facility, i.e. faucets, toilets, irrigation systems, etc. It is the purpose of this program to verify that every point of water use is properly protected from backflow by means of prevention devices, assemblies or methods.**

Commercial, Industrial, and Public Authority facilities, including residential facilities with three or more units, must retain a licensed plumber or cross connection control tester, at the business or property owner's expense, to complete a cross connection survey. The initial survey form must be returned to our office by the date stated on the enclosed letter.

The cross connection survey must be completed by a licensed professional. The survey form must be signed by the licensed professional and a representative of either the property owner or the business.

Commercial facilities are required to conduct a new survey every two years unless we can justify that it is a "low hazard". We may be able to reduce the frequency for future inspections depending on water uses and types of fixtures.

If the plumbing in your building is essentially the same as a single family residence, the plumber or cross connection control tester should check the box indicating your facility is a low hazard and we will review the required frequency. Facilities involving manufacturing, food production, etc. will need to do a survey every two years.

### **Kenosha Water Utility**

4401 Green Bay Rd  
Kenosha, WI 53144  
[www.kenosha.org](http://www.kenosha.org)

### **Office Hours:**

Monday - Friday  
8:00 am - 4:30 pm

**Facility Fixtures:** \_\_\_\_\_ **Address:** \_\_\_\_\_

Fixture	Number & Location of Fixture(s)	Approved Protection: Device, Assembly or Method
Toilet/Water Closet		Yes <input type="checkbox"/> No <input type="checkbox"/>
Urinal		Yes <input type="checkbox"/> No <input type="checkbox"/>
Faucet - Wash Basin		Yes <input type="checkbox"/> No <input type="checkbox"/>
Faucet - Shower/Handheld Shower/Bathtub		Yes <input type="checkbox"/> No <input type="checkbox"/>
Dishwasher		Yes <input type="checkbox"/> No <input type="checkbox"/>
Washing Machine		Yes <input type="checkbox"/> No <input type="checkbox"/>
Ice Maker		Yes <input type="checkbox"/> No <input type="checkbox"/>
Drinking Fountain		Yes <input type="checkbox"/> No <input type="checkbox"/>
Faucet - Janitor/Laundry Sink		Yes <input type="checkbox"/> No <input type="checkbox"/>
Faucet - Shampoo/Barber		Yes <input type="checkbox"/> No <input type="checkbox"/>
Faucet - Laboratory		Yes <input type="checkbox"/> No <input type="checkbox"/>
Faucet - Scullery & Pre-wash		Yes <input type="checkbox"/> No <input type="checkbox"/>
Carbonated Beverage Machine		Yes <input type="checkbox"/> No <input type="checkbox"/>
Dental Unit/Chair		Yes <input type="checkbox"/> No <input type="checkbox"/>
Autoclave/Sterilizer		Yes <input type="checkbox"/> No <input type="checkbox"/>
Photo/X-Ray Processing		Yes <input type="checkbox"/> No <input type="checkbox"/>
Fire Sprinkler System		Yes <input type="checkbox"/> No <input type="checkbox"/>
Lawn Sprinkler		Yes <input type="checkbox"/> No <input type="checkbox"/>
Swimming Pool/Hot Tub/Whirlpool		Yes <input type="checkbox"/> No <input type="checkbox"/>
Food Waste Grinder w/Water Conn		Yes <input type="checkbox"/> No <input type="checkbox"/>
Hose Bibb/Overhead Reel		Yes <input type="checkbox"/> No <input type="checkbox"/>
Soap/Chemical Management System		Yes <input type="checkbox"/> No <input type="checkbox"/>
Trap Seal Primer		Yes <input type="checkbox"/> No <input type="checkbox"/>
Vending Machine w/Water Conn.		Yes <input type="checkbox"/> No <input type="checkbox"/>
Water Treatment Device		Yes <input type="checkbox"/> No <input type="checkbox"/>
Water for Manufacturing Processes		Yes <input type="checkbox"/> No <input type="checkbox"/>
Well - Private		Yes <input type="checkbox"/> No <input type="checkbox"/>
Aquarium w/ Water Connection		Yes <input type="checkbox"/> No <input type="checkbox"/>
Humidifier w/ Water Connection		Yes <input type="checkbox"/> No <input type="checkbox"/>
HVAC/Boiler Feed		Yes <input type="checkbox"/> No <input type="checkbox"/>
Testable Device		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>

*Additional sheets may be attached if necessary*