

Nolensville College Grove Utility District

Cross Connection Inspection Report

Name: _____

Address: _____

Contact Info: _____

Type of Facility: _____

(residential, commercial, industry, church, school, food service, other)

1. Do you have? (Please check all that apply):

private well swimming pool baptismal pool chemical tanks

boiler unit automatic watering unit Darkroom Equipment

irrigation system wood burning hot water heater

Insecticide Sprayers (That attach to garden hose also)

2. Do you have a water softener or any extra water treatment system?

Yes _____ No _____

3. Do you have a booster pump, well pump, or any other type water pump?

Yes _____ No _____

4. Do you receive irrigation water from a different source?

Yes _____ No _____

5. Do you have a backflow protection device on your property now?

Yes _____ No _____

6. Do you have any situation that you are aware of that could create a cross-connection?

Yes _____ No _____ If yes please explain _____

7. Do you have any other water-using equipment on your property not mentioned above?

Yes _____ No _____ If yes please explain _____

Print Name

Phone Number

Signature

Date

My signature affirms that I agree not to create a cross-connection with Nolensville College Grove Utility District's water supply. Please notify this office if any of the above conditions change.