



City of Hot Springs Utilities Cross-Connection Control Program – Survey Questionnaire

Company Name: _____ Date: _____

Service Address: _____ Telephone: _____

Note: Account Number is required (See Cover Letter)

Account _____

Number: _____

Completed by: _____

PRINT NAME

SIGNATURE

Please Check Your Type of Business – Check All That Apply

- | | | |
|---|---|---|
| <input type="checkbox"/> Automotive Repair/Paint/Sales | <input type="checkbox"/> Church/Religious | <input type="checkbox"/> Manufacturing Plant |
| <input type="checkbox"/> Administrative Office | <input type="checkbox"/> Dental Facility | <input type="checkbox"/> Mortuary and/or Funeral Home |
| <input type="checkbox"/> Apartment/Hotel/Condominium | <input type="checkbox"/> Doctor's Office | <input type="checkbox"/> Plating Plant |
| <input type="checkbox"/> Barber/Beauty/Styling Salon | <input type="checkbox"/> Distribution Plant | <input type="checkbox"/> Recycling |
| <input type="checkbox"/> Bottling Plant | <input type="checkbox"/> Fabricating Plant | <input type="checkbox"/> Retail Sales & Service |
| <input type="checkbox"/> Car/Truck Wash Facility | <input type="checkbox"/> Food Processing | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Gas Station | <input type="checkbox"/> School or College |
| <input type="checkbox"/> Chemical Plant | <input type="checkbox"/> Hospital or Medical Facility | <input type="checkbox"/> Warehouse |
| <input type="checkbox"/> Other Type of Facility not listed (please fill in the blank) _____ | | |

Please Answer the Following Questions

Is there a Backflow Preventer (Reduced Pressure Zone Assembly) installed on this building's water service line?

Between the water meter and the first outlet (not irrigation system)? Yes No Unknown

Is there more than one 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 - Check All That Apply

- | | | |
|--|---|---|
| <input type="checkbox"/> A C Cooling Towers | <input type="checkbox"/> Water Used in Process | <input type="checkbox"/> Testing Laboratory |
| <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 | <input type="checkbox"/> Toxic or Hazardous Materials |
| <input type="checkbox"/> Wash Down Hose or Mop Sinks | <input type="checkbox"/> Grease Traps | <input type="checkbox"/> Chemical Vats and/or Tanks |
| <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) |
| <input type="checkbox"/> Chemicals (List Types) _____ | | |
| <input type="checkbox"/> Other not listed _____ | | |

Please See Reverse Side for Additional Questions

Please Select Your Type of Facility

Automotive Facilities Paint and Body Shop Vehicle Repair Sales Office

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

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 Dedicate Fixture

List All Equipment Using Water at This Facility

Please list all information pertinent to the following, including: Materials Stored/Used and Building Tenants

Facility	Description:
<input type="checkbox"/> Distribution Plant	_____
<input type="checkbox"/> Food Processing	_____
<input type="checkbox"/> Manufacturing	_____
<input type="checkbox"/> Multi-Tenant Facilities	_____
<input type="checkbox"/> Restaurants or Clubs	_____
<input type="checkbox"/> School or College	_____
<input type="checkbox"/> Warehouse	_____

(List Materials 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 Freeze Proof or Down Drain 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: _____

PLEASE NOTE:

The return of a survey questionnaire without the company name, date, address, telephone number and account number, or the failure to answer all questions pertaining to your facility, may result in an on-site inspection by the City of Hot Springs.

Please Complete and Return this Survey to: **City of Hot Springs**
Cross-Connection Control Program
780 Adams Street
Hot Springs, Arkansas 71901