WSSC Cross-Connection Survey Form

Instructions:

Form to be completed by a knowledgeable representative of the owner or a registered licensed plumber. Copy and distribute form to individual tenants/suite owners or complete for entire building or property as applicable. When directly mailed by WSSC to tenant or suite owner, please share with property manager/owner.

WSSC Account No.	Date:				
Surveyed By:	_ Title/Role:	or Plumbing Firm:			
Name of Business/Property/Building/Suite:					
Mailing Address:		Tenant suite #			
City:	Zip:	No. of Tenants/Suites:			
Contact Person:	Phone:	Email:			
Primary Use of Property/Building/Suite:					
Area Surveyed (describe campus, building, or suite):					
Water Uses - check all that apply:					
☐ Central Heating Boiler	□ Nurse	□ Nursery/Garden Center			
☐ Cooling Tower Supply	☐ K-12 School/College/University				
☐ Air Conditioning Condenser Make-up	☐ Assisted Living/Nursing Home				
☐ Process Water Make-Up	□ Hospital				
☐ Medical/Dental Equipment	□ Auton	☐ Automotive/Vehicle Service			
☐ Laboratory Equipment/Sinks	□ Funer	☐ Funeral Home/ Embalming Services			
☐ Food Service		☐ Morgue/Autopsy Services			
☐ Concrete Mixing	□ Vehic	☐ Vehicle Washing Facility			
☐ Irrigation	□ Farmi	☐ Farming			
☐ Equipment/Process Cooling		☐ Food Processing			
☐ Fire Protection/Sprinkler System	□ Water	☐ Water Purification – RO; DI; etc			
☐ Other (describe):					

List Known Testable Backflow Prevention Assemblies (use the table below or attach a separate spreadsheet):

Complete Serial Number	Make, Model, and Size	Type of Equipment or Process Served	Latest Test Date (if available)	Latest Test Report Number