

# Gladeville Utility District Cross-Connection Survey Residential Occupant

Occupant Name: \_\_\_\_\_

Occupant Address: \_\_\_\_\_

Do any of the following exist at the above address?

{circle yes or no}

- |                                    |     |    |
|------------------------------------|-----|----|
| 1. Hot Tub                         | yes | no |
| 2. Swimming Pool                   | yes | no |
| 3. Jacuzzi                         | yes | no |
| 4. Waterbed                        | yes | no |
| 5. Solar System                    | yes | no |
| 6. Green House                     | yes | no |
| 7. Lawn Irrigation System          | yes | no |
| 8. Dark Room Equipment             | yes | no |
| 9. Portable Dialysis Machine       | yes | no |
| 10. Insecticide Sprayers           | yes | no |
| 11. Utility Sink w/threaded faucet | yes | no |
| 12. Water Filtering System         | yes | no |
| 13. Water Softening System         | yes | no |
| 14. Water Well                     | yes | no |
| 15. Fire Sprinkler System          | yes | no |