

# CENTRAL ARKANSAS WATER

*Cross-Connection Control Program - Survey Questionnaire*

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

NOTE: ACCOUNT NUMBER IS REQUIRED - (SEE COVER LETTER) Account No. \_\_\_\_\_

Completed by: (printed) \_\_\_\_\_ Signature: \_\_\_\_\_

### **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 a Fire Protection System Incorporated in this Building (Fire Hoses/Sprinkler Heads)?  Yes  No

If there is a Fire Protection System in the Building is there a Backflow Preventer installed?  Yes  No

Is there more than one Water 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 - Please Check all that Apply**

- |                                                                                    |                                                                                 |                                                                             |
|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> A C Cooling Towers<br>(See Page 2)                        | <input type="checkbox"/> Water used in Process<br>(List on Page 2)              | <input type="checkbox"/> Testing Laboratory<br>(List Type on Page 2)        |
| <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 & Sinks                               | <input type="checkbox"/> Toxic and or Hazardous Materials                   |
| <input type="checkbox"/> Wash Down Hose or Mop Sinks                               | <input type="checkbox"/> Grease Traps                                           | <input type="checkbox"/> Chemical Tanks and or Vats                         |
| <input type="checkbox"/> Garden Hose Spigots<br>(Without Hose Bib Vacuum Breakers) | <input type="checkbox"/> Underground Lawn Irrigation<br>(Not on Separate Meter) | <input type="checkbox"/> Equipment Using Water<br>(List Type and on Page 2) |
| <input type="checkbox"/> Chemicals ( List types): _____                            |                                                                                 |                                                                             |
| <input type="checkbox"/> Other not Listed: _____                                   |                                                                                 |                                                                             |

### **Please Check your Type of Business - Please Check all that Apply**

- |                                                                                              |                                                       |                                                       |
|----------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Automotive (See Page 2)                                             | <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"/> Distributing Plant           | <input type="checkbox"/> Recycling                    |
| <input type="checkbox"/> Bottling Plant                                                      | <input type="checkbox"/> Fabricating Plant            | <input type="checkbox"/> Retail Sales and 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 Including New Construction: _____ |                                                       |                                                       |

**PLEASE SEE REVERSE SIDE FOR ADDITIONAL QUESTIONS**

# CENTRAL ARKANSAS WATER

## Cross-Connection Control Program - Survey Questionnaire Page 2

### Please Select Your Type of Facility

Automotive Facilities	Paint and Body Shop .... <input type="checkbox"/>	Vehicle Repair ..... <input type="checkbox"/>	Sales Office .... <input type="checkbox"/>
	Do you have a Car Wash <input type="checkbox"/>	or Do you Hand Wash <input type="checkbox"/>	or Both ..... <input type="checkbox"/>
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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Do you Store and sell Gasoline? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Do you sell Antifreeze? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Do you Allow Customers Access to Water ?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Do you Allow Customers to Work on Vehicles on Site ?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Church or Religious	Do you have a Kitchen or Cafeteria? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Do you have a Baptistery?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If so, is it filled by a <input type="checkbox"/> Hose ... or <input type="checkbox"/> Dedicated Fixture		

**Please List all Information Pertinent to the Following, Including; Materials Stored, Used and Building Tenants:**

Distributing Plant	<input type="checkbox"/>	Describe: _____
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	<input type="checkbox"/>	_____

(List Material 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 Janitorial Mop Sinks without built in Vacuum Breakers in this building? .....  Yes  No

Do you have Freeze Proof or Drain Down 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: \_\_\_\_\_

List all equipment using water at this facility: \_\_\_\_\_

\_\_\_\_\_

**PLEASE NOTE:**  
**The return of a survey questionnaire without the company name, date, address, telephone, account number or the failure to answer all questions pertaining to your facility, may result in an on site inspection by Central Arkansas Water where as a \$100.00 fee will be added to your water bill and the requirement to install a RPZA Backflow Prevention Assembly.**

Please Complete and Return this Survey to:

Central Arkansas Water  
 Cross-Connection Control Program  
 PO Box 1789  
 Little Rock, AR 72203