Cross-Connection Control Reporting Form

State law requires consumers of public water supplies to inspect their facilities not less than once every five years. Completing & returning this form fulfills that requirement!

Completion of this form is a condition of water service!

REPORTING FORM FOR THE WATER SYSTEM OF The City of Ashland (2023)

Customer Name		
Customer Address		
	Yes	No
 Underground lawn irrigation system? If yes, is it protected by a testable backflow preventer? 		
 Swimming pool or hot tub? If yes, is it protected by a testable backflow preventer? 		
 Photo, chemical, medical, or other lab facilities? If yes, is it protected by a testable backflow preventer? 		
4. Private well or other source of water?If yes, is it protected by a testable backflow preventer?		
5. Boiler heat or water to air heat pump? If yes, is it protected by a testable backflow preventer?		
6. Garden hoses connected to possible contaminants? (see example on other side)		
If yes, is it protected by a hose bibb vacuum breaker?7. Booster Pump? If yes, is it protected by a backflow preventer?		
If yes, does it have a low-pressure shut off switch?		

If you have any questions please contact Greg Leuck at 402-944-3387.

Signature: _____ Date: _____

Thank you, This form will help prevent the accidental contamination of our drinking water

Failure to complete and return this form puts your water system in violation of State Health Department Regulation Title 179.

Your local water supplier, in compliance with the Safe Drinking Water Act of 1974 and the amendment to the Safe Drinking Water Act of 1986, enacted an ordinance which provides for a program preventing backflow and back-siphonage into the public water supply system.

WHAT IS A CROSS-CONNECTION?

A plumbing cross-connection is defined as a connection between a public water supply and a source of contamination or pollution. In other words, a cross-connection makes it possible for contaminating material to enter into the drinking water supply when the pressure of the polluted source is greater than the pressure of the water supply. This can result in either a back-siphonage or backflow (a reversal in the normal direction of water flow).

EXAMPLE

In August, 1978, a professional exterminator was treating a church located in a small town in South Carolina for termites. The highly toxic insecticide, chlordane, was being mixed with water in small buckets. Garden hoses were left submerged in the buckets while the mixing was being accomplished. At the same time, workers came by to disconnect the parsonage water line from the church to install a separate water meter for the parsonage. In the process, the water was shut off in the area of the church building. As the remaining water in the lines was used by residents in the area, the church experienced a negative pressure. The chlordane was quickly siphoned into the water lines within the church and became mixed with the Kool-Aid being prepared by women for the vacation bible school. Approximately a dozen children and three adults experienced dizziness and nausea. Fortunately, none required hospitalization.

Hopefully, your local water system will never have a backflow problem that could endanger the welfare of its citizens. However, because potential backflow problems exist, it is important for YOUR HEALTH AND SAFETY to complete the following survey and return it to City of Ashland, 2304 Silver, Ashland Ne 68003 within ____60 ____ days. If you have any questions, contact – Greg Leuck at 402-944-3387. FAILURE TO RETURN SURVEY MAY RESULT IN LOSS OF SERVICE

ATTENTION ALL WATER USERS

UNDER NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES REGULATIONS TITLE 179 CHAPTER 22 YOUR LOCAL WATER UTILITY IS REQUIRED TO CONDUCT AN ON-GOING PROGRAM FOR THE DETECTION AND ELIMINATION OF CROSS-CONNECTIONS

YOUR LOCAL UTILITY IS CONDUCTING THIS SURVEY TO ASSIST CUSTOMERS IN REPORTING POTENTIAL BACKFLOW HAZARDS AND TO COMPLY WITH THIS REGULATION

THIS MUST BE DONE AT LEAST EVERY FIVE YEARS

This survey was conducted by your water system 5 years ago. If you completed this survey at your current residence at that time, and there have been no plumbing changes, sign below and return this survey. The last survey is still on file.

Signature_____

Address

Date