



City of Peru Commercial Cross Connection Control Survey

In order to protect the water supply from being contaminated, we are conducting a survey to determine if there are any hazardous conditions that could affect our drinking water. We appreciate you taking the time to complete this survey. If you have any questions regarding this survey please contact your local municipality.

City or Township:

Business Name*

Last Name*

First Name*

Date*

Address*

Phone*

1 a.) Do you have any other sources of water, such as a private well or tank that is connected to the water system? *

- Yes
- No

1 b.) Mark all that apply:

- Well
- Pond
- Lake
- Tank
- Other

2 a.) Are there any backflow prevention devices installed on the premises? *

- Yes
- No

2 b.) Has the device been tested?

- Yes
- No

3) What type of water service line do you have coming into your business? (Service line before the water meter) *

- Galvanized
- Copper
- Plastic
- Lead

Please continue on the other side*

4) What type of water lines do you have running throughout your business? Mark all that apply: *

- Galvanized
- Copper
- Plastic
- Lead

5) Do you have a sump pump or downspouts connected to the sewer system? *

- Yes
- No

6) Does your business have any of the following equipment installed? Mark all that apply:

- | | | |
|--|--|--|
| <input type="checkbox"/> Fire sprinkler system | <input type="checkbox"/> Industrial fluid system | <input type="checkbox"/> Baptismal fountain or tub |
| <input type="checkbox"/> Hot water heat or boiler | <input type="checkbox"/> Steam equipment | <input type="checkbox"/> In-ground sprinkler system |
| <input type="checkbox"/> Water cooling tank or evaporator | <input type="checkbox"/> Car wash facilities | <input type="checkbox"/> Shampoo bowl |
| <input type="checkbox"/> Soft drink dispenser | <input type="checkbox"/> Temporary water service | |
| | <input type="checkbox"/> Yard hydrant | |
| <input type="checkbox"/> Chemical feeder | <input type="checkbox"/> Air washer | <input type="checkbox"/> Truck or tank filling equipment |
| <input type="checkbox"/> Pressure booster | <input type="checkbox"/> Condenser washer | <input type="checkbox"/> Water cooled equipment |
| <input type="checkbox"/> Sterilizer | <input type="checkbox"/> Grease traps | <input type="checkbox"/> Pressure washer |
| <input type="checkbox"/> Embalming | <input type="checkbox"/> Air gap | <input type="checkbox"/> Soap injector |
| <input type="checkbox"/> Industrial air conditioning equipment | <input type="checkbox"/> Water softener | <input type="checkbox"/> Swimming pool |

6 b.) Enter any other equipment that is used but not listed above.

Please return this survey to:

- By dropping off at the City Municipal Building at 1901 4th Street
- By fax (both sides) to: 815-223-9381
- By email to: ccsurvey@peru.il.us
- By mail to: City of Peru
Cross Connection Control Program
PO Box 299
Peru, IL 61354