

**CITY OF MOLINE WATER DIVISION
BACKFLOW PREVENTION SURVEY - COMMERCIAL**

SERVICE ADDRESS: _____	<i>OFFICE USE</i>
NAME OF COMPANY: _____	LOCATION ID: _____
NATURE OF BUSINESS: _____	MAILING ADDRESS: _____
BUILDING REPRESENTATIVES: _____	_____
PHONE: _____	_____
EMAIL: _____	_____

Do you have any other source of water, such as private well, pond, lake, tank, cistern, reclaimed water?
 NO UNKNOWN YES If YES, list: _____

Do you have any of the equipment listed below connected to the water system on the premises:

- | | | | |
|---|------------------------------|-----------------------------|----------------------------------|
| Fire Sprinkler System | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNKNOWN <input type="checkbox"/> |
| Boiler Feed Line > 200,000 BTU | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNKNOWN <input type="checkbox"/> |
| Underground Lawn Sprinkling System..... | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNKNOWN <input type="checkbox"/> |
| Swimming Pool..... | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNKNOWN <input type="checkbox"/> |
| Hot Tub | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNKNOWN <input type="checkbox"/> |
| Baptismal Fount/Tub | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNKNOWN <input type="checkbox"/> |
| Fountain, Ornamental | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNKNOWN <input type="checkbox"/> |
| Steam Generating Equipment | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNKNOWN <input type="checkbox"/> |
| Photo Processing Equipment | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNKNOWN <input type="checkbox"/> |
| Commercial Laundry Equipment..... | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNKNOWN <input type="checkbox"/> |
| Commercial Dye Equipment..... | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNKNOWN <input type="checkbox"/> |
| Pressure Booster..... | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNKNOWN <input type="checkbox"/> |
| Soap Dispenser..... | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNKNOWN <input type="checkbox"/> |
| Shampoo Bowl/Sink, Hose Rinse | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNKNOWN <input type="checkbox"/> |
| Commercial Ice Maker, Water Cooled | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNKNOWN <input type="checkbox"/> |
| Vending Machines w/Water Connection | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNKNOWN <input type="checkbox"/> |
| Steam Table | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNKNOWN <input type="checkbox"/> |
| Water Storage Tank | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNKNOWN <input type="checkbox"/> |
| Air Conditioning, Water Cooled..... | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNKNOWN <input type="checkbox"/> |
| Aspirator | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNKNOWN <input type="checkbox"/> |
| Bedpan washer | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNKNOWN <input type="checkbox"/> |
| Tanks containing toxic substances..... | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNKNOWN <input type="checkbox"/> |
| Plating Facilities..... | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNKNOWN <input type="checkbox"/> |
| Cooling Tower with make up line..... | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNKNOWN <input type="checkbox"/> |
| Other Water Cooled Equipment..... | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNKNOWN <input type="checkbox"/> |
| Car Wash Facilities | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNKNOWN <input type="checkbox"/> |

Has any plumbing been replaced or updated in the last 10 years? NO YES If YES, please describe:

CUSTOMER SIGNATURE: _____ DATE: _____

PLEASE RETURN THIS SURVEY AS SOON AS POSSIBLE.

**FAX: (309) 524-2314 OR MAIL TO: MOLINE WATER PLANT
30 18 STREET
MOLINE IL 61265**

Data from this form may be used to determine if the property should be inspected by a licensed plumber with a CCCDI certification to detect and correct any cross-connections found on the property.

If you have any questions, please call (309) 524-2300.
A plumber is not required to complete this survey.