

# City of Bedford Cross-Connection Control / Backflow Survey Form

This survey will assist to help prevent the contamination or pollution of our water resources. Please complete the form below to the best of your ability or consult a licensed plumber for assistance.



## Property Address

Property Name

Property Physical Address

City  State  Zip Code

## Mailing Address

Name

Mailing Address

City  State  Zip Code

Water Account #  Phone  E-mail  Contact Name

Please state your type of business (i.e. restaurant, dry cleaner, etc.)

## Do you have any of the following items at your property?

- |                       |                       |  |
|-----------------------|-----------------------|--|
| Yes                   | No                    |  |
| <input type="radio"/> | <input type="radio"/> | Fire Sprinkler System                                  |
| <input type="radio"/> | <input type="radio"/> | Lawn Irrigation System                                 |
| <input type="radio"/> | <input type="radio"/> | X-Ray Machine  |
| <input type="radio"/> | <input type="radio"/> | Large, Commercial Boiler ( <i>not a water heater</i> ) |
| <input type="radio"/> | <input type="radio"/> | Carbonated Beverage Machine                            |
| <input type="radio"/> | <input type="radio"/> | Commercial Ice Maker                                   |
| <input type="radio"/> | <input type="radio"/> | Swimming Pool  |
| <input type="radio"/> | <input type="radio"/> | Cooling Tower  |
| <input type="radio"/> | <input type="radio"/> | Hose Aspirator for Spraying Chemicals                  |
| <input type="radio"/> | <input type="radio"/> | Medical Equipment                                      |
| <input type="radio"/> | <input type="radio"/> | Farm Equipment   |
| <input type="radio"/> | <input type="radio"/> | Photo Lab  |
| <input type="radio"/> | <input type="radio"/> | Water Tank Truck Filling Station                       |

- |                       |                       |  |
|-----------------------|-----------------------|--|
| Yes                   | No                    |  |
| <input type="radio"/> | <input type="radio"/> | Does your business use chemicals, such as a medical facility or a beauty salon?  |
| <input type="radio"/> | <input type="radio"/> | Do you have any equipment hooked directly to your waterlines?                    |
| <input type="radio"/> | <input type="radio"/> | Are there any backflow assemblies present at your property?<br>If yes, how many? |

*If yes, please list / fill in the information below for each backflow assembly. The information requested can generally be found on the assembly name plate. You may also list any additional assemblies on the back of this form.*

*If you have any questions, please contact Backflow Solutions, Inc. (BSI) at 800-414-4990 or email us directly at [bsionline@backflow.com](mailto:bsionline@backflow.com).*

## Assembly #1

Manufacturer	If other, please specify	Model # (909,975,825,etc.)
<input type="radio"/> Ames	<input type="text"/>	<input type="text"/>
<input type="radio"/> Conbraco	Size (1",2",6",etc.)	Type (RP,DC,PVB,SVB)
<input type="radio"/> Febco	<input type="text"/>	<input type="text"/>
<input type="radio"/> Hersey		
<input type="radio"/> Watts	Serial Number ( <i>found on name plate</i> )	
<input type="radio"/> Wilkins	<input type="text"/>	
<input type="radio"/> Other		

## Assembly #2

Manufacturer	If other, please specify	Model # (909,975,825,etc.)
<input type="radio"/> Ames	<input type="text"/>	<input type="text"/>
<input type="radio"/> Conbraco	Size (1",2",6",etc.)	Type (RP,DC,PVB,SVB)
<input type="radio"/> Febco	<input type="text"/>	<input type="text"/>
<input type="radio"/> Hersey		
<input type="radio"/> Watts	Serial Number ( <i>found on name plate</i> )	
<input type="radio"/> Wilkins	<input type="text"/>	
<input type="radio"/> Other		

**Please check the box that best describes your facility type:**

- Agricultural/Farm
- Barber/Beauty Salon
- Car Wash
- Chemical/Biological Laboratory
- Chemical Storage Facility
- Church/Religious purpose
- Classified/Restricted Facility
- Restaurant/Grocery/Food Process
- Correctional Facilities/Institutions
- Day Care/School/University
- Fire/Police/First Responders
- Golf Course
- Government Offices
- Laundromat
- Manufacturing Facility
- Marina/Shipyard
- Medical/Dental Facility
- Mortuary
- Multi Commercial
- Nursing Home/Senior Centers
- Pet Shop/Aquarium
- Multi-Family (2-4 Units)
- Condominium
- Single Family/Private Residence
- Veterinarian/Animal Clinic/Shelter
- Waste Treatment Facility
- Other
- 

**Please check the box(es) that best describe the usage of your water in your facility:**

- Typical, such as bathrooms, drinking fountains, outside water faucets, household laundry or dish washing appliances
- Private well(s) supplying any part of your facility
- Connected into a manufacturing process
- Connected into a chemical process or photo processing
- Connected into underground lawn sprinkler/irrigation system
- Connected to a swimming pool
- Connected into a water operated/cooled equipment/appliances/boilers/ice maker
- Connected to a soda fountain
- Connected to a geothermal unit

**Please check the box(es) that best describe the fire protection at your facility:**

- This account serves private hydrants only (no fire sprinkler systems in facility)
- This account serves an installed fire sprinkler system
- Fire sprinkler system has outside fire department connections for pumping into system
- Fire sprinkler system contains antifreeze or other chemicals
- None

**Please return the form to PO Box 246, Worth, IL 60482 or fax it to 888-414-4990  
or complete this form online at <http://www.backflow.com/bedford> within 30 days.**

**Thank you for your cooperation.**