

CITY OF MARION
CROSS CONNECTION CONTROL QUESTIONNAIRE

To be completed with all non-residential, commercial, industrial, and/or irrigation water service applications. The Public Works Director may require the submittal of project specific plans and/or detailed specs, in addition to this questionnaire, prior to processing the application for water service.

Date: _____

Applicant Name: _____

Physical address for service connection: _____

Applicant Phone Number & Email: _____
Phone _____ Email _____

Facility and Service Information:

Check all that apply. The facility for which water service is being requested is a:

<input type="checkbox"/> Automotive Vehicle Dealership	<input type="checkbox"/> Service Station/Garage	<input type="checkbox"/> Restaurant
<input type="checkbox"/> Bakery	<input type="checkbox"/> Hotel, Motel, B&B, Lodge	<input type="checkbox"/> Grocery Store
<input type="checkbox"/> Convenience Store	<input type="checkbox"/> Barber Shop/Hair Salon/Spa	<input type="checkbox"/> Hardware Store
<input type="checkbox"/> Farm & Garden Store	<input type="checkbox"/> Superstore	<input type="checkbox"/> Hospital
<input type="checkbox"/> Medical Clinic	<input type="checkbox"/> Dental Clinic	<input type="checkbox"/> Funeral Home
<input type="checkbox"/> Metal Plating Facility	<input type="checkbox"/> Cannery	<input type="checkbox"/> Dairy Facility
<input type="checkbox"/> Lawn Care Company	<input type="checkbox"/> Exterminator Facility	<input type="checkbox"/> Battery Manufacturer
<input type="checkbox"/> Chemical Processing Plant	<input type="checkbox"/> Film Laboratory	<input type="checkbox"/> Car Wash
<input type="checkbox"/> Dye Works	<input type="checkbox"/> Laundry Facility	<input type="checkbox"/> Swimming Pool
<input type="checkbox"/> Veterinary Clinic	<input type="checkbox"/> Beverage Bottling Plant	<input type="checkbox"/> Lawn Sprinkler
<input type="checkbox"/> Fire sprinkler system	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Building consisting of 5 or more stories		

Check all that apply. Water from this service will be used for:

<input type="checkbox"/> Cooking/drinking	<input type="checkbox"/> Fire Hose Cabinet	<input type="checkbox"/> Chillers
<input type="checkbox"/> Cooling towers	<input type="checkbox"/> Fire sprinkler system	<input type="checkbox"/> Filling tanks/vessels
<input type="checkbox"/> Cleaning/Wash-down water	<input type="checkbox"/> Providing vacuum (ejectors)	<input type="checkbox"/> Running Equipment
<input type="checkbox"/> Fire hydrant	<input type="checkbox"/> Boilers	

Other _____

If the service is for a **FIRE SPRINKLER SYSTEM**, please answer all of the following questions:

Will your fire sprinkler system contain/use antifreeze, foaming agents, or any other chemicals? Yes No

Will it have a fire department connection for emergency pressure boost? Yes No

Will it use a booster pump or jockey pump? Yes No

Signature of Applicant:

I hereby certify that all of the above information is complete and correct. I further acknowledge that incomplete or incorrect information may result in an additional or different requirement regarding the installation of a backflow prevention assembly at my water service connection.

Signature _____

Date _____