

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 | 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