



## Cross-Connection Control Questionnaire

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Assembly # (optional): \_\_\_\_\_

Water Meter# (optional): \_\_\_\_\_

Dear Water Customer:

Our records indicate that you have an existing backflow prevention assembly that is tested annually. New regulations allow some backflow prevention assemblies to be tested every two years.

To find out if your assembly qualifies for a two-year testing frequency, please complete the questionnaire and return by any of the following methods:

1. Print, scan and email the completed form to [ccc@talgov.com](mailto:ccc@talgov.com)
2. Mail to Cross-Connection Control 4505-A Springhill Road, Tallahassee FL 32305
3. Complete an online version of the questionnaire at [Talgov.com/ccc](http://Talgov.com/ccc)

Property Classification:  Residential  Non-Residential

Address of the backflow prevention assembly (if different from above): \_\_\_\_\_

Name of water customer: \_\_\_\_\_

Please check any of the following items that apply to your property:

Yes	No	Does your property have...
1. <input type="checkbox"/>	<input type="checkbox"/>	a lawn irrigation system?
2. <input type="checkbox"/>	<input type="checkbox"/>	a fire sprinkler system?
3. <input type="checkbox"/>	<input type="checkbox"/>	a booster pump serving or within the premise?
4. <input type="checkbox"/>	<input type="checkbox"/>	an alternate water source (e.g. well) at your location?
5. <input type="checkbox"/>	<input type="checkbox"/>	any type of equipment that uses chemicals and is connected to City water (excluding household appliances)?
6. <input type="checkbox"/>	<input type="checkbox"/>	five or more stories in height?

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

