



Cross Connection Survey Commercial

Public Works Department – Building Division
25 Oak Drive • Lake Jackson, TX 77566 • Phone (979) 415-2430 • Fax (979) 415-2530
• www.lakejackson-tx.gov

TO BE COMPLETED BY THE PROPERTY OWNER OR THEIR AUTHORIZED AGENT

The purpose of this questionnaire is to help determine if you have any special plumbing or activities that pose an increased risk of contamination to the City of Lake Jackson water system. This completed questionnaire is a required supplement with all commercial permit applications. Check the appropriate boxes that apply to your business and/or building.

Project Site Address: _____ Tax Parcel ID #: _____

Project Description: _____

Property Owner Name: _____ Property Owner Phone: _____

Property Owner's Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Business Name: _____ Business Phone: _____

Business Owner's Name: _____ Business Owner Phone: _____

Business Owner's Address: _____ City: _____ State: _____ Zip: _____

Owner's Email: _____ Owner's Phone: _____

Contact Name: _____ Contact Phone: _____

Backflow prevention assemblies shall be installed at all service connections and/or all fixtures where in the judgment of the City of Lake Jackson, the nature of activities on the premise may present a nuisance or hazard to the public water system. All commercial and multi-family projects are required to provide premise isolation as a minimum protection. Installed devices are required to be tested annually with test results and certification provided to the City of Lake Jackson.

Please indicate if your facility has, or will have any of the following:

- | | | |
|--|--|---|
| <input type="checkbox"/> Air Conditioners | <input type="checkbox"/> Brine Tanks | <input type="checkbox"/> Dye Vats |
| <input type="checkbox"/> Air Compressor | <input type="checkbox"/> Building three stories or more tall | <input type="checkbox"/> Dry Cleaning Equipment |
| <input type="checkbox"/> Air Washers | <input type="checkbox"/> Car Washing Equipment | <input type="checkbox"/> Espresso Machines |
| <input type="checkbox"/> Aquarium make-up Water | <input type="checkbox"/> Chemical Feed Tank | <input type="checkbox"/> Etching Tanks |
| <input type="checkbox"/> Aspirators, Weedicide, Herbicide, Pesticide injectors | <input type="checkbox"/> Chemical Feed (commercial cleaners) | <input type="checkbox"/> Fermenting Tanks |
| <input type="checkbox"/> Aspirators, Medical -Lab | <input type="checkbox"/> Chlorinators | <input type="checkbox"/> Fertilizer Injection |
| <input type="checkbox"/> Autoclave | <input type="checkbox"/> Coffee Urn | <input type="checkbox"/> Film Processors |
| <input type="checkbox"/> Autopsy Tables | <input type="checkbox"/> Commercial Cooking Kettles | <input type="checkbox"/> Fire Dept Pumper Connection |
| <input type="checkbox"/> Auxiliary water system (well, pond, creek, other) | <input type="checkbox"/> Computer Cooling Lines | <input type="checkbox"/> Fire Sprinkler Systems (with Booster Pump) |
| <input type="checkbox"/> Baptismal Fountain | <input type="checkbox"/> Condensate Tanks | <input type="checkbox"/> Fire Sprinkler system with chemicals |
| <input type="checkbox"/> Bathtub, below rim filler | <input type="checkbox"/> Cooling Towers Etching Tanks | <input type="checkbox"/> Fire Sprinkler Systems w/o chemicals |
| <input type="checkbox"/> Bed Pan Washers | <input type="checkbox"/> Decorative Ponds/ Fountains | <input type="checkbox"/> Floor Drains |
| <input type="checkbox"/> Beverage (pop) Machines using Co2 | <input type="checkbox"/> Degreasing Equipment | <input type="checkbox"/> Fume Hoods |
| <input type="checkbox"/> Boilers Feed Lines | <input type="checkbox"/> Dental Equipment /Cuspidors | <input type="checkbox"/> Garbage Can Washers |
| <input type="checkbox"/> Bottle Washing Equipment | <input type="checkbox"/> Dialysis Equipment | <input type="checkbox"/> Grey Water Systems |
| | <input type="checkbox"/> Dishwashers | <input type="checkbox"/> Heat Exchangers w/o dbl wall leak path |
| | <input type="checkbox"/> Drinking Fountains | |



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- | | | |
|---|--|--|
| <input type="checkbox"/> Heat Pumps | <input type="checkbox"/> Laundry Machines | <input type="checkbox"/> Sewer Connected Equipment |
| <input type="checkbox"/> Heating System using water | <input type="checkbox"/> Landscape Irrigation w chemical | <input type="checkbox"/> Sewer Flushing |
| <input type="checkbox"/> Heating Boilers, Commercial | <input type="checkbox"/> Landscape Irrigation w/o chemical | <input type="checkbox"/> Shampoo Sink |
| <input type="checkbox"/> High Pressure Washers | <input type="checkbox"/> Livestock Drinking Tanks | <input type="checkbox"/> Solar Heating Systems |
| <input type="checkbox"/> Hot Tub | <input type="checkbox"/> Make-up Tanks | <input type="checkbox"/> Spa/Sauna |
| <input type="checkbox"/> Hydrotherapy Baths | <input type="checkbox"/> Mobile Carpet Cleaners | <input type="checkbox"/> Steam Generating Equipment |
| <input type="checkbox"/> Ice Makers | <input type="checkbox"/> Pesticide Applicator Trucks | <input type="checkbox"/> Sterilizers |
| <input type="checkbox"/> Industrial Fluid Systems | <input type="checkbox"/> Photo Developing Sinks/Tanks | <input type="checkbox"/> Stills |
| <input type="checkbox"/> Intertied (looped) Services | <input type="checkbox"/> Private Fire Hydrants | <input type="checkbox"/> Sumps |
| <input type="checkbox"/> Irrigation system (no chemicals) | <input type="checkbox"/> Private Wells | <input type="checkbox"/> Swimming Pool |
| <input type="checkbox"/> Irrigation system (chemical) | <input type="checkbox"/> Pump Prime Trucks | <input type="checkbox"/> Trap Primers |
| <input type="checkbox"/> Janitor sink | <input type="checkbox"/> Radiator Flushing Equipment | <input type="checkbox"/> Used or Gray Water systems |
| <input type="checkbox"/> Kitchen Equipment | <input type="checkbox"/> Reclaimed Water Systems | <input type="checkbox"/> Water Treatment Filtrat6ion Systems |
| <input type="checkbox"/> Laboratory Equipment | <input type="checkbox"/> RV Dump Stations | <input type="checkbox"/> X-Ray Equipment |

1. Are you aware of any existing backflow protection located on this property?

Please Describe: _____

2. Please provide the name of all products or chemicals that are mixed with water at your location.

3. Please provide the name of all products or chemicals that are stored in bulk at your location.

Certification: Under penalty of perjury, I (the undersigned) certify that I am the property owner or their authorized agent and that the above information is complete and accurate to the best of my knowledge. I understand that any changes in equipment connected to the water system must be reported immediately to the City of Lake Jackson as a condition of continued service. I understand that failure to report changes or provide yearly inspection reports of installed backflow protection devices may result in the City of Lake Jackson interrupting water service to the affected systems.

Owner or Authorized Agent: _____ Date: _____

THIS SECTION TO BE COMPLETED BY THE CITY OF LAKE JACKSON							
Type of Water Use	Hazard Assessment		Backflow Protection Required				
	Low	High	None	DCVA	DCDA	RCBA	RPDA
Domestic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Status of Meter	<input type="checkbox"/> Meter is Set		<input type="checkbox"/>	<input type="checkbox"/> Okay to Install			
Certified By				<input type="checkbox"/> Locked per Water Department			