



Cross Connection Survey

Residential

Public Works Department
 25 Oak Drive • Lake Jackson, TX 77566
 Inspection Line (979) 415-2432 • Phone (979) 415-2430 • 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 water system. Please fill out the following questionnaire and check the appropriate boxes that apply to your project.

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. Residential projects may be 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.

TYPE OF RESIDENCE: Single Family Two Family (Duplex) Townhouse: Other: _____

Project Site Address: _____ Property Tax Parcel: _____

Project Description: _____

Owner's Name: _____

Owner's Address: _____ Phone : _____

Email address: _____

Place a check next to all equipment and fixtures listed below that are, or will be connected to water for use at your project or residence.

- | | | |
|--|--|---|
| <input type="checkbox"/> Photo Developing Equipment | <input type="checkbox"/> Heat Pumps | <input type="checkbox"/> Spa/Sauna |
| <input type="checkbox"/> Gray water system | <input type="checkbox"/> Heating systems using Water | <input type="checkbox"/> Air Conditioner |
| <input type="checkbox"/> Water to dock or boat moorage | <input type="checkbox"/> Medical Equipment | <input type="checkbox"/> Treatment /Filtration System |
| <input type="checkbox"/> Septic System / Pump | <input type="checkbox"/> Private well on property | <input type="checkbox"/> Decorative Pond /Fountain |
| <input type="checkbox"/> Lawn Landscape Irrigation | <input type="checkbox"/> Livestock Watering | <input type="checkbox"/> Drinking Fountain |
| <input type="checkbox"/> Garbage Disposals | <input type="checkbox"/> Hot tub | <input type="checkbox"/> None of the Above |
| <input type="checkbox"/> Solar Heating Equipment | <input type="checkbox"/> Swimming Pool | |

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.

Completed By: _____ 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						

FOR STAFF USE ONLY				
Permit # _____	Accepted By _____	Premise Isolation Required _____	Assembly Type _____	Date _____