

CROSS CONNECTION INSPECTION FORM - NON-RESIDENTIAL

Facility Information	FOX CROSSING UTILITIES
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Business Name	Facility Type
Address	Inspection Date
	Inspection Frequency
City	Complete? YES NO
Zip	In Compliance? YES NO
Main Contact	
Phone Number(s)	
Location / Size of Service	
Type of Service (circle one) Copper / Poly / PVC / Ductile	

Containment					
	# of inlets	Protection Required	Properly Protected	Type of Protection/ASSE #	Comments
Potable Supply					
Fire Supply					
	Exist?	Describe			
Secondary Sources					

Isolation Hazards				
	Quantity	ASSE # or Air Gap	Properly Protected	Comments
1. Lawn Sprinkler(s)				
2. Boilers				Chemicals added? YES NO
3. Cooling Tower(s)				
4. Heat Exchanger(s)				
5. Water Cooled A/C				
6. Temporary Machines				
7				
8				
9				

Remarks
Degree of hazard: HIGH LOW

Reinspection(s)		
Date	Approved	Not Approved / Comments

Signatures	
Inspector's Name	Certificate/Lic #
Inspector's Signature	
Facility Contact's Signature	

All corrections must be completed and re-inspected. Inspections are done as required by Ordinance 28.47 and Wisconsin Administrative Code NR 811 and Comm 82 by reference. Please call 920-720-7175 to make an appointment for re-inspection within 30 days of original inspection. Removal of installed items or failure to make required corrections and to schedule an appointment for re-inspection may result in disconnection of your water service.