



WATER / WASTEWATER MAINTENANCE DIVISION
City of Kingsport, Tennessee

Residential Cross Connection Survey

Name _____

Address _____

- 1. Occupancy: ___ Own ___ Rent
2. Meter serves: Homes: How Many? ___
Buildings: How Many? ___
3. Do you have? (Please Check all that apply):
Hot Tub ___ Swimming Pool ___ Jacuzzi ___
Waterbed ___ Solar System ___ Green House ___
Sprinkler/Irrigation System ___ Darkroom Equipment ___
Drip/Soaker/Irrigation System ___ Portable Dialysis Machine ___
Insecticide Sprayers (That attach to garden hose also) ___
Utility sink w/threaded faucet ___
Wood burning hot water heater ___ Ghost pipes (unidentified) ___
4. Do you have a bathtub that fills from the bottom? Yes ___ No ___
5. Do you have a water softener or other water treatment system? Yes ___ No ___
6. Do you have an auxiliary water supply on your premises? (Well, etc..) Yes ___ No ___
7. Do you have livestock and use a water trough or water system connected to public water?
Yes ___ No ___
8. Is your home or building elevated above your water meter? Yes ___ No ___
9. Does a creek, river, or spring run near or on your property? Yes ___ No ___
10. Do you have a booster pump, well pump, or any other type of water pump? Yes ___ No ___
11. Do you receive irrigation water from a source other than the public supply? Yes ___ No ___
12. Do you have a backflow protection device on your property now? Yes ___ No ___
13. Do you have any situation that you are aware of that could create a cross-connection?
Yes ___ No ___
14. Do you have any other water-using equipment on your property not mentioned above?
Yes ___ No ___

If yes, please list below:

Print Name _____

Phone # _____

Signature _____

Date _____

Please notify this office if any of the above conditions change.
Please return this questionnaire to either Customer Service or Water Technical Services on Konnarock Rd.