

Campbell County Utilities and Service Authority Backflow/Cross Connection Control Facility Inspection Report

Customer Name: _____

Mailing Address: _____

Service Address: _____

Account Number: _____ Phone Number: _____

Contact Name: _____

Owner of Facility if other than customer or contact: _____

Type of Business at this location: _____

Degree of Hazard: High _____ Moderate _____ Low _____

Type of Backflow Devices _____

Location of device: _____

Date the device was tested: _____ Is device acceptable for degree of hazard? _____

Device Manufacture: _____ Serial No. _____ Size: _____

General condition of device(s): _____

Do any of the following items exist and are there visible signs of cross connections:

- | | |
|-------------------------------|--|
| _____ Individual well | _____ Lawn sprinkler or irrigation system |
| _____ Booster pumps | _____ Utility Sinks with hose connection |
| _____ Water storage tanks | _____ Swimming pools, hot tubs, saunas, etc. |
| _____ Water treatment systems | _____ Jet spray washers |
| _____ Chemical sprayers | _____ Photograph developing |
| _____ Fire service system | _____ Other items: _____ |
| _____ _____ | _____ _____ |

Comments: _____

The above report is certified to be true.

Date: _____ Time: _____ Signature: _____ Certificate No. _____