

SULLIVAN'S ISLAND WATER/SEWER DEPARTMENT CROSS-CONNECTION CONTROL QUESTIONNAIRE



Date: _____ SI Water Service Account Number: _____
Customer Name **(PLEASE PRINT LEGIBLY)**: _____
Service Address: _____
Billing Address: _____
Proposed Business Name: _____
Water Service Type **(PLEASE CHECK ONE)**: Apartment Complex or Duplex **(Total # of Units?)** _____
Commercial _____ Govt. or School _____ Temporary bldg./Construction _____ Residential _____
Residential, Multi-Story _____ **(How Many Stories?)** _____ **(How Many Square Feet Per Story?)** _____

YARD IRRIGATION/SPRINKLER SERVICES

In-Ground Irrigation System; _____ Spigot/Faucet & Garden Hose Use Only; _____ **PLEASE CHECK ONE!**
Type of Heads: Pop-up _____ Shrub _____ Soaker _____ Other _____ **(Will your irrigation system be designed to add fertilizer, weed control, or other additives by using pressure, injection, or aspiration methods either manually or automatically?)** Yes _____ No _____ Will Your Irrigation System Need or Use A Booster Pump? Yes _____ No _____ Is This Water Meter Used To Fill a Swimming Pool, Hot Tub or Spa: Yes _____ No _____ Will you be using Town purchased water _____ or well water _____

COMMERCIAL SERVICES

Type of business: medical, restaurant, catering, video rental/sales, auto-detail shop, clothing, office, commercial, Industrial, gas station, Laundromat, grocery/deli, dry cleaners, sweet shop, other: **(Please define business:)** _____

Water will be used for: cooking/drinking _____ boilers _____ chillers _____ cooling tower _____ equipment _____
(What type? Please define): _____
(Are corrosion inhibitors, chemical treatments or other additives used in processing; boilers; chillers; or cooling towers?) Yes _____ No _____ Does your water service use pressure washers? Yes _____ No _____

FIRE SPRINKLER SERVICES

PLEASE ANSWER "YES" OR "NO" TO ALL BLANKS!

Is your proposed fire sprinkler system a wet system or a dry system? _____ Is it used to supply private Fire hydrants or a wall-mounted fire hose cabinet only? _____ Will your fire sprinkler system contain/use anti-freeze or foaming agents? _____ Will your fire sprinkler system use a booster or jockey pump? _____
If there is any other type of fire sprinkler system that is not listed above, please describe:

(OVER)

TO BE SIGNED BY PERSON MAKING APPLICATION FOR WATER SERVICE

I hereby certify that all information furnished is complete and correct. I further acknowledge that incomplete or incorrect information may result in an additional or different requirement insofar as Backflow Prevention Assemblies at the water service connection are concerned.

Applicant Name (**PLEASE PRINT LEGIBLY**) _____

Applicant Signature: _____

Date _____ Telephone Number (W) _____ (H) _____ (Fax) _____

(Pager) _____ (Mobile) _____

CUSTOMER NOTICE

In order that we may accurately determine the proper, **IF ANY**, Backflow Prevention Assembly required for your service, please complete this form and return it to Town Hall at your earliest possible convenience.

FAILURE TO COMPLY WILL RESULT IN A DELAY IN THE INSTALLATION OF YOUR WATER SERVICE.

SI USE ONLY

_____ Inch Air Gap

_____ Inch Reduced Pressure Principle Assembly

_____ Inch Double Check Valve Assembly

_____ Inch Pressure Vacuum Breaker

_____ No Backflow Preventer Required

SI Reviewer's Signature: _____ Date: _____

Additional Notes: _____

SULLIVAN'S ISLAND WATER/SEWER DEPARTMENT

Cross-Connection Control

P. O. Box 427, Sullivan's Island, SC. 29482

(843)-883-3947, FAX (843)-883-3662