

TULLAHOMA UTILITIES AUTHORITY

Residential Cross-Connection Questionnaire Survey

Required by the Tennessee Department of Environment and Conservation
Division of Water Resources

All Existing or Prospective Customers Requesting a New Water Service Must Complete Survey

Occupant Name _____

Occupant Address _____

- Occupancy: _____ Own _____ Rent
- Meter serves or will serve: Home _____ How Many? _____
Buildings _____ How Many? _____
- Do you have or will you have? (Please Check all that apply):
Hot Tub _____ Swimming Pool _____ Jacuzzi _____
Waterbed _____ Solar System _____ Green House _____
Underground Sprinkler System _____ Darkroom Equipment _____
Drip/Soaker/Irrigation System _____ Portable Dialysis Machine _____
Insecticide Sprayers (That attach to garden hose also) _____
Utility sink w/threaded faucet _____ Unidentified pipes _____
- Do you have or will you have a bathtub that fills from the bottom? Yes _____ No _____
- Do you have or will you have a water softener or other water treatment system? Yes _____ No _____
- Do you have or will you have an auxiliary water supply on your premises? Yes _____ No _____
- Do you have or will you have livestock and use a water trough or water system connected to the public water supply? Yes _____ No _____
- Does a creek, river, or spring run near or on your property? Yes _____ No _____
- Do you have or will you have a booster pump, well pump, or any other type water pump?
Yes _____ No _____
- Do you receive or will you receive irrigation water from a different source? Yes _____ No _____
- Do you or will you perform any activities that require the use of toxic chemicals. (taxidermy, metal plating, biodiesel or ethanol production, etc.)? Yes _____ No _____
- Do you have a backflow prevention device on your property now? Yes _____ No _____
- Do you have any situation that you are aware of that could create a cross-connection?
Yes _____ No _____
- Do you have or will you have any other water-using equipment on your property not mentioned above? Yes _____ No _____ If yes please list: _____

My signature affirms that I agree not to create a cross-connection with the public water supply. Please notify TUA if any of the above conditions change. Thank you for your cooperation.

Printed Name

Phone Number

Signature

Date