

CITY OF SPOONER, WI. NON-RESIDENTIAL CROSS CONNECTION CONTROL INSPECTION FORM

BUSINESS / OWNER NAME: _____ PHONE: _____
SITE ADDRESS: _____ MAILING ADDRESS: _____

PREMISES: BUSINESS MULTIPLE FAMILY _____ # OF UNITS
 APARTMENT _____ # OF UNITS CONDO _____ # OF UNITS

INSPECTION INFORMATION: INSPECTION DATE: _____ DATE PROVIDED TO CITY _____
NUMBER OF WATER METERS: _____ POTABLE WATER _____ LAWN IRRIGATION _____ FIRE PROTECTION _____ WELL
INSPECTION COMPLIANCE: YES NO

HAZARD INFORMATION:	Y/N	QTY	PROPERLY ISOLATED	APPROVED DEVICE	A.S.S.E. #
FIRE PROTECTION SYSTEM	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
WATER SOFTENER	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
LAUNDRY SINK	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
INSIDE HOSE BIBB(S)	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
WATER CLOSET(S)	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
REFRIGERATOR / ICE MAKER	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
HOT TUB / WHIRLPOOL	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
BOILER	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
HUMIDIFIER	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
OUTSIDE HOSE BIBB(S)	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
LAWN IRRIGATION SYSTEM	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
SWIMMING POOL	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
PRIVATE WELL	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
OTHER _____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
OTHER _____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	_____

ADDITIONAL NOTES: _____

LIST EXISTING TESTABLE DEVICES W/A.S.S.E. #

LOCATION OF DEVICE: _____ A.S.S.E. # _____
LOCATION OF DEVICE: _____ A.S.S.E. # _____
LOCATION OF DEVICE: _____ A.S.S.E.# _____
ADDITIONAL NOTES: _____

***** PLEASE INCLUDE COPIES OF CROSS CONNECTION CONTROL PERFORMANCE TEST REPORT(S). *****

OWNER SIGNATURE: _____

I CERTIFY THAT THERE ARE NO EXISTING CROSS CONNECTIONS.

CERTIFIED SURVEYOR / INSPECTOR SIGNATURE: _____ DATE: _____

LICENSED PLUMBER SIGNATURE: _____ MASTER PLUMBER # _____

THREE PART FORM: WHITE: CITY _____, YELLOW: OWNER _____, PINK: PLUMBER _____