



CARTERVILLE WATER AND SEWER DEPARTMENT
101 S. DIVISION STREET
CARTERVILLE, IL 62918
618-985-2011

DECEMBER 2022

Dear Water Customer:

The Illinois Environmental Protection Agency (IEPA) requires water suppliers to provide safe, potable water to its customers at all times. In order to ensure that contamination does not enter the distribution system due to backflow or back siphonage through cross connections, it is required that the premises of each water customer be inspected for cross connections per Illinois EPA and the City of Carterville Ordinances.

In order for us to determine if an actual or potential cross connection exists at your location, you **MUST** complete and return the survey on the back of this letter by **January 20, 2023**. We have enclosed a pre-addressed envelope for your convenience. Simply fill out this survey to the best of your ability. Once we have reviewed the completed survey, we will notify you whether or not further information or action is required.

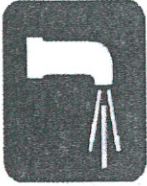
Again, these surveys are **required** by the IEPA and must be completed. If we do not receive your completed survey by the **January 20, 2023**, we will contact you to set a date at which time one of our water department personnel will come and conduct the survey.

You may also visit our website and fill out the Cross Connection survey

Thank you for your attention to this matter. If you have any questions or you need additional information, please give us a call Monday thru Friday between the hours of 9:00 am and 5:00 pm.

Sincerely,

Bailey Shoemake
Cross Connection Coordinator



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Residential Survey

- | | | |
|---|-----|----|
| Is your location heated by a Boiler/Radiant heater ? (Water heaters not included) | Yes | No |
| Does this boiler/heater utilize chemical additives ? | Yes | No |
| Is there an underground lawn sprinkler system with/without chemical additives ? | Yes | No |
| Does this source use a water source other than City water | Yes | No |
| Is a fire sprinkler system connected to City Water ? | Yes | No |
| Does this system use fire retardant chemicals | Yes | No |
| Is a pool or tub at this location/ (whirlpool tubs not included) ? | Yes | No |
| Is a BACKFLOW prevention device installed on the fill/make up water ? | Yes | No |
| Is there a private well or cistern located on this property ? | Yes | No |
| If Yes, is it connected in any manner to your plumbing ? | Yes | No |
| Is there a BACKFLOW Prevention Device installed on your property ? | Yes | No |

If Yes, Name of Manufacturer _____

Model No _____ Serial No _____

Date of last inspection _____ Plumber's License No. _____

Cross Connection Device Inspector No. _____

I hereby verify that the above answers are correct to the best of my knowledge

Customer Signature

Printed Customer Name

Date

Service Address

Contact Phone Number

Email address