



# Village of Beecher

## Cross Connection Control Survey



This survey may also be completed online at [www.villageofbeecher.org](http://www.villageofbeecher.org) or by scanning the QR Code above.

In order to ensure the safety of the water supply at the most affordable cost, the Village is conducting this survey **as required by the EPA** to determine if there are any hazardous conditions that could affect our drinking water.

**Thank you for participating in the survey & protecting the quality of our drinking water!**

If you have any questions regarding this survey please call the number below:

**Village of Beecher**

**(708) 231-2029**

Please print your information below and sign your name at the end of the survey as confirmation of the person completing this survey.

Name: \_\_\_\_\_ Business Name: *(if applicable)* \_\_\_\_\_

Service Address: \_\_\_\_\_ Phone: \_\_\_\_\_

When completed, please return to the Village of Beecher by one of the following methods: email to [survey@villageofbeecher.org](mailto:survey@villageofbeecher.org); OR drop off at the Village Hall, 625 Dixie Hwy (there is a drop box on the back side of the building just past the drive thru) OR mail to - Village of Beecher CCC Survey, PO Box 1154, Beecher, IL 60401; OR the survey may be completed online at [www.villageofbeecher.org](http://www.villageofbeecher.org).

Types of use at service address:

- |                                       |                                       |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Residential  | <input type="checkbox"/> Commercial   |
| <input type="checkbox"/> Medical      | <input type="checkbox"/> Industrial   |
| <input type="checkbox"/> Governmental | <input type="checkbox"/> Agricultural |

1. Do you have any other source of water such as private well, pond, tank, cistern?  
 Yes\*\*       No \*\*If yes, does it connect to the Village's water system? \_\_\_\_\_

2. Are there any backflow prevention devices installed on the premises?     Yes     No

*\*\* If you do have a Backflow Prevention Device installed, it must be tested/inspected annually by a plumber with a Backflow Prevention Certification, per IEPA Regulations.*

3. Is there an Outdoor Faucet or Outdoor Hydrant on the property?  Yes  No

\*\*If yes, Which one?



Outdoor Faucet (Side of the Building)



Outdoor Hydrant (Out in the Yard)



The Illinois Department of Public Health Plumbing Code requires that vacuum breakers be installed on all threaded hose connections. These devices protect the water supply from being contaminated by any substance which might enter the water hose and flow back into the system (i.e. fertilizer, herbicides, soap, etc.). Hose vacuum breakers can be purchased at most hardware stores and home and garden centers.

	<p><b>Hose Bibb Vacuum Breaker</b></p> <p>Can be purchased from a hardware store or home improvement center.</p>	<p><b>OR</b></p>		<p><b>Sillcock with Vacuum Breaker</b></p> <p>Can be purchased from a hardware store or home improvement center.</p>
	<p><b>Installation: EASY (DIY)</b></p>			<p><b>Installation: May need a Plumber</b></p>

4. What type of pipes do you have coming into your home/business?

Lead  Galvanized  Copper  Plastic  Other \_\_\_\_\_

Please check the boxes if you have any of the following:

- |   |  |
|---|--|
| <input type="checkbox"/> Dishwasher   | <input type="checkbox"/> Cooling Tower               |
| <input type="checkbox"/> Swimming Pool  | <input type="checkbox"/> Drinking Fountains          |
| <input type="checkbox"/> Hot Tub  | <input type="checkbox"/> Soft Drink Dispenser        |
| <input type="checkbox"/> Permanent In Ground Irrigation System                            | <input type="checkbox"/> Soap Injector               |
| <input type="checkbox"/> Fire Sprinkler System  | <input type="checkbox"/> Boiler                      |
| <input type="checkbox"/> Industrial Fluid System  | <input type="checkbox"/> Car Wash Facilities         |
| <input type="checkbox"/> Water Cooled Equipment   | <input type="checkbox"/> Power Flush Toilets         |
| <input type="checkbox"/> Chemical Feeder/Sprayer  | <input type="checkbox"/> Autoclave (Doctor/Hospital) |
| <input type="checkbox"/> Pressure Booster <i>(Placed where water comes into building)</i> |  |

The information provided in this survey form is an accurate and current description of the water system at this address.

Signature of person completing form: \_\_\_\_\_ Date: \_\_\_\_\_