

**City of Goose Creek
Cross-Connection Control Questionnaire
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Please complete this form and return it to the City of Goose Creek Department of Public Works.
Failure to comply will result in a delay in the installation of your water service.

Date _____

Account Number _____

Applicant's Name: _____

Service Address: _____

Proposed Account or Business Name: _____

Type of Service:(check one)

Duplex / Apartment Complex () Commercial () Irrigation () Industrial ()

Government / School () Temporary Building / Construction () Dock ()

Other: _____

Irrigation: Above Ground System () Below Ground System ()

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 ()

Commercial:

Define the type of business (i.e. medical office, professional office, restaurant, catering, retail/wholesale (specify items for sale), warehouse (specify items stored), gas station, laundromat, dry cleaner, etc.

Water to be used for (check all that apply): Cooking () Drinking () Sanitary ()

Processing () Boilers () Chillers () Equipment () Other (Define) ()

Are corrosion inhibitors, chemical treatments or other additives used in processing, boilers, chillers, or cooling towers ? Yes () No ()

Check if plans include: Auxiliary water storage () Swimming pool () Hot Tub () Spa ()

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Fire Service: Yes () No ()

Type of System: Dry Sprinkler () Wet Sprinkler () Dry Riser () Wet Riser ()

Hose Cabinets () Supply by Hydrant or Pumper Truck Only ()

Foaming Agents: Yes () No ()

Anti-Freeze Agents: Yes () No ()

Auxiliary Water Storage: Yes () No ()

Fire Jockey Pump Used: Yes () No ()

Other Information:

I hereby certify that all information furnished is complete and correct. I further acknowledge that incomplete or incorrect information may result in additional or different requirements regarding Backflow Prevention Assemblies at the water service connection.

Signature of Applicant: _____

Date: _____ Telephone Number: _____

City Use Only:

_____ Inch Reduced Pressure Principle Assembly _____ Inch Air Gap

_____ Inch Double Check Valve Assembly _____ Residential Dual Check

City Reviewer's Signature _____ Date _____

Additional Notes: _____

NO SERVICE MAY BE ESTABLISHED ON COMMERCIAL ACCOUNTS UNTIL THIS DOCUMENT HAS BEEN REVIEWED AND SIGNED BY DPW DIRECTOR, WATER DIVISION SUPERVISOR, OR CROSS-CONNECTION CONTROL COORDINATOR