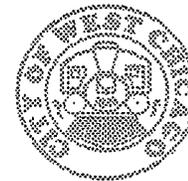


City of West Chicago
Engineering/Building Department/Water Utility Division
Water Usage Survey



New Building

Existing Building

Date: _____

BUILDING OWNER: _____

BUILDING TENANT & BUSINESS NAME: _____

ADDRESS: _____

PERMANENT PARCEL NO: _____

CONTACT NAME: _____ CONTACT NO: _____

Is there a private well located on this property? **Yes** **No**

If marked **yes**, please complete the attached DuPage County Health Department Public Water Connection Information Sheet

Is the well currently in use? **Yes** **No**

If marked **no**, has well been properly sealed or capped? **Yes** **No**

If well has been sealed or capped, please attach a copy of all pertinent documentation to support this work.

POTABLE WATER USED FOR: (Please check all that apply)

- | | | | |
|---|-------|------------------------------|-------|
| Domestic Use | _____ | Food Preparation | _____ |
| Metal Plating | _____ | Photo Laboratory | _____ |
| Radioactive Materials | _____ | Beverage Processing | _____ |
| Car Washing | _____ | Mixing Chemicals | _____ |
| Food Processing | _____ | Laboratory/Analysis | _____ |
| Heating/Cooling Systems | _____ | Machine Cooling | _____ |
| Irrigation Systems | _____ | Health Care | _____ |
| Laundry or Dry Cleaning | _____ | Fire Protection | _____ |
| Petroleum processing/storage | _____ | Mortuary Use | _____ |
| Mixing pesticide, herbicide or fertilizer | _____ | Other (please explain below) | _____ |

IF DOMESTIC IS THE ONLY LINE CHECKED, PLEASE SIGN BELOW.

I hereby certify that all information above is accurate and that all connections to the potable water supply system are for domestic use only and will be protected from backflow and cross connection hazards.

Signature: _____ Date: _____

IF OTHER THAN DOMESTIC IS CHECKED ABOVE, PLEASE PROCEED TO NEXT SECTION.

IF OTHER THAN DOMESTIC IS CHECKED IN PREVIOUS SECTION, A LICENSED PLUMBER ALSO LICENSED IN BACKFLOW PREVENTION AND CROSS CONNECTION CONTROL MUST CONDUCT A SITE INSPECTION AND COMPLETE THIS SECTION.

PLUMBING SITE INSPECTION CHECKLIST

| | | | |
|----------------------------------|-------|---|-------|
| Vacuum Breakers, Anti-Siphon | _____ | Double Check Valve with Atmospheric Vent | _____ |
| Vacuum Breakers, Hose Connection | _____ | Reduce Pressure Zone Device | _____ |
| Double Check Valve Assembly | _____ | Fixed Air Gap | _____ |
| Dual Check Valve | _____ | Anti-Siphon Self-Draining Frost Proof Sillcocks | _____ |
| Vacuum Breakers, Pressure Type | _____ | | |

Comments: _____

I hereby certify that all items related to backflow and to cross connection control have been inspected, tested, or replaced and are in satisfactory condition.

Cross Connection Inspector: _____
Signature _____ date _____

Company Name: _____ Plumbing License # _____