

CITY OF METROPOLIS, IL

Cross Connection Control Program

Cross Connection Survey FAQs

The City of Metropolis Cross Connection Control Program is designed to safeguard public health by protecting the municipal drinking water supply. Your cooperation is essential. Following are a list of the most frequently asked questions and answers related to surveys of water customers.

Why must I complete a water survey?

The Illinois Environmental Protection Agency (IEPA) requires every water supply provider to develop and implement a backflow prevention control program. The program mandates surveying all water customers every three years to identify and eliminate connections that could allow contaminants to accidentally flow back into the drinking water from sources such as fire protection sprinkler systems, boilers, lawn sprinklers and swimming pools.

What is a cross connection?

A cross connection is a connection between a potable water supply and a non-potable source, where a contaminant potentially could enter the drinking water supply. Cross connections should be protected by a valve called a backflow preventer.

What is a backflow preventer?

A backflow preventer is a device that allows the water to flow only in one direction and prevent a pipe or device connected to the water supply line to allow water to flow back into the municipal supply system.

What should I do if I don't know the answer to any of the questions on the survey?

If you don't know the answer to any of the questions, please call the Water Superintendent at 618-524-3445, ext. 500.

What happens if I do not fill out the survey?

All water customers are required to complete and return this survey. While there are no penalties or fines for not completing the survey, everyone is encouraged to complete the survey to ensure we are in compliance with IEPA regulations and can assess the potential risks to our drinking water supply.

How should I respond to the survey?

You have several options. Please print and complete the survey. Then return it using one of the following options.

- Mail it to: Water Survey, P.O. Box 682, Metropolis, IL 62960
- Drop it off at the City Clerk's Office, 106 W 5th Street, Metropolis, IL 62960
- Fax it to 618-524-8864
- Scan and email it to watersurvey@metropolisil.gov

Thank you for your cooperation!

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Cross Connection Survey

The following form is to be used by water department personnel and/or by customers of METROPOLIS public water supply. Data from this form may be used to determine if the property should be inspected by a cross-connection control device inspector (CCCDI) to detect and correct any cross-connections found on the property.

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone:(include area code) _____ E-mail: _____

Type of Use: Residential Commercial Medical Industrial Governmental Agricultural
 Other _____

Name of Business (if applicable): _____

Please check the box that best describes the material type of your water service line:

Galvanized Steel or Iron Ductile Iron Copper PVC Other _____

Please check the box or boxes that best describe the use of water on your property:

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> Typical water usage, such as kitchens, dishwashing appliances, bathrooms, household laundry appliances, and outside water faucets | <input type="checkbox"/> Connected to yard hydrant |
| <input type="checkbox"/> Connected to water softener | <input type="checkbox"/> Connected to hot tub |
| <input type="checkbox"/> Connected to swimming pool | <input type="checkbox"/> Connected to boiler |
| <input type="checkbox"/> Connected to lawn sprinkler or irrigation system | <input type="checkbox"/> Connected to water storage tank |
| <input type="checkbox"/> Connected to fire sprinkler suppression system | <input type="checkbox"/> Connected to water cooled equipment |
| <input type="checkbox"/> Connected to medical or dental equipment | <input type="checkbox"/> Private well(s) supplying any part of your property |
| <input type="checkbox"/> Connected to chemical or agricultural process | |

Please check the type or types of backflow prevention devices installed on your plumbing system:

- | | |
|-------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Residential Dual Check (RDC) Valve | <input type="checkbox"/> Reduced Pressure Zone (RPZ) Device |
| <input type="checkbox"/> Double Check (DC) Valve | <input type="checkbox"/> Pressure Vacuum Breaker (PVB) Assembly |
| <input type="checkbox"/> Other _____ | |

If backflow prevention devices are installed on your plumbing, fire protection or lawn irrigation system, they are required by Illinois Environmental Protection Agency to be tested annually and copies of the test reports be maintained on file with the water supply. If you do not have current copies of the test reports on file with us, please attach copies of the test(s) to this survey.

Name of person completing survey (please print): _____

Signature: _____ Date: _____

PLEASE PRINT, COMPLETE AND RETURN BY JANUARY 31, 2022!

Options for returning your completed survey are:

- Mail it to: Water Survey, P.O. Box 682, Metropolis, IL 62960
- Drop it off at the City Clerk's Office, 106 W 5th Street, Metropolis, IL 62960
- Fax it to 618-524-8864
- Scan and email it to watersurvey@metropolisil.gov