



WATER AND SEWER DEPARTMENT

1900 2nd Avenue North · Lake Worth, Florida 33461 · Phone: 561-586-1719

CROSS-CONNECTION SURVEY/INSPECTION CHECKLIST

Site Information:

Inspection Date: _____ Time: _____

Facility Name: _____ Contact Person _____

Contact Person: _____ Phone: _____ E-Mail: _____

Service Address: _____ City: _____ State: _____ Zip: _____

Customer Account #: _____ Water Meter Number: _____ Reading: _____

Use of Property: Commercial Industrial Multi Family (# of Units _____) Single Family

Number of Buildings on Premises: _____ Number of Main Service Line Connections: _____

Number of Stories: _____ Number of Main Service Line Connections: _____

Property has Irrigation Facilities served by City Water: Yes No

Property has Irrigation Facilities served by Alternate Water Source: Yes No

Property has Irrigation Facilities served by City Water: Yes No

Property has a Fire Sprinkler System: Yes No

Property has a Fire Hydrants inside the Property Lines: Yes No

Property has a Swimming Pool or Jacuzzi Spa: Yes No

Property Requires Continuous Water Flow (Parallel Installation Required): Yes No

Property Booster Pumps to boost System Pressure: Yes No

Property has Water Recirculation Facilities (Cooling Tower): Yes No

Property has Water Expansion Tanks: Yes No

Property has Boiler Feed Facilities: Yes No

Property has Water Cooled Solar System: Yes No

Property has an Auxiliary Water Supply (Irrigation, etc): Yes No

Property has Medical Facilities: Yes No

Property has Laboratory Facilities: Yes No

Property has Photographic Development Facilities: Yes No

Property has Chemical Storage Facilities: Yes No

Property has Commercial Kitchen/Restaurant Facilities: Yes No

Property has Water Softening Facilities: Yes No

Property has Water Treatment Facilities: Yes No

Property has Sanitary Sewer Pumping Facilities: Yes No

Property has Baptismal Facilities: Yes No

Property has Ornamental Fountains: Yes No

Provide a sketch of services on the drawings page. Where cross-connections are found, note whether protected or not and if tested.

Degree of Facility Hazard: High Low None

Print Inspector's Name: _____ Inspector's Signature: _____



City of Lake Worth
Where the Tropics Begin
www.lakeworth.org

Working Together



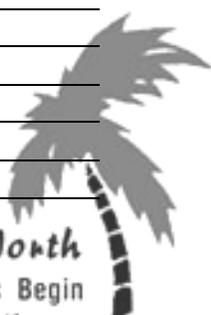
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Backflow Information:

#	Type	Make	Model	Size	Serial #	Approved Device	Type of Use	Points of Use Protection
1						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Potable (Domestic) <input type="checkbox"/> Fire Suppression System <input type="checkbox"/> Fire Leak Detector Line <input type="checkbox"/> Irrigation <input type="checkbox"/> Alternate Water/Reclaimed	<input type="checkbox"/> Containment <input type="checkbox"/> Containment by Isolation <input type="checkbox"/> Isolation
2						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Potable (Domestic) <input type="checkbox"/> Fire Suppression System <input type="checkbox"/> Fire Leak Detector Line <input type="checkbox"/> Irrigation <input type="checkbox"/> Alternate Water/Reclaimed	<input type="checkbox"/> Containment <input type="checkbox"/> Containment by Isolation <input type="checkbox"/> Isolation
3						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Potable (Domestic) <input type="checkbox"/> Fire Suppression System <input type="checkbox"/> Fire Leak Detector Line <input type="checkbox"/> Irrigation <input type="checkbox"/> Alternate Water/Reclaimed	<input type="checkbox"/> Containment <input type="checkbox"/> Containment by Isolation <input type="checkbox"/> Isolation
4						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Potable (Domestic) <input type="checkbox"/> Fire Suppression System <input type="checkbox"/> Fire Leak Detector Line <input type="checkbox"/> Irrigation <input type="checkbox"/> Alternate Water/Reclaimed	<input type="checkbox"/> Containment <input type="checkbox"/> Containment by Isolation <input type="checkbox"/> Isolation
5						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Potable (Domestic) <input type="checkbox"/> Fire Suppression System <input type="checkbox"/> Fire Leak Detector Line <input type="checkbox"/> Irrigation <input type="checkbox"/> Alternate Water/Reclaimed	<input type="checkbox"/> Containment <input type="checkbox"/> Containment by Isolation <input type="checkbox"/> Isolation
6						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Potable (Domestic) <input type="checkbox"/> Fire Suppression System <input type="checkbox"/> Fire Leak Detector Line <input type="checkbox"/> Irrigation <input type="checkbox"/> Alternate Water/Reclaimed	<input type="checkbox"/> Containment <input type="checkbox"/> Containment by Isolation <input type="checkbox"/> Isolation
7						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Potable (Domestic) <input type="checkbox"/> Fire Suppression System <input type="checkbox"/> Fire Leak Detector Line <input type="checkbox"/> Irrigation <input type="checkbox"/> Alternate Water/Reclaimed	<input type="checkbox"/> Containment <input type="checkbox"/> Containment by Isolation <input type="checkbox"/> Isolation

General Comments





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System Sketch:

