

February 2020

Dear Water Customer:

The Godley Public Water District is required to implement an active cross-connection control program. A cross-connection is any situation that allows a potable (safe) water source and a non-potable (contaminated) water source the opportunity to come into contact with each other. The Illinois Environmental Protection Agency (IEPA) and the Illinois Department of Public Health (IDPH) are responsible for ensuring that cross-connections do not occur through the enforcement of cross-connection control regulations. A cross-connection between potable and non-potable water sources may cause anything from contamination of plumbing to sickness and even death of consumers.

The first step in implementing an approved program is the passage of an ordinance that is then submitted to the IEPA. This ordinance has been passed and has been approved by the IEPA.

The second step in the program is a survey of all customers served by our public water supply. Enclosed is a survey that we hope you will complete and return to the Water District as soon as possible. Simply mark all plumbing fixtures that you have in your home or business. If you have other fixtures that are not listed please mark in the "Other" spaces.

After we receive your survey we will review the data and determine if an inspection of your plumbing is needed. If it requires an inspection you will be notified by mail or phone call.

These surveys are required by the IEPA and must be completed. If the water department does not receive your completed survey the water department personnel will contact you to set a date at which time department personnel will conduct the survey.

We thank you for your cooperation on this matter. If you have any questions please don't hesitate to call the Water District at \_\_\_\_\_(815) 585-GPWD (4793)\_\_\_\_\_.

Yours truly,

Godley Public Water District

**Godley Public Water District**  
**CROSS-CONNECTION CONTROL SURVEY**  
**Commercial Form**

The following form is to be used by water department personnel and/or by customers of the Godley Public Water District water supply. Data from this form may be used to determine if the property should be inspected by District personnel or a licensed plumber with a CCCDI certification to detect and correct any cross-connections found on the property.

Date survey conducted: \_\_\_\_\_

Name/Title of person conducting survey: \_\_\_\_\_

Name of water user: \_\_\_\_\_ Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

**Commercial: (Check all that apply)**

Lavatory: _____	How Many? _____	Deep Sinks _____	How Many? _____
Boilers _____	How Many? _____	Outside Faucets _____	How Many? _____
Outside Faucets Non-Freezing Type) _____	How Many? _____	High Pressure Washers _____	How Many? _____
Lawn Irrigation Systems (Portable) _____	How Many? _____	Lawn Fertilizer Systems _____	
Lawn Irrigation Systems (Permanent) _____	How Many? _____		
Mixing Tanks w/Overhead Fill Lines _____	How Many? _____		
Mixing Tanks w/Bottom Fill Lines _____	How Many? _____		
Watering troughs _____	How Many? _____	Bulk Water Salesman _____	How Many? _____
Water-Cooled Air Conditioning System _____	How Many? _____		
Sitz Baths _____	How Many? _____	Fire Protection Systems: _____	
Embalmng Facilities (Mortuaries) _____	How Many? _____	Private Well(s) _____	How Many? _____

Is/Are private well(s) physically connected to the water system? Yes \_\_\_\_\_ No \_\_\_\_\_

Other: \_\_\_\_\_ Other: \_\_\_\_\_ Other: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

**(FOR WATER DEPARTMENT USE ONLY)**

After reviewing the data on this form it is my recommendation that:

\_\_\_\_\_ The plumbing system serving the above-described property should be inspected for cross-connections by a properly certified plumber/CCCDI inspector.

\_\_\_\_\_ The plumbing system serving the above-described property does not pose a threat to the public safety and no inspection is ordered.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature/Title of Person Making Above Determination: \_\_\_\_\_

**Village of Godley**  
**CROSS-CONNECTION CONTROL SURVEY**  
**Residential Form**

The following form is to be used by water department personnel and/or by customers of the Godley Public Water District water supply. Data from this form may be used to determine if the property should be inspected by Village personnel or a licensed plumber with a CCCDI certification to detect and correct any cross-connections found on the property.

Date survey conducted: \_\_\_\_\_

Name/Title of person conducting survey: \_\_\_\_\_

Name of water user: \_\_\_\_\_ Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

**Residential: (Check all that apply)**

Lavatory: \_\_\_\_\_ How Many? \_\_\_\_\_ Deep Sinks \_\_\_\_\_ How Many? \_\_\_\_\_  
Boilers \_\_\_\_\_ How Many? \_\_\_\_\_ Outside Faucets \_\_\_\_\_ How Many? \_\_\_\_\_  
Outside Faucets  
Non-Freezing Type) \_\_\_\_\_ How Many? \_\_\_\_\_ High Pressure Washers \_\_\_\_\_ How Many? \_\_\_\_\_  
Lawn Irrigation Systems (Portable) \_\_\_\_\_ How Many? \_\_\_\_\_ Lawn Fertilizer Systems \_\_\_\_\_  
Lawn Irrigation Systems (Permanent) \_\_\_\_\_ How Many? \_\_\_\_\_  
Mixing Tanks w/Overhead Fill Lines \_\_\_\_\_ How Many? \_\_\_\_\_  
Mixing Tanks w/Bottom Fill Lines \_\_\_\_\_ How Many? \_\_\_\_\_  
Watering troughs \_\_\_\_\_ How Many? \_\_\_\_\_ Bulk Water Salesman \_\_\_\_\_ How Many? \_\_\_\_\_  
Water-Cooled Air Conditioning System \_\_\_\_\_ How Many? \_\_\_\_\_  
Sitz Baths \_\_\_\_\_ How Many? \_\_\_\_\_ Fire Protection Systems: \_\_\_\_\_  
Embalming Facilities (Mortuaries) \_\_\_\_\_ How Many? \_\_\_\_\_ Private Well(s) \_\_\_\_\_ How Many? \_\_\_\_\_  
Is/Are private well(s) physically connected to the water system? Yes \_\_\_\_\_ No \_\_\_\_\_  
Other: \_\_\_\_\_ Other: \_\_\_\_\_ Other: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

**(FOR WATER DEPARTMENT USE ONLY)**

After reviewing the data on this form it is my recommendation that:

\_\_\_\_\_ The plumbing system serving the above-described property should be inspected for cross-connections by a properly certified plumber/CCCDI inspector.

\_\_\_\_\_ The plumbing system serving the above-described property does not pose a threat to the public safety and no inspection is ordered.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature/Title of Person Making Above Determination: \_\_\_\_\_