

Commercial Cross Connection Plumbing Survey

City of Lincoln, Transportation and Utilities Department

The safety of Lincoln’s water is very important. The Nebraska Department of Health and Human Services requires water utilities in Nebraska to have all water customers inspect their plumbing systems for potential cross connections with the public water supply and ensure these connections are properly protected against backflow or back-siphonage. [The Cross Connection Control brochure](#) has additional information regarding plumbing cross connections and backflow protection.

Company Name:			
Account Number			
Water Service Address:			
Phone Number:		Date:	

If you have questions please contact 402.441.5912, or email at backflow@lincoln.ne.gov, or visit the Lincoln Water System website at <https://water.lincoln.ne.gov>. Thank you for assisting in compliance with State of Nebraska public water supply regulations and protecting Lincoln’s drinking water.

When completing the survey, please indicate if the listed cross connection is present and if it is protected with a backflow device. Thank you for assisting in compliance with State regulations and protecting Lincoln’s drinking water.				
Plumbing Cross Connection Type (Please return survey even if no cross connections are present)	Is Connection Present?		Is Connection Protected with Backflow?	
	Yes	No	Yes	No
1. Auxiliary water source water such as a well used for irrigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Auxiliary water source used for geothermal heating or cooling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Underground lawn irrigation system at this address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Lawn irrigation system using chemicals, fertilizer, or has a booster pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Swimming pool or hot tub at this address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Cooling tower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Boiler or steam system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Water cooled compressors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Fire suppression system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Post mixed carbonator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Water cooled ice maker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Medical, dental or dialysis equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Laboratory or photo equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Survey Continued on Back				

When completing the survey, please indicate if the listed cross connection is present and if it is protected with a backflow device. Thank you for assisting in compliance with State regulations and protecting Lincoln’s drinking water.

Plumbing Cross Connection Type (Please return survey even if no cross connections are present)	Is Connection Present?		Is Connection Protected with Backflow	
	Yes	No	Yes	No
14. Mobile or stationary water tank filling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Water system booster pumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please list other processes that are connected to the City of Lincoln water supply:				
16.			<input type="checkbox"/>	<input type="checkbox"/>
17.			<input type="checkbox"/>	<input type="checkbox"/>
18.			<input type="checkbox"/>	<input type="checkbox"/>
19.			<input type="checkbox"/>	<input type="checkbox"/>
20. Please Indicate type of business activity (eg. Manufacturing, medical, restaurant, mechanic, office, etc)				
Please provide contact information for your business. Thank You.				
Contact Name		Contact Title		
Contact Phone		Contact Email		