



PUTNAM PUBLIC SERVICE DISTRICT
 PO Box 860
 Scott Depot, WV 25560
 304-757-6509
 Fax: 304-757-0815

CROSS CONNECTION AND BACKFLOW PROTECTION SURVEY

General Information

Company/Organization: _____
 Physical location/address: _____
 City: _____ WV, Zip Code: _____
 Phone: _____ Email: _____
 PPSD Customer Account Number: _____

Description of Facility

Office Church Church w/Baptismal Funeral Home Beauty/Barber Shop
 Laundry/Dry Cleaners Garden Center Car Wash Food Service Hotel/Lodging
 Dept. Store Medical/Dental Other: Please describe: _____
 Manufacturing: Please describe types of goods to be made: _____

General Water Use at Location (other than fire protection)

Please check ALL BOXES that apply/best describe the use of water at your facility.

Typical, such as bathrooms, drinking fountains, outside water faucets, household laundry or dishwashing appliances (including mop sinks) Connected into a chemical process or photo processing. Connected into an underground lawn sprinkler/irrigation system. Connected into a swimming pool. Connected into water operated/cooled equipment/appliances/boilers. Private well (s) supplying any part of your facility. Connected into a manufacturing process.

Please Check ALL TYPES of backflow prevention devices installed on your plumbing system.

None Reduced Pressure Device (RP) Air Gap Pressure Vacuum Breaker
 Double Check Valve (DC)) Other _____

Existing Device Information (if applicable): *

Manufacturer: _____ Model: _____ Serial # _____

Size: _____ Type: RP DC PVB Air Gap

***If you have a backflow device, please enclosed a copy of your current test.**

Company/Organization: _____ (Page 2)

If backflow prevention devices are installed on your plumbing, it is required by the West Virginia Bureau for Public Health that they be tested annually and copies of the test reports be maintained on file with the water company. If you have a current copy of the test reports please attach to this survey.

Signature

Signature of person completing this survey:

Title:

Date:

For more information on Cross-Connection Control, Backflow Prevention and the Legislative Rule from the Bureau for Public Health, please visit our website at putnampsd.com/backflow,

- Cross-Connection Control Work Ordinance
- Backflow Prevention Assembly Test Report
- Title 64 Legislative Rule-Bureau for Public Health, Series 15

Send your completed form to: Putnam Public Service District, P. O. Box 860, Scott Depot, WV 25560 or Fax: 304-757-0815 or Email: donnac@putnampsd.com
Contact Phone for questions: 304-757-6509 or Email: John1491@putnampsd.com

For Utility Use Only

TYPE of backflow prevention device needed to be installed.

None Reduced Pressure Device (RP) Air Gap Pressure Vacuum Breaker

Double Check Valve (DC) Other _____

Reviewed by: _____

Requires a site visit yes no If yes, who made visit: _____

Date of visit: _____

Findings: _____

Notes or Comments: _____