



Cross-Connection Control Program
City of St. Augustine
Facility Questionnaire

Please return completed form to:
 City of St. Augustine
 Public Works Department
 P.O. Box 210
 St. Augustine, FL 32085-0210
 Phone: 904-825-1040
 Fax: 904-209-4286

To determine the proper, if any, backflow prevention assembly required, please complete this form and return it to the Public Works Department.

1. Facility/Business Name: _____

Physical Address:

Mailing Address:

Contact Name: _____

Phone Number: _____

Fax Number: _____

2. Does this business own or rent the building? Own Rent

Property Owner Name: _____ Phone Number: _____

Address: _____

3. Water service type:

Commercial Industrial Government or school Residential

4. Does the building contain multiple stories or multiple tenants? Yes No

If yes, please complete: Number of stories: _____ Number of tenants served by this water service: _____

5. Please define the specific type of facility/business to occupy property (e.g., medical, auto service, restaurant, film processing, salon, church, school): _____

6. Water will be used for (please check all that apply):

Cooking/Drinking

Irrigation

Processing

Fire protection system

Boilers

Chillers

Cooling tower

Solar hot-water system

Equipment, please list **ALL** other equipment water will be used for (e.g., steam cooker, chemical dispenser, pressure washer, dish washing equipment, automatic hood wash, lab equipment, autoclaves, autopsy equipment, film processing machine, dialysis equipment, etc): _____

7. Are corrosive inhibitors, chemical treatments or other additives used in processing, boilers, chillers, or cooling towers?

Yes No

8. Please check all of the following that are located on or available to the premises:

- Well
- Additional auxiliary water (pond, lake, spring, stream, etc.)

9. Please check all of the following present on the premises:

- Ornamental fountain or cascade
- Fish pond or mirror pool
- Swimming pool, hot tub, or spa
- Baptismal pool
- Utility sink with threaded faucet

10. Is a water storage tank or reservoir present on the property? Yes No

11. Irrigation system:

a. Please choose which of the following describes your irrigation system:

- No irrigation system is present on the premises
- Irrigation water is supplied from auxiliary water supply (well, pond, lake, stream, etc.)
- Irrigation water is supplied from City water via dedicated irrigation service connection
- Irrigation water is supplied from City water via internal connection to the facility's potable water system

b. Does the irrigation system allow for the addition of fertilizer, weed control, or other additives by using pressure, injection, or aspiration methods either manually or automatically? Yes No

c. Does the irrigation system utilize a booster pump? Yes No

12. Fire protection system:

a. Please choose which of the following describes your fire protection system:

- No fire protection system is present on the premises
- Connected via dedicated fire service connection
- Connected internally to the facility's potable water system

b. Please check all of the following that apply to your fire protection system:

- Wet-pipe sprinkler or wet standpipe system
- Dry-pipe non-pressurized fire protection system
- Dry-pipe pressurized fire protection system
- Private fire hydrants
- Wall-mounted fire hose cabinets
- Other type of fire protection system, please describe: _____

c. Does the fire protection system contain/use chemical additives, anti-freeze, or foaming agents? Yes No

I hereby certify that all information furnished is true and correct. I further acknowledge that incorrect or incomplete information may result in additional or different backflow prevention requirements at the water service connection.

Name (print): _____ Title: _____

Signature: _____ Date: _____