

**Travis County WCID No.10**  
**Mandatory Commercial Cross-Connection Survey Form**  
**DUE JULY 10, 2019**

Form to be completed by a knowledgeable representative of the owner or a registered licensed plumber. Copy and distribute form to individual tenants/suite owners or complete for entire building or property as applicable. **Optionally, a District Representative is available to conduct your survey, call (512) 327-2230 to set up (\$50 fee applies).**

Water Account No. \_\_\_\_\_ Date: \_\_\_\_\_  
 Surveyed By: \_\_\_\_\_ Title/Role: \_\_\_\_\_ or Plumbing Firm: \_\_\_\_\_  
 Name of Business/Property/Building/Suite: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Tenant suite # \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_ No. of Tenants/Suites: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Primary Use of Property/Building/Suite: \_\_\_\_\_

**PHYSICAL ADDRESS OF PROPERTY:** \_\_\_\_\_

**Water Uses - check all that apply:**

☐ None apply/ No backflow assembly on premises

- |   |   |
|---|---|
| <input type="checkbox"/> Central Heating Boiler                                 | <input type="checkbox"/> Nursery/Garden Center            |
| <input type="checkbox"/> Cooling Tower Supply                                   | <input type="checkbox"/> K-12 School/College/University   |
| <input type="checkbox"/> Air Conditioning Condenser Make-up                     | <input type="checkbox"/> Assisted Living/Nursing Home     |
| <input type="checkbox"/> Process Water Make-Up                                  | <input type="checkbox"/> Hospital                         |
| <input type="checkbox"/> Medical/Dental Equipment                               | <input type="checkbox"/> Automotive/Vehicle Service       |
| <input type="checkbox"/> Laboratory Equipment/Sinks                             | <input type="checkbox"/> Funeral Home/ Embalming Services |
| <input type="checkbox"/> Food Service   | <input type="checkbox"/> Morgue/Autopsy Services          |
| <input type="checkbox"/> Nail or Hair Salon                                     | <input type="checkbox"/> Vehicle Washing Facility         |
| <input type="checkbox"/> Irrigation   | <input type="checkbox"/> Commercial Laundry Facility      |
| <input type="checkbox"/> Equipment/Process Cooling                              | <input type="checkbox"/> Food Processing                  |
| <input type="checkbox"/> Fire Protection/Sprinkler System                       | <input type="checkbox"/> Water Purification – RO; DI; etc |
| <input type="checkbox"/> Other (describe): *Please Review Attached HAZARDS List |   |

**List Known Testable Backflow Prevention Assemblies (use the table below or attach a separate spreadsheet):**

Complete Serial Number	Make, Model, and Size	Type of Equipment or Process Served	Latest Test Date (if available)	Latest Test Report Number

**Return Form by email: [CustomerService@WaterDistrict10.org](mailto:CustomerService@WaterDistrict10.org)**  
**or**  
**Return Form by mail: 5324 Bee Cave Road Austin TX 78746**