



Residential Cross Connection Survey

Name _____

Address _____

Phone _____

This form needs to be filled out completely and returned to avoid unnecessary on-site inspections.

Mail To:

Village of Kalkaska
ATTN CCC Program
200 Hyde Street
Kalkaska, MI 49646

Deliver To:

Village Office
200 Hyde Street

My household currently has the

following:

(please put an X next to all that apply)

- Underground lawn irrigation system
- Swimming pool or hot tub
- Water powered back up sump pumps
- Private well or other source of water
- Boiler heat or water to air heat pump
- Outside Hose Spigots # ()
- Water softener
- None of the above