



OCONTO FALLS MUNICIPAL UTILITIES

PO Box 70
Oconto Falls, WI 54154
(920) 846-4507

Shared strength through WPPI Energy

Commercial / Industrial Cross Connection Certification Form

Business Name: _____ Address: _____

Business Type: _____ Business Phone Number _____

Owner/Facility Contact Name: _____ Email: _____

Location and size of all water service(s) (Fire, Potable, etc.):

Containment	Number of Inlets		Protection Required
Potable Supply	<input type="checkbox"/>		<input type="checkbox"/>
Fire Supply	<input type="checkbox"/>		<input type="checkbox"/>

Isolation Hazards	Exist	Quantity	Properly Protected
Lawn Sprinkler(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colling Towers(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heat Exchanger(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Cooled A/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

On site well? Yes / No Location: _____

Cross Connection Inspection & Devices Form attached: Yes / No

Initial Inspection Date: _____ Inspector Comments: _____

Facility is in Compliance? Yes / No



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PLUMBERS CERTIFICATION SECTION

Business Name of Plumber: _____

Inspector Name: _____

Phone Number: _____ Email address: _____

Inspector Certification: I the undersigned have fully inspected the premises and the entire water supply system at the above address and found the following to be true: that existing backflow prevention devices are installed correctly, operational and effective; that installed testable devices have either been tested as needed by myself or by others per the attached test records; that detected cross connections have been subsequently protected with the appropriate backflow prevention devices and re-inspected; or no cross connections were detected.

Inspector Signature: _____ Date: _____

PLEASE RETURN FORMS TO:

OCONTO FALLS MUNICIPAL UTILITIES
ATTN: BETH RANK
PO BOX 70
OCONTO FALLS, WI 54154

Email: brank@ofmu.org