WATER USE SURVEY CROSS CONNECTION CONTROL July 14, 2021

Town & Country Service Co., Inc. has developed a cross-connection control program (CCCP) to help eliminate potential cross-connections from the potable water supply. A cross-connection is the point at which a contaminated substance comes in contact with a drinking water system. This survey is a requirement of the Louisiana State Plumbing Code. We are conducting this survey of all of our water customers to protect the water supply for all citizens. This information will be used to prevent possible contamination of our drinking water system. If a cross-connection is found to exist, appropriate corrective action will need to be taken.

Please return this survey to the address below within ten (10) days of receipt:

Town & Country Service Co., Inc. 4315 Sterlington Road Monroe, LA 71203

If you have questions or would like assistance in completing this survey, please contact our office at 318-323-3183.

*Required Field *Which best describes your facility? O Commercial O Medical O Multi-Family O Industrial O Residential O Agricultural O Other *Do you have an outdoor irrigation/sprinkler system? O No O Yes
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O Industrial O Residential O Agricultural O Other *Do you have an outdoor irrigation/sprinkler system? O No O Yes
O Industrial O Residential O Agricultural O Other *Do you have an outdoor irrigation/sprinkler system? O No O Yes
O Residential O Agricultural O Other *Do you have an outdoor irrigation/sprinkler system? O No O Yes
O Agricultural O Other *Do you have an outdoor irrigation/sprinkler system? O No O Yes
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O No O Yes
*Do you have an indeed for
*Do you have an indoor fire protection system (i.e. sprinkler system)?
O Yes
*Do you use water from another source (i.e. well)?
O No
O Yes

*Do you have any water using equipment (other than standard plumbing fixtures, water softeners, etc. such a boiler, cooling tower, condensate lines, pool)? O No O Yes
*Do you use chemicals onsite (other than standard household cleaners)? O No O Yes
*Do you have a backflow prevention device or assembly installed on your water line? O No O Yes
*If yes, has the backflow prevention device been inspected in the last 12 months? O No O Yes If yes, please provide a copy of the most recent inspection results.
*Full Name:
*Business Name (if applicable):
*Service Address:
*Telephone Number:
*Email Address:
Additional Backflow Preventer Devices and/or Notes: