## **Cross Connection Control Program Compliance Form**

Instructions: Complete this form in its entirety in order to satisfy the reporting requirements of the Neenah Water Utility Cross Connection Control Program.

This form can be submitted online, sent via mail, fax, email, or hand-delivered to the address below.



Mail completed forms to:
Neenah Water Utility
CCC Program
211 Walnut St.
Neenah WI 54956

Fax completed forms to: (920) 886-6250

Email completed forms to:

water Chinty	Neenah, WI 54956	water@neenahwi.gov					
1. Information							
	Business	s Information					
Name of Business		Phone Number  Type of Business					
Address							
		Licensed Plumber or Trained					
Property Owne	er or Representativ	e Cross Connection Inspector					
Name		Name of Licensed Plumber or Trained Cross Connection Inspecto					
Title		Plumbing License Number, If Applicable					
Address		Company Name					
Phone Number		Address					
-mail Address		E-mail Address and Phone Number					
2. Proof of Insp	ection - All Boxes	Must be Checked					
A. Statement of Compl building meets all cr	liance: To the best of my kiross connection control requ	nowledge, belief and based upon on-site observation, this uirements of the State of Wisconsin Plumbing Code.					
B. All registered cross	All registered cross connection control assemblies in this building are properly tested and tagged.						
C. The Existing Device	The Existing Devices Form is completed and attached with this form.						
Number of corrections made:							
Details of any violations	found: (Attach another she	eet if necessary)					
3. Signature							

Date

Licensed Plumber or Trained Cross Connection Inspector

## **EXISTING DEVICES FORM**

**Instructions:** This form must be filled completely out to satisfy Cross Connection Compliance Requirements. Incomplete forms will not be accepted. List all devices, assemblies, or methods used to control cross connection starting from the water meter to the last flowing tap.

Inspector Name					Date		
Business Name					Building		
Total Number of Existing Devices Listed Below							
Device, Assembly, or Method	Quantity	Size	Manufacturer	Model	Serial Number	Location/Remarks	