Village of Ceresco 217 S 2nd PO Box 160 Ceresco, NE 68017 Phone: 402-665-2391 Fax: 402-665-2393

Account	¥.	
ACCOUNT	 •	

Combined Lead and Copper and Cross Connection Survey

State law requires consumers of public water supplies to inspect their facilities not less than once every five years. Completing and returning this form fulfills that requirement.

Completing this form is a condition of your water service!

REPORTING FORM FOR YOUR WATER SYSTEM

Name:	Service Address:									
Lead and Coppe	r: Circle	one								
Line material:	Galvanize	ed Steel	Lead	Copper	Plastic					
How did you dete	ermine the	type of line:	Visual	lead test kit	scratch test	plumbing record	s			
Type of occupand	cy: Own	Rent								
If rent who is the	owner			Salar de C	51.50.00.00.					
Cross Connection	on: Circle	one								
Do you have an underground lawn irrigation system? If yes is it connected to your home plumbing? If yes is it protected by a testable back flow preventer?								No No No		
Do you have a swimming pool? If yes is it connected to your home plumbing? If yes is it protected by a testable back flow preventer?						Yes Yes Yes				
Do you have a photo, chemical, medical or other lab facilities? If yes is it connected to your home plumbing? If yes is it protected by a testable back flow preventer?					Yes Yes Yes	100000				
Do you have boi If yes is it connec If yes is it protect	ted to you	r home plum	bing?	•			Yes Yes Yes			
Do you use a garden hose to apply lawn chemicals? If yes is it connected to your home plumbing? If yes is it protected by a testable back flow preventer?						Yes Yes Yes				
Do you have a w			e floor d	rain to produc	e an air gap?		Yes Yes	allow and		
Signature:			Da	ate.						