



# GREEN BAY WATER

631 South Adams Street, P.O. Box 1210  
Green Bay, WI 54305-1210

(920) 785-7910  
Fax (920) 448-3486  
[www.gbwater.org](http://www.gbwater.org)

## 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

# 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:**  
GREEN BAY WATER UTILITY  
ATTN: METERING CC  
631 S. ADAMS STREET  
GREEN BAY, WI 54301

**Email:** [MeteringCC@greenbaywi.gov](mailto:MeteringCC@greenbaywi.gov) **or Fax:** 920-448-3486