



March 10, 2026

Dear Clay County Water Member:

Clay County Water, Inc. is required to implement an active cross-connection control program. A cross-connection is any situation that allows a potable (safe) water source and a non-potable (contaminated) water source the opportunity to come into contact with each other. The Illinois Environmental Protection Agency (IEPA) and the Illinois Department of Public Health (IDPH) are responsible for ensuring that cross-connections do not occur through the enforcement of cross-connection control regulations. A cross-connection between potable and non-potable water sources may cause anything from contamination of plumbing to sickness and even death of consumers.

The first step in implementing an approved program is the passage of an ordinance that is then submitted to the IEPA. This ordinance has been passed and has been approved by the IEPA.

The second step in the program is a survey of all customers served by our public water supply. **On the reverse of this letter is a survey that you must complete and return by April 18th, 2026.** Simply mark all plumbing fixtures that you have in your home or business. If you have other fixtures that are not listed please mark in the "Other" spaces. Please also **indicate if you are aware of any lead pipe** used in your home or business.

After we receive your survey we will review the data and determine if an inspection of your plumbing is needed. If it requires an inspection you will be notified by mail.

**These surveys are required by the IEPA and must be completed. If the water department does not receive your completed survey by the above-stated date water department personnel will contact you to set a date at which time department personnel will conduct the survey.**

We thank you for your cooperation on this matter. If you have any questions please don't hesitate to call 618-662-6666.

Thank you,

A handwritten signature in black ink, appearing to read "Adam McKnight".

Adam McKnight  
Clay County Water, Inc.

(over)  
**CROSS-CONNECTION CONTROL SURVEY**

The following form is to be used by water department personnel and/or by customers of Clay County Water, Inc. public water supply. Data from this form may be used to determine if the property should be inspected by a licensed plumber with a CCCDI certification to detect and correct any cross-connections found on the property. **Please print neatly, thank you.**

Name of water user: \_\_\_\_\_ Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_ Date survey conducted: \_\_\_\_\_

**Not connected to the system yet \_\_\_\_\_ ( no need to complete survey beyond this point, just fill out above information and return in enclosed envelope.)**

**Residential: (Check all that apply)**

**Kitchen:** Sink Faucet \_\_\_\_\_ Sink Faucet w/Sprayer \_\_\_\_\_ Ice Maker \_\_\_\_\_ Garbage Disposal \_\_\_\_\_  
Other: \_\_\_\_\_ Other \_\_\_\_\_ Other \_\_\_\_\_

Comments: \_\_\_\_\_

**Bath:** Lavatory \_\_\_\_\_ Toilet \_\_\_\_\_ Bathtub \_\_\_\_\_ Hot Tub \_\_\_\_\_ Bidet \_\_\_\_\_  
Other: \_\_\_\_\_ Other: \_\_\_\_\_ Other: \_\_\_\_\_

Comments: \_\_\_\_\_

**Other:** Boiler heat \_\_\_\_\_ How Many Boilers? \_\_\_\_\_

**Exterior:** Outside faucets \_\_\_\_\_ How Many? \_\_\_\_\_ Non-Freezing Type: \_\_\_\_\_ How Many? \_\_\_\_\_  
Lawn Irrigation System (Portable) \_\_\_\_\_ Lawn Irrigation System (Permanent) \_\_\_\_\_  
Lawn Fertilizer System \_\_\_\_\_ Portable High-Pressure Washer \_\_\_\_\_ Private Wells(s) \_\_\_\_\_  
Is/Are private well(s) physically connected to the water system? Yes \_\_\_\_\_ No \_\_\_\_\_

Other: \_\_\_\_\_

**Lead Section:**

Are you aware of any lead water pipe at your residence? Yes \_\_\_\_\_ No \_\_\_\_\_

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(FOR WATER DEPARTMENT USE ONLY)

After reviewing the data on this form it is my recommendation that:

\_\_\_\_\_ The plumbing system serving the above-described property should be inspected for cross-connections by a properly certified plumber/CCCDI inspector.

\_\_\_\_\_ The plumbing system serving the above-described property does not pose a threat to the public safety and no inspection is ordered.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature/Title of Person Making Above Determination: \_\_\_\_\_