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Phone: (402) 274-4981 Office
(402) 274-3316 After Hours
(402) 274-4991 Fax

11/19/2012

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XX
XXXXXXXXXX XX XXXXXXXXXXXX

Dear BPW Customer:

RE:

The Department of Health & Human Services (DHHS) requires that your BPW conduct an on-going program for the effective detection and elimination of cross connections and the prevention of backflow. This is part of BPW's permit to operate a Water System. The program is subject to review by the Director of Regulation and Licensure of DHHS.

One of the requirements mandated is to require all BPW customers to assess and report potential backflow hazards on their premises no less often than every five years and to take steps necessary for protection of public health and safety (as reasonably requested by your BPW water system). Please note there is a section for Residential Customers and one for Commercial Customers.

To help in this reporting process, BPW needs all of their customers to complete the survey on the back of this letter and return it to our office. To be able to have an effective program 100% of the surveys need to be returned. Please note there is a section for Residential Customers and one for Commercial Customers.

We chose to send this survey as a separate mailing, instead of with Utility Bills, to emphasize its importance. BPW cannot stress enough how important it is to have all the surveys returned. We want to ensure safe drinking water for all of our customers.

Also, prompt return of this survey keeps costs down for our rate-payers when we don't have to repeat mailings to, or initiate contact with, the customer.

If you have any questions, please contact the BPW and we will assist you.

Sincerely,

Kenneth A. Swanson
Water/Wastewater Manager

KAS/sj

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Cross-Connection Control Survey

State Law requires consumers of public water supplies to survey their facilities not less than once every 5 years. Completing & returning this form fulfills this requirement. See letter on reverse side for complete explanation.

Customers need to complete and return the form below as soon as possible. It is also available on our website, www.auburnbpw.com.

Date _____

Name _____

Service Address _____

Complete this column if you are a
RESIDENTIAL customer.

Complete this column if you are a
COMMERCIAL customer.

DOES THIS PROPERTY HAVE:	Yes	No	DOES THIS PROPERTY HAVE	Yes	No
Domestic Well or Lawn Irrigation Well			Direct Connections to Sewer - (ice machine, water treatment, etc.)		
Underground Sprinkler System			Plumbed-in Soft-Drink Dispenser		
Boiler Heat / Geo-Thermal Heat Pump			Water-Cooled Ice Machine		
Water Treatment Equipment (Softener, etc.)			Fire Sprinkler System		
Swimming Pool / Hot Tub			Any Chemical or Lab Facilities (x-ray, photo development)		
Self-Draining, Frost-Free Hydrant (traditionally, the free standing, orange-handled farm hydrant - NOT the one on the outside of the house.)			Commercial-Type, Flush- Valve Toilets or Urinals		