

Compliance Statement

Water Supply Cross Connection

Instructions: Complete this form in its entirety to satisfy part 2.A. below. Fill out attached Existing Devices form to satisfy part 2.C. To fulfill requirements of DNR Code 810.15, submit forms by e-mail or mail to:



Neenah Water Utility
Attn: Cross Connection Program
211 Walnut Street
Neenah, WI 54956

1. Information

Building Information	
Address	Name of Occupant
Occupancy Type or Use	Business Name

Property Owner

Licensed Plumber or Certified Cross Connection Inspector

Name	Name of Licensed Plumber or Certified Inspector
Phone Number	License Number of Licensed Plumber or Certified Inspector
Address Number and Street	Company Name
City, State, Zip	Address Number and Street
E-mail Address	City, State, Zip

2. Proof of Inspection

- A. Statement of Compliance: To the best of my knowledge, belief and based on onsite observation, subject building meets all requirements of the State of Wisconsin Plumbing Code as relates to cross connections.
- B. Copies of DOC Registered devices test results attached with this form, if applicable.
- C. Existing Devices Form attached with this form.
- D. Number of corrections made: _____

Details of any violations found: (Attach another sheet if necessary)

3. Signature

Signature and Date
Licensed Plumber or Certified Cross Connection Inspector

