



VILLAGE OF NEW BADEN
1 EAST HANOVER ST
NEW BADEN IL 62265
(618) 588-3813 FAX (618) 588-7105
www.NewBadenIL.com

June 1, 2025

RE: Cross Connection Control Ordinance No. 587, Article III, Division II, Sections 38-3-20 to 38-3-22

Dear Customer;

A cross connection is a connection between a potable (drinkable) water supply and a non-potable (non-drinkable) source, where a contaminant potentially could enter the drinking water supply. Cross connections should be protected by a valve called a backflow preventer.

Due to the possibility of contamination, community water suppliers are required by the Illinois Environmental Protection Agency to adopt and enforce a Cross Connection Control Ordinance. This ordinance requires the elimination of all cross connections, either by removal or by the installation of proper cross connection control devices.

The first step in this process is for the Village of New Baden Water Department to survey all the water users in the Village. This survey will compile the necessary information to implement the program.

Please take the time to complete the **survey printed on the back of this letter** and return it to the Village Hall by **June 15, 2025**. A night deposit box is available 24 hours a day on the west side of Village Hall. You can also complete the survey online at <https://newbadenil.com/utilities/>. **Failure to return the enclosed survey can result in the disconnection of your water service according to Sections 38-3-20 and 38-3-21.**

Please contact Village Hall with any questions, 618-588-3813.

Sincerely,

Village of New Baden Water Department

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**OFFICE USE ONLY**

After reviewing the data as submitted on the survey, it is recommended that:

\_\_\_\_\_ The plumbing system serving this property should be inspected for cross connections by a properly licensed plumber/cross-connection control device inspector in accordance with the Illinois Department of Public Health Regulations.

\_\_\_\_\_ The plumbing system serving this property does not pose a threat to the public safety and no inspection is ordered at this time.

Date: \_\_\_\_\_ By: \_\_\_\_\_

**VILLAGE OF NEW BADEN  
WATER DEPARTMENT  
CROSS CONNECTION CONTROL INVENTORY FORM**

**Please complete and return to the Village Hall by June 15, 2025.**

You can also complete the survey online at <https://newbadenil.com/utilities/>.

Date: \_\_\_\_\_ Water Customer Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_

Phone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Type of service: Residential: \_\_\_\_\_ Commercial: \_\_\_\_\_ Industrial: \_\_\_\_\_

Please indicate the nature of any business at the service address: \_\_\_\_\_

Is a fire sprinkler system connected to the water supply? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, what pressure is maintained in the sprinkler system? \_\_\_\_\_ PSI

If yes, are any chemicals added to the sprinkler system? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Is there a private well or cistern at the service address: Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, is the well or cistern connected to your plumbing system? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Is there a swimming pool at the service address? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Is there hot-water heat at the service address? Yes: \_\_\_\_\_ No: \_\_\_\_\_

**(This refers to how the home is heated, i.e. forced air heat, radiators, geo-thermal, NOT a water heater.)**

If yes, are any chemicals added to the heating system? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Is there a lawn irrigation system at this service address? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Is there a water powered sump pump at this service address? Yes: \_\_\_\_\_ No: \_\_\_\_\_

**If yes, a backflow prevention device is required to be installed.**

Is there any type of backflow prevention device installed on your service? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, give name of manufacturer: \_\_\_\_\_

Model #: \_\_\_\_\_ Serial #: \_\_\_\_\_

Date of most recent inspection: \_\_\_\_\_

Plumber's license #: \_\_\_\_\_

Cross connection control device inspection #: \_\_\_\_\_

\_\_\_\_\_  
Name of person completing form

\_\_\_\_\_  
Signature

Thank you for your cooperation.

Village of New Baden Water Department