



Cross Connection Control Survey

Return form to backflow@smcgov.org

CUSTOMER INFORMATION:

Customer Name: [] Date: []
Service Address: [] City: []
Contact Name: [] E-mail Address: []
Mailing Address: [] City: []
Phone Number: [] Alternate Number: []

Property Type: [] Commercial [] Industrial [] Residential [] Other* [] Average # of building occupants: []

CHECK ALL THAT WILL APPLY AFTER WORK IS COMPLETED:

- [] Building and/or equipment over three (3) stories high
[] Steam generating equipment (autoclave, some commercial ovens)
[] Irrigation system
[] Drink dispenser using a carbonator
[] Boiler (does not include hot water heaters)
[] Water for decorative use (fountain, fish pond)
[] Solar water heating system
[] Water-cooled equipment
[] Cooling towers
[] Booster pump (pump to increase water pressure)
[] Fire sprinklers
[] Swimming pool or spa
[] Is there a water well, non-potable or recycled or rain water recovery system?
[] Sink, tank, tub or equipment with a submerged inlet
[] Dental office
[] Water treatment (softener, filter, or D.I.)
[] Darkroom or photo developing equipment (does not include digital)
[] Dog grooming
[] Laboratory
[] Personal care facility
[] Medical office or medical treatment or mortuary

Please describe the type of business activity that will be conducted on this property (if applicable):

[]

Will there be equipment that requires the use of water? If yes, please describe.

[]

Briefly, what is the proposed scope of work? If more space is needed, please attach.

[]

SERVICE(S) INFORMATION:

<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Domestic Service:</td> <td><input type="checkbox"/> Combined</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Individual</td> </tr> <tr> <td>Size:</td> <td><input type="checkbox"/> Existing</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Proposed</td> </tr> </table>	Domestic Service:	<input type="checkbox"/> Combined		<input type="checkbox"/> Individual	Size:	<input type="checkbox"/> Existing		<input type="checkbox"/> Proposed	<table style="width:100%;"> <tr> <td>Backflow Prevention Assembly:</td> <td><input type="checkbox"/> Existing</td> <td>Type:</td> <td><input type="checkbox"/> RP</td> <td><input type="checkbox"/> DC</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Proposed</td> <td></td> <td><input type="checkbox"/> PVB</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td>Manufacturer:</td> <td><input style="width:100%;" type="text"/></td> <td>Size:</td> <td colspan="2"><input style="width:100%;" type="text"/></td> </tr> <tr> <td>Model:</td> <td><input style="width:100%;" type="text"/></td> <td>Serial Number:</td> <td colspan="2"><input style="width:100%;" type="text"/></td> </tr> </table>	Backflow Prevention Assembly:	<input type="checkbox"/> Existing	Type:	<input type="checkbox"/> RP	<input type="checkbox"/> DC		<input type="checkbox"/> Proposed		<input type="checkbox"/> PVB	<input type="checkbox"/> Other	Manufacturer:	<input style="width:100%;" type="text"/>	Size:	<input style="width:100%;" type="text"/>		Model:	<input style="width:100%;" type="text"/>	Serial Number:	<input style="width:100%;" type="text"/>	
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List any existing **INTERNAL** backflow prevention assemblies:

I confirm that the information provided is true and accurate, and that I have the authority to respond as the customer of record. I am also aware that based on the answers listed above, I may be required to submit additional information or take further action at my expense.

Signature:

Print Name:

OFFICE USE ONLY:

Environmental Health:

Backflow Protection Required:

 YES

 NO

TYPE(S):

Requires additional review

Reviewed by:

Reviewer's initials:

Date:

Water Department:

Meter Number(s):

Accountant Number(s):