Cross Connection Control Survey

Return form to backflow@smgov.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* (Please specify) Average # of building occupants: ____________

CHECK ALL THAT WILL APPLY AFTER WORK IS COMPLETED:

□ Building and/or equipment over three (3) stories high
□ Irrigation system
□ Boiler (does not include hot water heaters)
□ Solar water heating system
□ Cooling towers
□ Fire sprinklers
□ Is there a water well, non-potable or recycled or rain water recovery system?
□ Dental office
□ Darkroom or photo developing equipment (does not include digital)
□ Laboratory
□ Medical office or medical treatment or mortuary

□ Steam generating equipment (autoclave, some commercial ovens)
□ Drink dispenser using a carbonator
□ Water for decorative use (fountain, fish pond)
□ Water-cooled equipment
□ Booster pump (pump to increase water pressure)
□ Swimming pool or spa
□ Sink, tank, tub or equipment with a submerged inlet
□ Water treatment (softener, filter, or D.I.)
□ Dog grooming
□ Personal care facility

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:

Domestic Service:
- [ ] Combined
- [ ] Individual
- [ ] Existing
- [ ] Proposed

Size:
- [ ]

Backflow Prevention Assembly:
- [ ] Existing
- [ ] Proposed
- [ ] Type:
  - [ ] RP
  - [ ] DC
  - [ ] PVB
  - [ ] Other

Manufacturer:
- [ ]

Size:
- [ ]

Model:
- [ ]

Serial Number:
- [ ]

Irrigation Service:
- [ ] Combined
- [ ] Individual
- [ ] Existing
- [ ] Proposed

Size:
- [ ]

Backflow Prevention Assembly:
- [ ] Existing
- [ ] Proposed
- [ ] Type:
  - [ ] RP
  - [ ] DC
  - [ ] PVB
  - [ ] Other

Manufacturer:
- [ ]

Size:
- [ ]

Model:
- [ ]

Serial Number:
- [ ]

Fire Service:
- [ ] Combined
- [ ] Individual
- [ ] Existing
- [ ] Proposed

Size:
- [ ]

Backflow Prevention Assembly:
- [ ] Existing
- [ ] Proposed
- [ ] Type:
  - [ ] RP
  - [ ] DC
  - [ ] PVB
  - [ ] Other

Manufacturer:
- [ ]

Size:
- [ ]

Model:
- [ ]

S/N:
- [ ]

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:

Backflow Protection Required: [ ] YES [ ] NO

Environmental Health:
- [ ] Requires additional review

Reviewed by: [ ]
Reviewer’s initials: [ ]
Date: [ ]

Water Department:

Accountant Number(s): [ ]