



CROSS CONNECTION CONTROL SURVEY

FACILITY INFORMATION

Facility Name: _____

Service Address: _____ City: _____ Zip: _____

Applicant Name: _____

Mailing Address: _____ City: _____ Zip: _____

Phone #: _____ Cell #: _____ Email: _____

Property Type: ☐ Commercial ☐ Industrial ☐ Residential ☐ Other, please specify: _____

Average # of Building Occupants: _____

POTENTIAL CROSS CONNECTIONS

Check all that will apply after work is completed.

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

Describe the type of activity that will be conducted on this property (if applicable).

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

Briefly describe the proposed scope of work. If more space is needed, please email additional documents.



WATER SERVICE INFORMATION

DOMESTIC SERVICE

Backflow Prevention Assembly: ☐ Existing ☐ Proposed Type: ☐ RP ☐ DC ☐ PVB ☐ Other: _____
Manufacturer: _____ Serial #: _____
Model: _____ Size: _____
Meter number(s) if known: _____

IRRIGATION SERVICE

Backflow Prevention Assembly: ☐ Existing ☐ Proposed Type: ☐ RP ☐ DC ☐ PVB ☐ Other: _____
Manufacturer: _____ Serial #: _____
Model: _____ Size: _____
Meter number(s) if known: _____

FIRE SERVICE

Main Assembly: <input type="checkbox"/> Existing <input type="checkbox"/> Proposed	Bypass Assembly: <input type="checkbox"/> Existing <input type="checkbox"/> Proposed
Type: <input type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> Other: _____	Type: <input type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> Other: _____
Manufacturer: _____ Serial #: _____	Manufacturer: _____ Serial #: _____
Model: _____ Size: _____	Model: _____ Size: _____
Meter number(s) if known: _____	Meter number(s) if known: _____

List any INTERNAL
backflow prevention
assemblies:

I confirm that the information provided is true and accurate and that I have the authority to respond as the applicant. I am 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: _____

Return this form to backflow@smcgov.org.

EHS to complete section below, applicant to review comments.

ENVIRONMENTAL HEALTH SERVICES (EHS) REQUIREMENTS

Is additional meter protection required? ☐ Yes ☐ No

Is an internal survey required before TCO/COO? ☐ Yes* ☐ No

*If yes, please see the attached form for information on how to complete the internal survey.

EHS
Comments:

EHS Reviewer Name: _____ Date: _____

Signature: _____