

# KINNELOA IRRIGATION DISTRICT

## Cross-Connection Control Program



### CUSTOMER SURVEY - RESIDENTIAL

|                                                    |                      |              |                      |
|----------------------------------------------------|----------------------|--------------|----------------------|
| Customer Name                                      | <input type="text"/> | Date         | <input type="text"/> |
| Service Address                                    | <input type="text"/> | City         | <input type="text"/> |
| Property Contact Name<br>(if different from above) | <input type="text"/> | Phone Number | <input type="text"/> |
| Mailing Address                                    | <input type="text"/> |              |                      |
| E-mail Address                                     | <input type="text"/> |              |                      |

May we e-mail annual testing and backflow related notices? ☐ Yes ☐ No

### RESIDENTIAL WATER USAGE

Please indicate if your Residence has any of the following (Check all that apply):

- ☐ Home Based Business – Type of Business:
- ☐ Landscape Irrigation System / In-ground Sprinkler System  
Can you add chemicals to the system? ☐ Yes ☐ No
- ☐ Fire Sprinkler System  
Can you add chemicals to the system? ☐ Yes ☐ No
- ☐ Home Dialysis Machine and/or Medical Equipment Connected to Water
- ☐ Solar System  
Heat exchangers or boilers? ☐ Yes ☐ No
- ☐ Livestock Watering  
Hose filled automated? ☐ Yes ☐ No
- ☐ Water Treatment Equipment (i.e. Water Softener)  
Is backwash/cleaning cycle air gapped? ☐ Yes ☐ No
- ☐ Swimming Pool, Hot Tub, or Decorative Pond  
If you fill it with a hose, does a hose bib vacuum breaker protect it? ☐ Yes ☐ No  
If you fill it by direct water line, is it protected by a RP backflow preventer? ☐ Yes ☐ No
- ☐ Alternate Water Source
- ☐ On-site Sewage (Septic) Pump Station  
(This is pumping equipment that pumps raw sewage to a municipal sewer or pumps effluent from a septic tank to a drain field.)
- ☐ Currently have air vacuum breakers or check valves on your outside faucets?
- ☐ NONE OF THE ABOVE

☐ Do you currently have a back flow prevention device installed? ☐ Yes ☐ No If yes, please provide the following:

Make  Model  Serial #  Size

Location of Assembly

Date of last test  Please attach a copy of the latest test form and return with this survey.

I confirm that the information provided above is true and correct, and that I have the authority to respond as the customer of record.

Signature  Print Name  Date

Submit the completed survey via e-mail to [kid@kidwater.info](mailto:kid@kidwater.info)