

KINNELOA IRRIGATION DISTRICT

Cross-Connection Control Program



PRE-HAZARD ASSESSMENT - COMMERCIAL

Customer Name		Date	
Service Address		City	
Property Contact Name (if different from above)		Phone Number	
Mailing Address			
E-mail Address			

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

PROPERTY INFORMATION (Please check one)

What type of property is this? ☐ Commercial ☐ Industrial ☐ Institutional

Please describe the type of business activity conducted on this property:

- ☐ Is there an irrigation system (sprinklers on the property)?
- ☐ Is there a boiler on the property?
- ☐ Is there a cooling tower on the property?
- ☐ Are there four or more stories in the building? If yes, how many?
- ☐ Is there fire protection (sprinklers) and/or private hydrant(s) on the property?
- ☐ Is there a well, non-potable or recycled water, grey or rainwater recovery?
- ☐ Do you store hazardous chemicals on-site?
If yes, what?
- ☐ Is there equipment that requires the use of water?
If yes, what?
- ☐ Is there existing backflow protection on the property?

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

OFFICE USE ONLY

Account #		Meter #		Size	
# of Service Lines		Additional Service Lines: ☐ Irrigation ☐ Fire Protection			
Reviewed By (Print)		Signature		Date	
Backflow Protection Required?	☐ Yes ☐ No	Type			