

KINNELOA IRRIGATION DISTRICT

Cross-Connection Control Program



CUSTOMER SURVEY - RESIDENTIAL

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

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	
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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	
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Submit the completed survey here: <https://www.kinneloa Irrigation District.info/submit-cross-connection-survey>