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** _____

Submit the completed survey here: https://tinyurl.com/KIDprotectwater