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** _____

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 here: https://tinyurl.com/KIDprotectwater