

Preliminary Cross-Connection Control Hazard Assessment Form

Non-Residential Customers Questionnaire

Date _____

Customer Account Number _____

Customer Name/Business _____

Customer Address _____

Phone Number: _____ Other Contact: _____

Description of Business: _____

Is your business or premises of a type included in the table below (check all that apply)?

Agricultural (farm or dairy)		Metal plating industry	
Beverage bottling plant		Mortuary	
Car wash		Petroleum processing or storage plant	
Chemical plant		Pier or dock	
Commercial laundry or dry-cleaners		Radioactive material processing plant or nuclear reactor	
Having both reclaimed water and potable water provided		Survey access denied or restricted	
Film processing plant		Wastewater lift station or pumping station	
Food Processing plant		Wastewater treatment plant	
Hospital, medical center, nursing home, veterinary, medical or dental clinic, or blood plasma center		Having an unapproved auxiliary water supply interconnected with the potable water supply	
Having separate irrigation system using purveyor's water and adding chemicals*		Other (describe) [Purveyor to add other types of premises considered to be high-hazard]	
Laboratory		Other (describe	

* e.g., parks, playgrounds, golf courses, cemeteries, estates, etc.

Other potential cross-connection concerns:

- ☐ Irrigation system
- ☐ Fire sprinkler system, using ☐ not using ☐ chemicals or anti-freeze
- ☐ Swimming pool
- ☐ Other (describe): _____

Note to Customer: This form is used for preliminary assessment only. The water purveyor may require a more thorough assessment at a later date.

This form was completed by (print name): _____

Signature: _____ Date: _____

Customer Name (if different from above, print): _____

Customer Signature _____ Date: _____