

## CALAVERAS PUBLIC UTILITY DISTRICT CROSS CONNECTION CONTROL HAZARD ASSESSMENT FORM

CUSTOMER INFORMATION	
Customer Name (s):	Account Number:
Service Address:	
Legal Owner (s) if different than Customer:	
Phone # (s):	APN #:

ASSESSMENT QUESTIONS	
1. Is the customer part of a Bottle Water Service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the property already protected by a Backflow Assembly Device?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is there a business on the property? If yes, indicate the name and or the type of business (ex. farming, mine, quarry, restaurant, professional office etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Indicate what, if any, of the following activities may or will occur at this location.	
<input type="checkbox"/> Chemical Handling: Type: _____	
<input type="checkbox"/> Manufacturing: Type: _____	
<input type="checkbox"/> Livestock Type: _____	
<input type="checkbox"/> Other: Type: _____	
4. Is there an alternative source of water for the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Private <input type="checkbox"/> Untreated water from the CPUD Irrigation distribution system <input type="checkbox"/> Well <input type="checkbox"/> Pond, Spring, Canal, or Creek <input type="checkbox"/> Swimming Pool, Hot Tub, Decorative Fountain or Pond	
5. Is there a solar water heating system installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is there any animal watering troughs on the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is a booster system used for water pressure?	<input type="checkbox"/> Yes <input type="checkbox"/> No

CERTIFICATION		
<i>I hereby certify that the above information is true and correct to the best of my knowledge.</i>		
_____	_____	_____
Customer Signature	Print Name	Date
_____	_____	_____
_ CPUD Representative Signature	Print Name	Position