



Cross-Connection Survey Form

Date: _____

Name: _____ Phone Number: _____

Service Address: _____

Mailing Address: _____

Type of use: Single Family Residential Multiple-Family Residential Commercial

Agricultural Landscape Irrigation Fireline Connection (Interior Sprinklers)

Recycled Other _____

Is there an existing GWD service connection? Yes No

If yes, list GWD Account No. _____

Is there or will there be any of the following?

Fire Protection System? Yes No

Recycled Water Connection? Yes No

Sewer Septic Tank? Yes No

Booster Pump or Pressure Tank? Yes No

Irrigation System? Yes No

Are chemical or additives utilized? Yes No

Will the system have a separate service connection? Yes No

Swimming Pool and/or Ornamental Fountains or Ponds? Yes No

Auxiliary or Unapproved Water Source
(such as Recycled Water, a Well, a Storage Tank, etc.)? Yes No

Other _____

Tanks, Vats, or other Vessels containing Toxic Substances? Yes No

Chemical Injectors or Feeder Systems Yes No

Corrosion or scale inhibitors Yes No

Algae or Microorganism Biocides Yes No

Soaps Yes No

Softeners Yes No

Other _____

Medical, Dental or Laboratory Facilities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Laundry or Dry Cleaning Facilities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Photo Processing or Printing Equipment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Plating facilities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Solar Panels?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Comments: _____

I certify that all statements made in this survey are true and complete to the best of my knowledge. I understand that any false statement or omissions of material facts may subject me to termination of water service without notification, fines, and/or imprisonment.

Name of person completing survey:

_____ Date: _____
(Signature)

(Print Name)

SHALL BE COMPLETED BY GOLETA WATER DISTRICT, CROSS-CONNECTION CONTROL

SUMMARY

GWD Property No. _____ GWD Large Grid Map _____

Degree of hazard: High Low APN _____

Type of backflow prevention assembly recommended for containment:

- None required
- Reduce Pressure Principle Assembly (RP)
- Reduce Pressure Principle Detector Assembly (RPDA)
- Double Check Valve Assembly (DC)
- Double Check Detector Assembly (DCDA)

Comments: _____

Approval _____
CROSS-CONNECTION SPECIALIST

Date: _____