



**Goleta Water District**  
 4699 Hollister Avenue  
 Goleta, CA 93110-1999

## 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

Wastewater treatment system? Yes  No

Grey Water 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 Water Heating 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. \_\_\_\_\_ APN \_\_\_\_\_

Degree of hazard:  High  Low

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: \_\_\_\_\_