



4699 HOLLISTER AVENUE
GOLETA, CALIFORNIA 93110-1999
TELEPHONE: 805.964.6761
WWW.GOLETAWATER.COM

Hazard Assessment Questionnaire

Account Number: _____

Service Address: _____

Customer/Owner Name: _____

Phone: _____ Email: _____

⚠ This form must be completed by all water customers. Please return it within 30 days to ensure continued safe water service.

Section 1: Property Type (Check One)

- ☐ Single-Family Residential
- ☐ Multi-Family Residential (# of units: _____)
- ☐ Commercial Business
- ☐ Industrial Facility
- ☐ Government or Public Building
- ☐ School or Institution
- ☐ Agricultural or Farm
- ☐ Other (describe): _____

Section 2: Water Use and Equipment (Check All That Apply)

Do you have or use any of the following?

A. Irrigation Systems

- ☐ Landscape irrigation system
- ☐ Drip irrigation with fertilizer injection
- ☐ Reclaimed/recycled water connection

B. Water Treatment or Pumps

- ☐ Water softener or filtration system
- ☐ Booster pump or private pump system
- ☐ Private well or alternate water supply on-site
- ☐ Fire sprinkler system

C. Industrial/Commercial Activities

- ☐ Cooling towers or chillers
- ☐ Boilers or heating systems connected to water
- ☐ Chemical processing or mixing
- ☐ Medical, dental, or laboratory use
- ☐ Automotive repair, car wash, or detailing
- ☐ Food or beverage preparation/processing

D. Miscellaneous

- ☐ Livestock watering or animal enclosures
- ☐ Swimming pool, spa, or hot tub
- ☐ Rainwater collection system
- ☐ Hose-end sprayers (fertilizer/pesticide injectors)
- ☐ Cross-connection between potable and non-potable systems

Section 3: Alternate or Auxiliary Water Sources

Do you have any of the following?

Source	Present?	If Yes, Is It Connected to Your Plumbing?
Private Well	☐ Yes ☐ No	☐ Yes ☐ No
Surface Water (e.g., creek, pond)	☐ Yes ☐ No	☐ Yes ☐ No

Rainwater Harvesting ☐ Yes ☐ No ☐ Yes ☐ No

Recycled/Graywater ☐ Yes ☐ No ☐ Yes ☐ No

⚠ All auxiliary water sources must be physically disconnected or protected with an approved backflow prevention assembly.

Section 4: Backflow Prevention (If Known)

Do you currently have a backflow prevention assembly installed?

☐ Yes ☐ No ☐ Unsure

If yes:

- Type of device (RP, DC, PVB, AVB, etc.): _____
- Location of device: _____
- Last test date (if known): _____

Section 5: Certification

I certify the information provided above is accurate to the best of my knowledge and understand that incorrect or incomplete information may affect water service compliance.

Name (Print): _____

Signature: _____ Date: _____

Return Instructions

Please return this form by: [Insert Due Date]

Via Mail:

Attn: David L. Vera

4699 Hollister Avenue

Santa Barbara, CA 93110 or

Via Email:

dvera@goletawater.com

Questions? Contact our Cross-Connection Control office: (805) 879-4642