



# CROSS-CONNECTION SURVEY

City of Grass Valley Public Works Department  
 Water Distribution Division  
 125 E Main Street, Grass Valley, CA 95945  
 Phone: (530) 477-4625  
 Fax: (530) 272-1807

**FOR CITY USE ONLY**

Classifications: \_\_\_\_\_

Business License #: \_\_\_\_\_

Name of Business: \_\_\_\_\_ Contact: \_\_\_\_\_

Service Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

Type of Business (Check One):     Commercial     Industrial     Institutional     Residential

### WATER WELLS

Do you have a private well or source of water, other than City?     YES     NO     DON'T KNOW

If yes, is the water well connected to the same plumbing system as the City water supply?     YES     NO     DON'T KNOW

If yes, is it protected by a testable backflow device?     YES     NO     DON'T KNOW

### PUMPS

Do you have any pumps on your water lines?     YES     NO     DON'T KNOW

If yes, are they protected by a testable backflow device?     YES     NO     DON'T KNOW

### PONDS / SWIMMING POOLS / HOT TUBS

Do you have a pond on your property?     YES     NO

How is the pond filled?     Garden Hose     Automatic Fill Valve     Manual Fill Valve and Pipe

Do you have a swimming pool?     YES     NO

How is the swimming pool filled?     Garden Hose     Automatic Fill Valve     Manual Fill Valve and Pipe

Do you have a hot tub?     YES     NO

How is the hot tub filled?     Garden Hose     Automatic Fill Valve     Manual Fill Valve and Pipe

Is there a backflow prevention device on the fill pipe to the pond / pool / hot tub?     YES     NO     DON'T KNOW

### BOILERS

An appliance that heats water to warm the inside of your home is considered a boiler. A hot water heater that heats water only for bathing and clothes washing is not considered a boiler.

Do you have a boiler?     YES     NO

If <b>yes</b> , is there a backflow prevention device installed on the water line supplying water to the boiler?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
<b>WATER TREATMENT DEVICES</b>			
Do you have a water softener?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
If <b>yes</b> , does the water softener drain have an air gap installed on the drain lines?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
Do you have a reverse osmosis device?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
If <b>yes</b> , does the reverse osmosis device drain have an air gap installed on the drain lines?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
Do you have any other type of water treatment device not listed above? <b>If yes</b> , describe:			
<b>LAWN SPRINKLERS / IRRIGATION</b>			
Do you have an underground sprinkler or irrigation system?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
If <b>yes</b> , is it protected by a testable backflow preventer?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
<b>LAB FACILITIES</b>			
Do you have any photo, chemical or medical lab facilities?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
If <b>yes</b> , is it protected by a testable backflow preventer?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
<b>FIRE SERVICE / SPRINKLER SYSTEM</b>			
Do you have a fire service or sprinkler system?	<input type="checkbox"/> Fire Service		<input type="checkbox"/> Sprinkler System
<b>INDUSTRIAL PROCESSES</b>			
Do you have auxiliary water supply?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
Do you have water fed industrial process?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
If <b>yes</b> , please indicate: <input type="checkbox"/> Plating <input type="checkbox"/> Chemical Makeup Tank <input type="checkbox"/> Dry Cleaning <input type="checkbox"/> Laundry <input type="checkbox"/> Petroleum <input type="checkbox"/> Car Wash <input type="checkbox"/> Other			
Is there a backflow prevention device on any of these processes?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
<b>RESTAURANTS</b>			
Do you have a pressurized drink dispenser?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
Do you have an industrial dishwasher?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
If <b>yes</b> to the above 2 questions, are they protected by a testable backflow preventer?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW

I certify that the information contained in this preliminary survey is true correct, and complete to the best of my knowledge. I certify that I am either an owner of this business or the owner's designated agent. I certify that the business will comply with City Code Chapter 13.08..

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Phone \_\_\_\_\_

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Backflow prevention required:	YES, give reason with reference to above hazards:		NO
<b>Reason:</b>			
Type of device required:	<input type="checkbox"/> DC <input type="checkbox"/> DCDA <input type="checkbox"/> RPDA <input type="checkbox"/> PVB <input type="checkbox"/> RP		<input type="checkbox"/> Other
Plan Check by:	Date:		
Existing Backflow Prevention Device?	YES, complete the following:		NO
<b>Manufacturer:</b>		<b>Model:</b>	
Size:	Type:	Serial No:	Date Installed:
Device Location:			
Comments:			
Field Investigation by:			Date: