# AMADOR WATER AGENCY
## CROSS-CONNECTION CONTROL HAZARD ASSESSMENT

| CUSTOMER INFORMATION (PLEASE PRINT LEGIBLY) | | |
|---|---|---|
| Customer Name(s): | Account Number: | |
| Service Address: | | |
| Legal Owner(s): | APN or Lot#: | Phone #: |

**QUESTIONNAIRE**
**(This form is to be used for existing and new services)**

1. Who is completing this questionaire? ☐ Legal Owner ☐ Renter ☐ Other

2. Is there (or do you plan to have) a business on the property? ☐ Yes ☐ No
   If yes, please indicate the type of business. (e.g. hardware store, professional office etc.)
   _____

Does (or will) this commercial property have a sprinkler system for landscaping? ☐ Yes ☐ No

Please indicate if any of the following activities occur (or will occur) at your place of business. (Check all that apply)

- ❑ Medical/Dental/Mortuary Services
- ❑ Manufacturing; Type: _____
- ❑ Chemical Handling; Type: _____
- ❑ Photo or Printing Services
- ❑ Other Biological, or Chemical Processing:

3. In addition to being served treated water from the Amador Water Agency, do you have an alternate source of water? ☐ Yes ☐ No (Please mark all that apply)
   - ❑ Untreated Water from the Amador Canal or Ione Pipeline. Acct. _____
     (check this box if you have, or are applying for, a raw water service)
   - ❑ Private Well.
   - ❑ Pond, Spring, Canal, or Creek
   - ❑ Swimming Pool, Hot Tub, Decorative Fountain or Pond.

4. Do you have (or plan to have) an auxiliary fire fighting system on your property? ☐ Yes ☐ No (i.e. fire sprinklers, fire meter, pumps, etc.)

5. Do you have (or plan to have) a solor water heating system? ☐ Yes ☐ No

6. Do you have (or plan to have) any animal watering troughs on your property? ☐ Yes ☐ No

7. Do you utilize (or plan to utilize) a booster system for water pressure? ☐ Yes ☐ No

**CERTIFICATION**

I/We hereby certify that I/we am/are the ☐Owner(s) ☐Renter(s) ☐Other of the above-identified parcel, and the foregoing is true and correct to the best of my/our knowledge.

| | |
|---|---|
| Signature | Signature |
| Print Name | Print Name |
| Phone Number | Date |

Operations Dept. - White Copy  Engineering/Duplicate - Yellow Copy  Customer Service - Pink Copy