# CROSS-CONNECTION CONTROL HAZARD ASSESSMENT

## CUSTOMER INFORMATION

### PLEASE PRINT LEGIBLY

<table>
<thead>
<tr>
<th>Customer Name(s):</th>
<th>Account Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Address:</td>
<td>APN or Lot#:</td>
</tr>
<tr>
<td>Legal Owner(s):</td>
<td>Phone #:</td>
</tr>
</tbody>
</table>

## QUESTIONNAIRE

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

1. Who is completing this questionnaire?  
   - [ ] 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 lone 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 solar 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.

<table>
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<th>Signature</th>
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<tbody>
<tr>
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