

**AMADOR WATER AGENCY  
CROSS CONNECTION CONTROL HAZARD ASSESSMENT QUESTIONNAIRE**

**CUSTOMER INFORMATION (PLEASE PRINT LEGIBLY)**

Customer Name (s):	Account Number:
Service Address:	
Legal Owners:	Phone #

**QUESTIONNAIRE**

1. Who is completing this questionnaire?  Legal Owner,  Renter,  Other

2. Is this property already protected with a Backflow Assembly Device?  Yes,  No,  Don't know

3. Is there a business on the property?  Yes,  No (If No skip to question 4)  
If yes, please indicate the name and type of business (e.g. hardware store, professional office etc)  
\_\_\_\_\_

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

4. In addition to being served treated water from the Amador Water Agency, do you have (or plan to utilize) an alternate source of water for any use?  Yes  No (if yes, please answer 4b. If No, proceed to 5.)

4b. Please tell us the Alternate source:  Private Well,  Pumped supply from Pond, Spring, Canal, or Creek,  Untreated Water from the Amador Canal or lone pipeline (Check this box if you have, or are applying for, a raw water service). Account Number:

5. Do you have (or plan to have) an auxiliary fire fighting system on your property?  Yes  No

6. Do you have (or plan to install) a solar water heating system?  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 _____	Print Name _____	Date _____
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Comments:

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