



## **Cross-Connection Control Questionnaire**

This Cross-Connection Control Questionnaire must be submitted with your application for water service. Failure to complete this questionnaire may delay the installation of your water meter.

Cross-Connection Control, also referred to as Backflow Prevention, protects the public water system from pollution and cross-contamination. It is the responsibility of the water purveyor as well as the customer. Your involvement and cooperation is vital to the success of this program.

To protect the public water supply from cross-connections, the California Department of Public Health (Title 17) and the Olivenhain Municipal Water District (Ordinance No. 429) require an approved backflow prevention assembly to be installed directly behind the water meter if an actual or potential cross-connection exists. This questionnaire will assist OMWD in assessing whether a backflow prevention assembly will be required on your property.

This questionnaire will become part of OMWD's customer application record as required in OMWD's Procedures for New Service. OMWD may also request a questionnaire to be completed at a later date to confirm that no changes have been made to the plumbing system on your property.

To obtain information required for installation and testing of an approved backflow prevention assembly, please contact OMWD's Cross-Connection Control Coordinator at 760-632-4201.

Thank you for your help and cooperation with this vitally important issue.

### **Applicant Information**

**(Please print)**

Customer/Applicant Name: \_\_\_\_\_

Parcel#: \_\_\_\_\_

Service Address: \_\_\_\_\_

Phone# \_\_\_\_\_

Account Number: \_\_\_\_\_

Please answer all questions on reverse and sign questionnaire.

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Phone (760) 753-6466 | Fax (760) 753-7610 | [www.omwd.com](http://www.omwd.com)



**Important: Answer all questions accurately and sign Questionnaire.**

1. Is there a well or another water supply on the property?  Yes |  No
2. If YES above, will the system be connected to the same water system as the potable water meter?  Yes |  No
3. Do you currently or in the future plan to use fertilizer or chemical injection system?  Yes |  No
4. Is there any type of pump, low pressure boiler, or cooling tower installed on your system?  Yes |  No
5. Do you have any direct connections between the sewage system and the potable water system?  Yes |  No
6. Please list any chemicals or toxic materials that are stored or handled on your property which, if accidentally introduced into your water system would pollute or contaminate the potable water system?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Do you plan to have an agricultural system, other than lawn or shrubs?  Yes |  No
8. Do you currently or in the future plan to keep livestock on the property?  Yes |  No
9. Have you signed a "Declaration of Water Use for Agricultural Purposes"?  Yes |  No
10. Is there any grey water use on your property?  Yes |  No
11. Are anti-siphon devices installed on all hose bibs?  Yes |  No
12. Is or will this meter service be utilized in any of the facilities listed below: **(Please check all that apply)**

<input type="checkbox"/> Medical / Dental	<input type="checkbox"/> Multiple Story Housing Complex.
<input type="checkbox"/> Mortuary / Morgue	<input type="checkbox"/> Place of Public Assembly.
<input type="checkbox"/> Hospital / Urgent Care	<input type="checkbox"/> Office Building
<input type="checkbox"/> Convalescent Care	<input type="checkbox"/> Car Wash
<input type="checkbox"/> Industrial / Commercial	<input type="checkbox"/> Restaurant
<input type="checkbox"/> Irrigation System	<input type="checkbox"/> Shopping Center
<input type="checkbox"/> Educational Institute	<input type="checkbox"/> Laundry / Dry Cleaning
<input type="checkbox"/> Animal Care / Veterinarian	<input type="checkbox"/> Nursery, Ranch, or Farm
13. Do you currently have an approved backflow prevention assembly installed on your water service?  Yes |  No

Type:  RP  DC  PVB  SPV    Serial Number: \_\_\_\_\_

**NOTE:** Customers are required to notify OMWD in writing prior to implementing changes that would affect responses to any of the questions above. By signing this form, the applicant attests that all responses are true and correct to the best of the applicant's knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To be filled out by Olivenhain Municipal Water District Minimum level of protection required _____ X _____
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