

Esparto Community Services District Cross Connection Hazard Assessment

ASSESSMENT TYPE: **INITIAL** **SUBSEQUENT/FOLLOW-UP** (Account Change/ New Connection / Change Activities or Materials/ Incident/ No Longer Accurate/Periodic/SWRCB Request)

ASSESSMENT DATE:

WATER USER/CUSTOMER INFORMATION

Site Name		Site Contact	
Site Address		Title	
Phone		Email	

PREMISE TYPE

Residential (Single Family)	Residential (Multi-Family)	Commercial	Industrial	Government/Institutional	Other	Explain "Other"
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

QUALIFIED CROSS-CONNECTION SPECIALIST/TRAINED CITY PERSONNEL INFORMATION

NAME		PHONE	
COMPANY/AGENCY		ADDRESS	
AWWA CERT # (if applicable)		EXP DATE	

1	The existence of Cross-Connections	YES	NO	Explain

a.	Existing Backflow Protection Measure(s)	

2	Type(s) and use of materials handled and present, or visible, or likely to be on the user premises - Explain

3	Indicate the degree of piping complexity and accessibility	Simple System		Multi-Piping System		Level of Complexity			
		YES	NO	YES	NO		Low	High	Other

a.	Is a "User Supervisor" required for this premises?	YES	NO	Should one be appointed?			YES		NO	
				Explain						

4	Does this premise have access to the following?								
	<table border="1" style="width: 100%;"> <tr> <td style="background-color: #4682b4; color: white;">Auxiliary Water System?</td> <td></td> <td style="background-color: #4682b4; color: white;">Pumping System?</td> <td></td> <td style="background-color: #4682b4; color: white;">Pressurized System?</td> <td></td> <td style="background-color: #4682b4; color: white;">Other</td> <td></td> </tr> </table>	Auxiliary Water System?		Pumping System?		Pressurized System?		Other	
Auxiliary Water System?		Pumping System?		Pressurized System?		Other			
	Explain								

5	Conditions in the distribution system that may raise the risk of a backflow event (e.g. hydraulic gradient differences impacted by main breaks and high water demand situations, multiple service connections that may result in flow-through conditions, etc.)						
	<table border="1" style="width: 100%;"> <tr> <td style="background-color: #4682b4; color: white;">Hydraulic Grade Line</td> <td></td> <td style="background-color: #4682b4; color: white;">High Water Demand</td> <td></td> <td style="background-color: #4682b4; color: white;">Looped System</td> <td></td> </tr> </table>	Hydraulic Grade Line		High Water Demand		Looped System	
Hydraulic Grade Line		High Water Demand		Looped System			

6	User Premises Accessibility								
	<table border="1" style="width: 100%;"> <tr> <td style="background-color: #4682b4; color: white;">Open Access?</td> <td></td> <td style="background-color: #4682b4; color: white;">Restricted?</td> <td></td> <td style="background-color: #4682b4; color: white;">Critical Service?</td> <td></td> <td style="background-color: #4682b4; color: white;">Other</td> <td></td> </tr> </table>	Open Access?		Restricted?		Critical Service?		Other	
Open Access?		Restricted?		Critical Service?		Other			

7	Any previous backflow incidents on the user premises?	YES	NO	Explain

8	Requirements & Information cited from the CCCPH (Cross-Connection Control Policy Handbook)				
	<table border="1" style="width: 100%;"> <tr> <td style="background-color: #4682b4; color: white;">Degree of Hazard:</td> <td style="text-align: center;">High <input type="checkbox"/></td> <td style="text-align: center;">Low <input type="checkbox"/></td> <td style="text-align: center;">No Hazard <input type="checkbox"/></td> </tr> </table>	Degree of Hazard:	High <input type="checkbox"/>	Low <input type="checkbox"/>	No Hazard <input type="checkbox"/>
Degree of Hazard:	High <input type="checkbox"/>	Low <input type="checkbox"/>	No Hazard <input type="checkbox"/>		

Contaminants or Health Hazards. See Appendix D of the CCCPH Pollutants or Non-Health Hazards PWS is adequately protected

Corresponding Backflow Protection Recommended AG RP RPDA Other Explain

Additional Information

Qualified CCS Signature: _____ Date: _____
(Or trained City Personnel)

As the Owner of the Premises (or Owner's authorized agent), I certify that I have received a copy of this completed Cross-Connection Control Hazard Assessment Report.

Name: _____

Signature: _____ Date: _____

Note: Water users and regulatory agencies should be aware that the Esparto CSD's requirement for this cross-connection hazard assessment and/or the installation of a specific backflow prevention assembly at the point of service does not constitute approval of the consumer's plumbing system, compliance of the plumbing system with the California Plumbing Code, or an assurance that there are no cross-connections within the consumer's plumbing system.

City Cross-Connection Specialist Use Only

Report reviewed on _____ Name _____ Signature _____

9 Existing Backflow Protection Properly Installed Continued Operation Field Tested (Annual) Approval OK (Not Modified)

Verification Images, Site Map & Description (Required)

Verification Images, Site Map & Description (Required)