



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
ENVIRONMENTAL HEALTH SERVICES DIVISION

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CROSS-CONNECTION CONTROL SURVEY

System Name: \_\_\_\_\_ System Number: \_\_\_\_\_
Survey Date: \_\_\_\_\_
Water System Cross-Connection Contact Person: \_\_\_\_\_
Contact Person Phone Number: \_\_\_\_\_

I. GENERAL

- 1. Does utility name have an active cross-connection control program that meets Title 17 requirements? Yes [ ] No [ ]
2. How is the program administered?
Coordinated with local agency [ ]
In house [ ]
By contact with water supplier (wholesaler) [ ]
Other: \_\_\_\_\_
Name of administrator: \_\_\_\_\_

II. ELEMENTS OF A CROSS-CONNECTION CONTROL PROGRAM

A. Ordinance or Rules of Service

- 1. Has utility adopted an enforceable and approved cross-connection control ordinance or rules of service? (A County ordinance or contract with the County Health Agency that adequately details a complete program is acceptable.) Yes [ ] No [ ]

Comments: \_\_\_\_\_

A copy of the ordinance, rules, or contract document should be on file with DWFOB district office.

B. Cross-Connection Surveys

- 1. Has a survey been conducted to determine specific cross-connection control hazards and the need for backflow protection? Yes [ ] No [ ]
2. Are premises periodically re-evaluated for backflow hazards? Yes [ ] No [ ]
3. Are new services reviewed to establish the need for backflow protection? Yes [ ] No [ ]

C. Provisions for Backflow Protection

1. How is backflow protection provided?

- Meter protection
- Internal protection
- Combination

2. Who is responsible for installation of devices?

- Water purveyor
- The water user
- Both
- Other: \_\_\_\_\_

3. If the user is responsible for installation of devices, do you provide them with a list of approved backflow devices? Yes  No

What is the source of the list? \_\_\_\_\_

4. Is the installation of approved backflow devices inspected to determine if they have proper clearance, drainage, and security? Yes  No

If yes, by whom? \_\_\_\_\_

5. Are users who are in non-compliance with the cross-connection policy given written notice to make corrections? Yes  No

6. Describe procedures followed when corrections are not made:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

D. Program Management

1. Does the utility employ or contract with at least one person trained in cross-connection control? (DWFOB approved cross-connection control specialist?) Yes  No

List the personnel employed by or under contract with the utility with expertise and authority to conduct cross-connection surveys and carry out the cross-connection control program.

	Name	Phone Number	Summary of Training/Experience
1			
2			
3			

E. Device Testing and Maintenance

1. Are all backflow devices tested at least annually? Yes  No

- i. Number of backflow devices in system: \_\_\_\_\_
- ii. Number of backflow devices installed during the past year: \_\_\_\_\_
- iii. Number of backflow devices testing during the past year: \_\_\_\_\_

2. Backflow devices are maintained by:

- Water purveyor
- Water user
- Both
- Other: \_\_\_\_\_

3. Are the devices tested by certified backflow device testers? Yes  No

4. If the user is responsible for testing of devices, is a list of certified testers provided? Yes  No   
\*(Please attach a list of testers)\*

5. Are follow-up inspections conducted to determine compliance with testing and maintenance requirements? Yes  No

If yes, by whom? \_\_\_\_\_

F. Records

1. Are records of installation, inspection and testing maintained? Yes  No

If yes, by whom? (All water utilities that belong to contract programs should have copies of these records.) \_\_\_\_\_

G. Other

1. Does utility have an up-to-date copy of the green manual? Yes  No

2. Final comments and program evaluation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_  
 REHS \_\_\_\_\_

III. **DEGREE OF PROTECTION**

What type of backflow protection devices are installed in the water system for the following situations:

	NA	AG	RPP	DC	OTHER	NONE
Sewage Treatment Plants	<input type="checkbox"/>					
Sewage Lift Stations	<input type="checkbox"/>					
Reclaimed Water Systems	<input type="checkbox"/>					
Irrigation Systems						
Landscape	<input type="checkbox"/>					
Agricultural	<input type="checkbox"/>					
With Chemical Injection	<input type="checkbox"/>					
Unapproved Auxiliary Water						
Systems (i.e., Wells, Ponds, etc.)	<input type="checkbox"/>					
a. Interconnected With Water						
System	<input type="checkbox"/>					
b. Separated From Water						
System	<input type="checkbox"/>					
Docks and Piers	<input type="checkbox"/>					
Industrial Plants with Internal						
Hazards	<input type="checkbox"/>					
Hospitals and Clinics	<input type="checkbox"/>					
Laboratories	<input type="checkbox"/>					
Premises with Restricted Areas	<input type="checkbox"/>					
Fire System Connected to Water						
System	<input type="checkbox"/>					
a. With Unapproved Water Supply						
on Premises but not Connected	<input type="checkbox"/>					
b. Connected to Public Water						
Supply and Inter-connected to						
Unapproved Auxiliary Supply	<input type="checkbox"/>					
c. Supplies From Water System With						
on-site Private Storage on Fire Pumps	<input type="checkbox"/>					
Water Trucks	<input type="checkbox"/>					
Sewer Trucks	<input type="checkbox"/>					
Other: _____	<input type="checkbox"/>					

NA = Not Applicable  
 AG = Approved Air Gap  
 RPP = Reduced Pressure Principal Device  
 DC = Approved Double Check Valve Assembly