SENIOR CANYON MUTUAL WATER COMPANY
CROSS-CONNECTION
ASSESSMENT QUESTIONNAIRE

SHAREHOLDER/RESIDENT INFORMATION			
Name of person completing this form:			
Person is: ☐ Shareholder ☐ Shareholder Agent/Mgr. ☐ Occupant/Renter			
Phone:	Email:		
Name of Shareholder if different from above:			
Service address:			
Account/Meter #s for this address:			
LAND USE INFORMATION – check all that apply			
☐ Residential No. Dwellings: Max. No. Stories:			
☐ Commercial Agriculture / Hobby Farm			
☐ Commercial / Business Uses Describe type/nature of business:			
☐ Institutional / Educational / Research			
POTENTIAL CROSS-CONNECTION RISKS – check all that apply:			
Auxiliary Water Sources:			
☐ Private well – in or out of use			
☐ Senior Canyon Non-Potable water service or non-Senior Canyon water service			
☐ Grey water system			
☐ Rainwater harvesting system, cistern			
☐ Other – Describe:			
☐ Private water storage tank			
☐ Booster pump system for water pressure			
☐ Swimming pool, spa, hot tub -Connected to water system? ☐ Yes ☐ No			
☐ Decorative fountain, water feature, pond -Connected to water system? ☐ Yes ☐ No			
☐ Landscape irrigation system			
☐ Agricultural irrigation system			
☐ Animal watering troughs -Connected to water system? ☐ Yes ☐ No			
☐ Water softener system			
☐ Solar hot water heating panels			
☐ Fire sprinkler system			
☐ Hot water baseboard or floor heat			
☐ Commercial equipment, boilers (not water heaters) connected to water supply Describe equipment:			
BACKFLOW PREVENTION DEVICES			
Do you have existing backflow prevention devices? ☐ Yes ☐ No ☐ Not sure For each device, complete the information on the following sheet if known:			

Device 1	Type: ☐ Reduced Pressure ☐ Double Check ☐ Vacuum Breaker Size: Manufacturer/Model: Location: Date last tested/inspected:
Device 2	Type: ☐ Reduced Pressure ☐ Double Check ☐ Vacuum Breaker Size: Manufacturer/Model: Location: Date last tested/inspected:
Device 3	Type: ☐ Reduced Pressure ☐ Double Check ☐ Vacuum Breaker Size: Manufacturer/Model: Location: Date last tested/inspected:
Device 4	Type: ☐ Reduced Pressure ☐ Double Check ☐ Vacuum Breaker Size: Manufacturer/Model: Location: Date last tested/inspected: