

# TUOLUMNE UTILITIES DISTRICT

18885 Nugget Blvd • Sonora, CA 95370 • (209) 532-5536 • FAX (209) 532-0693 • www.tudwater.com

## Water Cross-Connection Survey

***This survey is required by the California State Water Resources Control Board.***

Owner: _____ Mailing Address: _____ Daytime Phone: _____	Type of Use, Check one below: Single Family _____ Multiple Family _____ Commercial _____ Other _____
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### RESIDENTIAL AND COMMERCIAL

**Check Yes or No if you have any of the following equipment or conditions on your property.**  
*(Answering No to all questions is common for most Residential Customers)*

- |  |     |                          |    |                          |
|--|-----|--------------------------|----|--------------------------|
| Do you currently have a water backflow device?                                 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Do you have a private well?  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Do you have a Raw Ditch Water Connection?                                      | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Do you have a gray water system?   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Do you have plumbing connected to a pond or creek?                             | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Do you have a fire sprinkler system?   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Do you have a private sewer pump system?                                       | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Do you have a solar energy system?   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Do you have a home or business which utilizes any possible hazardous material? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

### COMMERCIAL BUSINESS ONLY

- |  |     |                          |    |                          |
|--|-----|--------------------------|----|--------------------------|
| Does the property have a <b>commercial business</b> ?                | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Business Name: _____   |     |                          |    |                          |
| Type of business: _____  |     |                          |    |                          |
| Is there Carbonation Equipment ( <i>soda fountain</i> ) on property? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

The above information is correct to the best of my knowledge:

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_  
Signed: \_\_\_\_\_

### **THIS SECTION IS TO BE FILLED OUT BY TUD STAFF**

New Service:  Account No.: \_\_\_\_\_ APN: \_\_\_\_\_  
Service Address: \_\_\_\_\_  
Is Backflow Device Required? Yes  No