

La Habra Heights County Water District
Residential Cross Connection Hazard Assessment Survey

La Habra Heights County Water District is required by the State of California to inspect all service connections to the District's public water supply for back flow prevention purposes. This survey allows residents to self - inspect their properties and report that inspection to the District. Completing and returning this form at the time of a new sign-up is required to receive water from the District and may help prevent accidental contamination of our drinking water system.

Account Holder Information

Account Holder's Name: _____

Service Address: _____

Account Number: _____

Please circle Yes or No for the answer that best describes the water system on your property. For all Yes answers, specify whether the device is protected with a backflow preventer.

1. Is a testable Backflow Preventor installed on your property? YES / NO

2. Do you have a home-based business? YES / NO

Type of home-based business _____

3. Do you have a lawn sprinkler system?

Yes – Protected with a testable Backflow Preventor

Yes – Not Protected with a testable Backflow Preventor

No

4. If you answered Yes to question #2, does the sprinkler system feed chemicals?

Yes – Protected with a testable Backflow Preventor

No

5. Do you have a home fire sprinkler system? YES / NO
Can you add chemicals to the system? YES / NO or Not applicable
6. Do you have a Dialysis machine or other medical equipment connected to your water system? YES / NO
7. Do you heat your home with hot water or a steam boiler? (not a hot water heater)
Yes – Protected with a testable Backflow Preventor
Yes – Not Protected
No
8. Do you have a water softener?
Yes The discharge line is above the floor to produce an air gap.
Yes – The discharge line is NOT above the floor (there is no air gap)
No
9. Do you have a swimming pool or hot tub?
Yes – It is filled with a hose protected with Hose Bib Vacuum Breaker
Yes – It is filled with a direct water line which is protected with a testable Backflow Preventor
Yes – It is filled with a direct line that is NOT protected with a testable Backflow Preventor
No
10. Do you have a well or water system other than the potable drinking water provided by the District on your property?
Yes – Protected with a testable Backflow Preventor
Yes – Not Protected
No
11. Do you have a photographic lab or facilities using chemicals?
Yes – Protected with a testable Backflow Preventor
Yes – Not Protected
No

Yes – Protected with a testable Backflow Preventor
Yes – Not Protected
No

Yes – Protected with a testable Backflow Preventor
Yes – Not Protected
No

Print full name
Signature
Date

For District Use Only: ☐ Entered in UMS ☐ Service order ☐ Pressure Pump List

High (backflow assembly required) Type of assembly Required _____

Name of Cross Connection Control Coordinator

Signature -----

Name of District Authorized Hazard Assessment Designee

Signature -----

Date -----