

City of Sunnyvale Cross-Connection Control Program Cross-Connection and Backflow Protection Survey Form

Name:		
Company/Organization:		
Service Address:		Type of Business on Property:
City:	State:	Zip Code:
Phone:		Alternate Number:
Utility Billing Account Number:		E-mail:
What type of property is this? Duplex <input type="checkbox"/> Apartment <input type="checkbox"/> Business <input type="checkbox"/> Mixed Use <input type="checkbox"/> Single-Family Residence <input type="checkbox"/>		

GENERAL WATER USE AT YOUR LOCATION (OTHER THAN FIRE PROTECTION)

<p>Please check ALL boxes that apply/best describe the use of water at your facility.</p> <p><input type="checkbox"/> Typical, such as bathrooms, drinking fountains, outside water faucets, household laundry or dishwashing appliances.</p> <p><input type="checkbox"/> Private well(s) supplying any part of your facility.</p> <p><input type="checkbox"/> Piped into a manufacturing process.</p> <p><input type="checkbox"/> Piped into a chemical process.</p> <p><input type="checkbox"/> Piped, underground lawn sprinkler/irrigation system.</p> <p><input type="checkbox"/> Piped into a swimming pool.</p> <p><input type="checkbox"/> Piped into water operated/cooled equipment/appliances/boilers.</p> <p><input type="checkbox"/> Medical, pathology, research chemical or bacteriological lab.</p> <p><input type="checkbox"/> Non-potable, recycled water, grey/rain water recovery system.</p> <p><input type="checkbox"/> Piped to a boiler (does not include water heaters).</p> <p><input type="checkbox"/> Piped to a cooling tower (does not include air conditioning).</p> <p><input type="checkbox"/> Hazardous chemicals onsite: _____.</p>	<p>Please check ALL types of backflow prevention devices installed on your plumbing system.</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Residential Dual Check (RDC)</p> <p><input type="checkbox"/> Reduced Pressure Zone Device (RP)</p> <p><input type="checkbox"/> Double Check Valve (DC)</p> <p><input type="checkbox"/> Pressure Vacuum Breaker (PVB)</p> <p><input type="checkbox"/> Spill Resistant Vacuum Breaker (SVB)</p> <p><input type="checkbox"/> Other: _____</p> <p>Existing Device Information (if applicable):</p> <p>Manufacturer _____ Model _____</p> <p>Serial # _____</p> <p>Size _____ Type: (Circle) RP : DC : PVB : RDC</p> <p>Manufacturer _____ Model _____</p> <p>Serial # _____</p> <p>Size _____ Type: (Circle) RP : DC : PVB : RDC</p>
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FIRE PROTECTION SERVICES

<p>Please check ALL boxes that apply/best describe your fire protection account:</p> <p><input type="checkbox"/> This account serves private hydrants only (no fire sprinkler system in facility).</p> <p><input type="checkbox"/> This account serves an installed fire sprinkler system.</p> <p><input type="checkbox"/> Fire sprinkler system has outside fire department connections for pumping into system.</p> <p><input type="checkbox"/> Fire sprinkler system contains antifreeze or other chemicals.</p> <p><input type="checkbox"/> Fire sprinkler system is also supplied by an auxiliary source of water (i.e., pond, reservoir or storage tank).</p>	<p>Please check ALL types of backflow prevention devices installed on your sprinkler system.</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Single Swing Check with Post Indicator Valve</p> <p><input type="checkbox"/> Reduced Pressure Zone Device (RP)</p> <p><input type="checkbox"/> Reduced Pressure Principle Detector Assembly (RPDA)</p> <p><input type="checkbox"/> Double Check Valve (DC)</p> <p><input type="checkbox"/> Double Check Detector Assembly (DCDA)</p> <p><input type="checkbox"/> Other _____</p> <p>Existing Device Information (if applicable):</p> <p>Manufacturer _____ Model _____</p> <p>Serial # _____</p> <p>Size _____ Type: (Circle) RP : DC : DCDA : RPDA</p>
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If backflow prevention devices are installed on your plumbing/fire sprinkler system, it is required by the California Department of Public Health that they be tested annually and copies of the test reports be maintained on file with the City of Sunnyvale. If you do not have current copies of the test reports on file with us, please attach to this survey. Test report forms can be found on our website at: backflow.insunnyvale.com.

SIGNATURE

Signature of person completing this survey:	Print name:	Date:
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Please return the completed form by: mail, fax or email to:

- By Mail: City of Sunnyvale-Cross-Connection Control Program, 221 Commercial Street, P.O. Box 3707, Sunnyvale, CA 94088-3707.
- Fax: 408-736-1611
- Email at backflow@sunnyvale.ca.gov