



REFERENCE NUMBER: _____
 1ST LETTER ISSUE: _____
 FINAL LETTER ISSUE: _____
 TERM LETTER ISSUE: _____

CROSS CONNECTION CONTROL SURVEY FORM

Service Address: _____
 Water Customer: _____
 Mailing Address: _____

 Type of Business: _____
 Contact / Phone: _____
 Sacramento City / County Code: _____

AGENCY APPROVALS	
Water Purveyor:	_____
Env. Health:	_____
County BID:	_____
City BID:	_____
Permit Number:	_____

Type of Facility: Commercial Residential Industrial Other _____

<u>Service Connections</u>	<u>Existing Type of Protection</u>	<u>Required Protection</u>
Domestic: _____	<input type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> AG <input type="checkbox"/> None	<input type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> AG <input type="checkbox"/> None Other _____
Fire: _____	<input type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> None	<input type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> None Other _____
Irrigation: _____	<input type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> None	<input type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> None Other _____

COMMENTS: _____

Water Purveyor: _____ Representative: _____
 Date of Survey: _____ Telephone: _____

PLEASE COMPLETE THE PLOT PLAN BELOW. SHOW STREETS, STRUCTURES, WATER SERVICE LOCATION, & DEFINE POINT OF SERVICE.

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