



THIS BOX TO BE FILLED OUT BY SAGLE VALLEY WATER AND SEWER DISTRICT

Minimum level of protection required (listed in an increasing level of protection)

- Double check Valve Assembly--(DC)
- Reduced Pressure Principle Backflow Prevention Device--(RP)
- Air gap Separation--(AG)

X _____

Date: _____

Cross-Connection Control Specialist No.

Cross-Connection Control Questionnaire

This cross-connection control questionnaire must be submitted with the application for water service. Failure to complete this questionnaire may delay the installation of the water meter.

Cross-connection control, also referred to as backflow prevention, protects the public water system from pollution and cross-contamination. It is the responsibility of the water purveyor as well as the Owner/ Developer to prevent cross-contamination. Owner/Developer involvement and cooperation is vital to the success of this program.

To protect the public water supply from cross-connections, the Idaho Department of Environmental Quality and the Sagle Valley Water and Sewer District require an approved backflow prevention assembly to be installed directly behind the water meter if an actual or potential cross-connection exists. This questionnaire will assist SVWSD in assessing whether a backflow prevention assembly will be required on the property.

The completed questionnaire will become part of SVWSD's customer application record as required in SVWSD's Procedures for New Service. SVWSD may also request a questionnaire to be completed at a later date to confirm that no changes have been made to the plumbing system on the property.

To obtain information required for installation and testing of an approved backflow prevention assembly, please contact SVWSD's Cross-Connection Control Coordinator, Gem State Water at 877-755-9287.

Thank you for your help and cooperation with this vitally important issue.

Applicant Information

(Please print)

Customer/Applicant Name: _____

Parcel#: _____

Service Address: _____

Phone#: _____

Customer Account Number: _____

Please answer all questions on reverse and sign questionnaire.



Important: answer all questions accurately and sign questionnaire.

1. Is there a well or another water supply on the property? Yes | No
2. If YES above, will the system be connected to the same water system as the potable water meter? Yes | No
3. Do you currently or in the future plan to use fertilizer or chemical injection system? Yes | No
4. Is there any type of pump, low pressure boiler, or cooling tower installed on the system? Yes | No
5. Do you have any direct connections between the sewage system and the potable water system? Yes | No
6. Please list any chemicals or toxic materials that are stored or handled on the property which, if accidentally introduced into your water system would pollute or contaminate the potable water system?

7. Do you plan to have an agricultural system, other than lawn or shrubs? Yes | No
8. Do you currently or in the future plan to keep livestock on the property? Yes | No
9. Do you have you an animal watering device? Yes | No
10. Is there currently or in the future plan for gray water use on the property? Yes | No
11. Is there currently or in the future plan for recycled water use on the property? Yes | No
12. Are anti-siphon devices installed on all hose bibs? Yes | No
13. Is or will this meter service be utilized in any of the facilities listed below: **(check all that apply)**

<input type="checkbox"/> Mortuary / Morgue	<input type="checkbox"/> Place of Public Assembly.
<input type="checkbox"/> Hospital / Urgent Care	<input type="checkbox"/> Office Building
<input type="checkbox"/> Convalescent Care	<input type="checkbox"/> Car Wash
<input type="checkbox"/> Industrial / Commercial	<input type="checkbox"/> Restaurant
<input type="checkbox"/> Irrigation System	<input type="checkbox"/> Shopping Center
<input type="checkbox"/> Educational Institute	<input type="checkbox"/> Laundry / Dry Cleaning
<input type="checkbox"/> Animal Care / Veterinarian	<input type="checkbox"/> Nursery, Ranch, or Farm
<input type="checkbox"/> Medical / Dental	<input type="checkbox"/> Multiple Story Housing Complex.
14. Do you currently have an approved backflow prevention assembly installed on your water service? Yes | No
Type: RP DC PVB SPV Serial Number: _____

NOTE: Customers are required to notify SVWSD in writing prior to implementing changes that would affect responses to any of the questions above. By signing this form, the applicant attests that all responses are true and correct to the best of the applicant's knowledge.

Signature: _____ Date: _____