

**COUNTY OF SACRAMENTO**  
**Environmental Management Department**  
**Val F. Siebal, Department Director**



REFERENCE NUMBER: \_\_\_\_\_  
 1<sup>ST</sup> 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 Puveyor: \_\_\_\_\_ 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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