

# CITY OF MT. SHASTA RESIDENTIAL CROSS CONNECTION CONTROL SURVEY



Dear Resident,

The City of Mt. Shasta is conducting a city wide Cross Connection Control Hazard Survey to determine actual and potential cross-connections to the City of Mt. Shasta drinking water system, pursuant to Title 17 of the California Code of Regulations and the City of Mt. Shasta Municipal Code Chapter 13.60.

The survey is a mandatory requirement of the State Water Resources Control Board, Division of Drinking Water.

To ensure the protection of our public drinking water system, we are asking that you take a few minutes to complete the questions shown on the back of this letter. Please answer all questions as they relate to the property connected to the City of Mt. Shasta drinking water system.

The following are options for completing the questionnaire:

- 1) Complete the questions on the back of this letter and return to the City in the enclosed envelope.
- 2) Online at: <https://tinyurl.com/yccb2I5o>
- 3) From your mobile device by scanning the barcode at the bottom of this page.

Please be sure to include your address and account number in the information provided. Your account number can be found on the top line of the address label printed on the envelope for this letter.

For more information on the City's Cross-Connection Control Program, please visit:

<https://mtshastaca.gov/public-works/cross-connection-control-program/> or contact Rod Bryan, Public Works Director, at 530-926-7526 or by email at [rbryan@mtshastaca.gov](mailto:rbryan@mtshastaca.gov).

We appreciate you providing this valuable information. By doing so, you will help to protect our drinking water system.



**CITY OF MT. SHASTA  
RESIDENTIAL CROSS CONNECTION CONTROL SURVEY**



Please mark yes or no for each of the following:

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. <u>Existing backflow device</u>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. <u>Private well</u>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. <u>Fire Protection System</u>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. <u>Private storage tank or reservoir</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. <u>Radiant/hydronic heating/cooling system (w/ pump and liquid medium, including glycol circulation)</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. <u>Irrigation system:</u>  | <input type="checkbox"/> | <input type="checkbox"/> |
| a. <u>installed according to plumbing codes</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. <u>with fertilizer, herbicide, or pesticide injection system</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. <u>served by a different source (i.e. private well, creek, or pond)</u>                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. <u>Swimming pool, spa or hot tub</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
| a. <u>installed according to plumbing codes?</u>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. <u>Animal troughs</u>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. <u>Solar hot water heating panels</u>  | <input type="checkbox"/> | <input type="checkbox"/> |
| a. <u>installed according to plumbing codes?</u>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. <u>Gray water systems</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. <u>Cistern/Rainwater Harvesting systems</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. <u>Water supplying an ornamental pond</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. <u>Any commercial activities that utilize the water system</u>  | <input type="checkbox"/> | <input type="checkbox"/> |

Please describe in detail any boxes checked "yes" (attach additional sheet if necessary): \_\_\_\_\_  
\_\_\_\_\_

Name _____	Property Owner or Renter (circle one)
(If renter, please provide property owner info below)	
Signature & Date: _____	
Service Address: _____	Account Number: _____
Contact # & Email _____	

Property Owner/Manager info (if different from above):		
Name: _____	Address: _____	Contact# _____