

## **Department of Public Works Special Districts** Water and Sanitation Division

Brendon Biggs, M.S., P.E. Director

> Trevor Leja **Deputy Director**

**Steve Samaras Division Manager** 

¡MUY IMPORTANTE! Este esta carta contiene información muy importante sobre su agua de beber. Tradúzcalo ó hable con alguien que lo entienda bien.

## Dear Customer:

In compliance with California State Department of Health requirements, the San Bernardino County Department of Public Works, Special Districts Water and Sanitation (Department) carries out a program of Cross Connection Control that helps protect your drinking water from contamination. A cross connection is any actual (or potential) physical connection between a potable (drinking) water pipe and any other pipe, system or machine that contains non-potable fluids or that have the possibility of containing non-potable substances, and where it is possible for those substances to find their way into the drinking water system. Such an event is called a "Backflow". A Backflow is a reverse flow from the normal direction of flow in a piping system. It can occur when systems lose pressure such that non-potable water or fluids flow from the customer pipes back into the drinking water system at lower pressure. Backflows can occur due to either backsiphonage or backpressure and are preventable.

Sprinkler systems are the most common residential hazard. An essential part of our cross connection control program is an assessment to determine the degree of hazard, if any, which is posed by each customer's plumbing system(s). Non-residential customers (Commercial and Industrial) pose a special concern because of the greater complexity of their plumbing systems, special water uses, and fire protection systems, etc.

On the reverse side of this letter is a "Cross Connection Survey Form" that is being distributed to all customers of the Department. This survey is being conducted so that we can inventory those sites that are a potential Cross Connection hazard to you and others, and to work with those property owners to prevent backflows.

Please fill out the Cross Connection Survey form and return it to the Department in the return envelope we have provided. If you do not have any of the listed cross connections, please still complete the form by simply marking it "NONE OF THE ABOVE", and return it to the Department. It is vital that we receive a response from every customer so we can work diligently to protect your drinking water. We would like to encourage all customers to return this critical survey in lieu of actual site inspections within thirty (30) days as this survey's goal is to protect your potable water. Customers who do not return this survey may be required to install a double check valve assembly on their side of the meter (as required by the District Rules and Regulations Article 8, Section 8.6) within ninety (90) days of the date noted on the survey. Please contact us if you require more than thirty (30) days to return the survey and we will ensure your receive a reasonable extension. If you do have a backflow device installed at this time, please confirm the Department has the latest test results.

We appreciate your time and interest in completing this survey. Should you have any questions regarding the survey or need assistance completing the survey, please do not hesitate to contact the Department at (760) 955-9885, or at (800) 554-0565.

Sincerely,

The Staff at Special Districts Water and Sanitation

## **RESIDENTIAL CROSS CONNECTION SURVEY**

| Date:   |  |   |   |   |
|---|--|---|---|---|
|   |  |   |   |   |
|   |  |   |   |   |
|   |  |   |   |   |
|   |  |   |   |   |
| Works, Special D<br>Title 17 of the Ca<br>Section 4017 reg<br>Public Health are | Districts Water and Stalifornia Code of Reparting cross-connered necessary to ensure | ED survey to the San Beanitation (Department). The gulations ("CCR Title 17") ction control. The state rege that the water supply is pord. 11-1354 § 5, 2011; ( | ne Department is required<br>and California Health an<br>gulations imposed by the<br>protected from harmful cor | to comply with<br>d Safety Code<br>Department of<br>taminants and |
| Please indicate if  | your Residence ha  | s any of the following (Che   | eck All that Apply):  |   |
| □ Auxiliarv water   | supply on the prope  | ertv □ Yes □ No   |   |   |
| · ·   |  | round Sprinkler System  |   |   |
| •   |  | e system? □Yes □ No   |   |   |
| ☐ Fire Sprinkler \$   |  | ,   |   |   |
| □ Can you   | add chemicals to th  | e system? □Yes □ No   |   |   |
| ☐ Home Dialysis   | Machine and/or rad   | iant floor heating system o   | connected to water supply   | ,   |
| □ Solar System (  | Check All that Apply   | <i>'</i> )  |   |   |
| ☐ Heat Exc  | changers 🗆 Panels  | s □ Boilers   |   |   |
| ☐ Livestock Wate  | ering  |   |   |   |
| ☐ Hose Fill   | ed □ Automated   |   |   |   |
| ☐ Animal or fowl  |  |   |   |   |
|   | ent Equipment (i.e. V  | •   |   |   |
|   | • •  | Gapped? □ Yes □ No  |   |   |
| J   |  | tive Pond - Filled with a ho  | ose? □ Yes □ No   |   |
|   | nt System connectio  | ,   |   |   |
|   |  | Business  |   |   |
| •   | -  | breakers or check valves of   | on your outside faucets?  |   |
|   | No   | prevention device(s) insta  | lled? □ Yes □ No  |   |
| · ·   | provide the following  | . , ,   | iled?   Tes   NO  |   |
| •   | •  | <sub></sub> Serial #:   | Si79:   | inch  |
|   |  |   |   |   |
|   |  | Serial #:   |   |   |
|   |  | OGNAL#.   |   |   |
| Date of Last  | Test: ple  | ase include a copy of the t   | test form if you have not a   | lreadv  |
| - Lio or Luot   |  | omitted to the Department   |   |   |
| ☐ NONE OF THE   | E ABOVE  |   |   |   |