

**Tahoe City Public Utility District**  
**RESIDENTIAL CROSS-CONNECTION SURVEY**

Please indicate below whether you have any of the following equipment installed in your home or on your property. Please be sure to mark “yes” or “no” to all of the items. Thank you.

\* Note: Depending on how the following equipment is plumbed, a backflow prevention device may not be necessary.

YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Hydronic Heat	<input type="checkbox"/>	<input type="checkbox"/>	Household Sewage Pump
<input type="checkbox"/>	<input type="checkbox"/>	Heated driveway and/or walkway	<input type="checkbox"/>	<input type="checkbox"/>	Trap Primer
<input type="checkbox"/>	<input type="checkbox"/>	Solar			
<input type="checkbox"/>	<input type="checkbox"/>	Boiler / Water Heat Exchanger	<input type="checkbox"/>	<input type="checkbox"/>	Auxiliary Water Supply
	<input type="checkbox"/>	Single-wall		<input type="checkbox"/>	Well
	<input type="checkbox"/>	Double-wall		<input type="checkbox"/>	Lake, stream, or river intake
<input type="checkbox"/>	<input type="checkbox"/>	Fire Sprinkler System		<input type="checkbox"/>	Spring
<input type="checkbox"/>	<input type="checkbox"/>	Fire Pumper Connection		<input type="checkbox"/>	Other (Rainwater cistern, grey water, etc)
<input type="checkbox"/>	<input type="checkbox"/>	Lawn or drip irrigation system	<input type="checkbox"/>	<input type="checkbox"/>	Hot Tub
	<input type="checkbox"/>	Irrigation with injected fertilizer or chemicals	<input type="checkbox"/>	<input type="checkbox"/>	Sauna
<input type="checkbox"/>	<input type="checkbox"/>	Frost Free Yard Hydrants	<input type="checkbox"/>	<input type="checkbox"/>	Swimming / Lap Pool
<input type="checkbox"/>	<input type="checkbox"/>	Livestock on Property (horses, cattle, goats, llamas, chickens, etc)	<input type="checkbox"/>	<input type="checkbox"/>	Booster Pump

**YES**      **NO**

                                           Do you plan a remodel which may include any of the above equipment?

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_