El Toro Water District - Commerical/Industrial Onsite Use Questionnaire
To help prevent backflow incidents please answer the questions below.

On December 19, 2023, the State Water Resources Control Board adopted the Cross-Connection Policy Handbook, which became effective on July 1, 2024. This new legislation requires each public water system to conduct initial and ongoing inspections of potentially high hazard facilities to determine the level of hazard within your facility. The District is asking that each customer of a commerical/industrial site complete the survey below and return the completed survey to the Cross Connection Department at backflow@etwd.com

On your property do any of the following exist:

- [ ] Dental and/or medical equipment using water
- [ ] Pumps or motors connected to water or sewer piping
- [ ] Chemicals in quantities greater than 5 gallons or 5 lbs.

  If yes, what chemicals are present:

  _____
  _____

- [ ] Water storage tanks, ponds, water treatment systems, sewage treatment, sewage storage, and/or wells

  If yes, please describe:

  _____
  _____

- [ ] Petroleum, chemical or radioactive materials processing or storage
- [ ] I am uncertain of the hazards on site and request an inspection.

- [ ] Laundry facilities
- [ ] Multiple tenant suites
- [ ] Graywater system(s)

Type of Business

- [ ] Veterinary
- [ ] Pet grooming
- [ ] Medical/Dental
- [ ] Office/Warehouse
- [ ] Hotel/Motel
- [ ] Other (explain below):

- [ ] Manufacturing
- [ ] Food Processing
- [ ] Restaurant
- [ ] Aerospace
- [ ] Retail

Site Contact

Service ID: _____

Contact Name: _____

Business Name: _____

Phone No. _____

Email: _____

I certify that the above information is true and correct to the best of my knowledge.

Signature _____

Print Name: _____

Title: _____

Date: _____

FOR WATER PURVEYOR USE ONLY

Degree of Hazard	Meter protection appropriate for Degree of Hazard	Internal Protection and Referral to OC Health
[ ] High	[ ] Yes	[ ] Yes
[ ] Low	[ ] No	[ ] No
[ ] No Hazard		

Cross-Connection Control Specialist Reviewer: _____

Cross-Connection Control Program Specialist Certification No. _____ **Expiration Date:** _____

Review Date: _____