City of Seal Beach - Commerical/Industrial Onsite Use Questionnaire

To help prevent backflow incidents please answer the questions below.

DIRECTIONS: *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 City is asking that each customer of a site complete the survey below and email the completed survey to Michael LaPlante, certified Cross Connection Specialist at* ***SBbackflows@sealbeachca.gov***

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

Contact Name: _____

Business Name: _____

Phone No. _____

Email: _____

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

Signature _____

Print Name: _____

Title: _____

Date: _____

FOR CERTIFIED SPECIALIST INPUT ONLY (CUSTOMER DOES NOT FILL OUT)

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. _____

Review Date: _____