



Preliminary Cross-Connection Control Hazard Assessment Form *Non-Residential Customers*

Name of Customer or Business: _____

Address: _____

Phone Number: _____

Description of Business: _____

Is your business or premises of a type included in the table below (check all that apply)?

Agricultural (farm or dairy)		Metal plating industry	
Beverage bottling plant/distillery		Mortuary	
Car wash		Petroleum processing or storage plant	
Chemical plant		Pier or dock	
Commercial laundry or dry-cleaners		Radioactive material processing plant or nuclear reactor	
Having both reclaimed water and potable water provided		Survey access denied or restricted	
Film processing facility		Wastewater lift station or pumping station	
Food processing plant		Wastewater treatment plant	
Hospital, medical center, nursing home, veterinary, medical, or dental clinic, or blood plasma center		Having an unapproved auxiliary water supply interconnected with the potable water supply	
Having separate irrigation system using District's water and adding chemicals*		Hair or Nail Salon	
Laboratory		Other (describe)	

*e.g., parks, playgrounds, golf courses, cemeteries, estates, etc.

Other potential cross-connection concerns:

- Irrigation system
- Fire sprinkler system, using not using chemicals or anti-freeze
- Swimming pool
- Other (describe): _____

Note to Customer: This form is used for preliminary assessment only. The water purveyor may require a more thorough assessment at a later date.

This form was completed by (print name): _____ Date: _____

Signature: _____

Please return completed form by Month Day, 20__ and send to: Jocelyne Gray, N. 21971 Highway 101, Shelton, WA 98584 or email jocelyneg@hctc.com.