



HIDDEN VALLEY LAKE  
COMMUNITY SERVICES DISTRICT  
19400 Hartmann Road  
Hidden Valley Lake, CA 95467  
P (707) 987-9201 F (707) 987-3237

**URGENT: YOUR RESPONSE IS REQUESTED**

Dear Neighbor,

Greetings from your local water and wastewater service provider, the Hidden Valley Lake Community Services District, where our mission is to provide clean, safe, reliable water every second of every day.

One part of that ongoing commitment to provide a clean water supply means complying with the regulations of the State Water Resources Control Board's *Cross-Connection Control Policy Handbook*. To do that, we must ask for your help.

Specifically, we are required to conduct a quick assessment – via the short 3-minute survey enclosed – of all residential water service connections to evaluate their condition.

Your prompt return of this survey will help us identify any potential areas for improvement in the water distribution system – and ensure that we can address them if needed.

**What you need to do:**

Please answer all questions truthfully and completely. If a question does not apply to your property or you are unsure of it, simply mark “No” or “Not Sure.”

This survey may be completed by:

1. Using the QR code,
2. Completing it online at: [arcg.is/1TvrSm3](https://arcg.is/1TvrSm3), or
3. Mailing or delivering this form to the District:

HVLCSD  
19400 Hartmann Rd  
Hidden Valley Lake, CA 95467

If you are unsure about any item, contact the District at 707-987-9201 or [hdavidson@hvlcsd.org](mailto:hdavidson@hvlcsd.org)

For instructions on how to complete this survey, please visit: [www.hvlcsd.org/cross-connection-control-survey](http://www.hvlcsd.org/cross-connection-control-survey)

Scan to complete in  
3 minutes!



Your response is requested  
by November 15

Thank you for your cooperation in helping us maintain a safe and reliable water system for our community. Please be advised the in-person field inspections continue to occur with



the assistance of **West Yost and Associates**. Their team members remain ready to answer your questions and discuss our program at your convenience.

For more information on the District's Cross-Connection Control Program and related water quality topics, please visit: [www.hvllcsd.org/cross-connection-control](http://www.hvllcsd.org/cross-connection-control)



## Cross-Connection Control Survey

Please complete all sections

**Your response is requested by November 15**

**You can also complete  
this survey online!**

[arcg.is/1TvrSm3](https://arcg.is/1TvrSm3)



Owner Full Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

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

### 1. Are any of the following on your property?

|                                                 | Yes                      | No                       | Not<br>Sure              |
|-------------------------------------------------|--------------------------|--------------------------|--------------------------|
| a) Irrigation System (outdoor sprinkler system) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Decorative Pond / Fountain                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Fire Protection Sprinkler System             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Water Softener                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Swimming Pool / Hot Tub / Spa                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Water Trough for Livestock                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Well                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h) Water Storage Tank                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i) Boiler System for Heat                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j) Pressure Booster Pump                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k) Sump Pump                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l) RV Hook Up                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m) Radiant Heating                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Yes                      | No                       | Not<br>Sure              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| n) Rainwater Catchment System                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o) Graywater System                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| p) Bidet                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| q) Reverse Osmosis / Water Treatment System                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| r) Anti-Siphon Fitting on Hose Bib<br>                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| s) Swamp Cooler / Evaporative Cooler<br><div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <p>Window installation</p>  </div> <div style="text-align: center;"> <p>Roof installation</p>  </div> </div> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**2. Is a home business that requires special water use operated at this address?**

Yes ☐ No ☐

**3. If Yes, please describe the water-using activities or equipment involved.**

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**4. Do you have a backflow prevention device installed at this address?**

Yes ☐      No ☐      Not sure ☐

Below are examples of backflow devices that could be present:



**5. Additional Comments: If there's anything else you'd like to share about your water-using fixtures, systems, or general water usage, please add it here.**

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Thank you for completing this survey!

**Please mail or deliver this form to:**

**HVLCSD  
19400 Hartmann Rd  
Hidden Valley Lake, CA 95467**