



Dear Water Customer:

The Kamas city public works department is proud of the water we deliver to you every day. In order to protect our water distribution system, the city needs your assistance in submitting your tests for you Back flow prevention assemblies. This can be done by certified backflow testing companies.

The Utah Department of Environmental Quality requires all water systems in the state to have an effective cross connection control program. Cross connection within the public water supply can be a serious concern since they can allow pollutants to enter the public water system through what is called backflow.

Backflow occurs when a drop in water pressure causes your water to flow in the opposite direction, potentially resulting in contamination of you drinking water.

Given the States regulations and the dangers that exist from unprotected cross connections, at the city will also request that you fill out Cross Connection Control Survey. The survey will be available on our website kamascityut.gov

If you already are getting your assemblies tested and sending them to us, please continue to do so

Should you have any questions, please contact our public works department at 435-783-6208. Thank you for your assistance.

Sincerely,
Trevor Clegg
Public Works Director



Cross Connection Control Survey

Property Classification: _____ Residential _____ Commercial

Please check whether you have the following:

- | YES | NO | |
|-----|-----|--|
| ___ | ___ | Lawn irrigation system |
| ___ | ___ | Fire Sprinkler system |
| ___ | ___ | Boiler- for heat (not hot water heater) |
| ___ | ___ | Alternate water source. (i.e., Pond, well) at your location |
| ___ | ___ | Does your business use any type of chemicals? |
| ___ | ___ | Do you have any equipment using water that is not an appliance |

Are there any backflow prevention assemblies at your location ___ Yes ___ No

If yes, please list the following:

Manufacturer _____ Model _____ Serial# _____ Size _____

I affirm all the above to be true and accurate to the best of my knowledge

Signature _____ Printed name _____

Service Address _____ Phone# _____

Today's date _____