

CROSS CONNECTION QUESTIONNAIRE FORM

Name: _____

Date: _____

Physical Address of Property:

Mailing Address:

1. Is this residential or commercial property? Residential Commercial
If commercial, please specify business: _____

2. Are you renting or do you own this property? Renter Owner
If renting, please provide name and address of owner:

3. How many homes does your water meter serve? _____ How many buildings? _____

4. Do you have any of the following?

- | | | |
|--|---------------------------|--------------------------|
| a. Swamp cooler | Yes <input type="radio"/> | No <input type="radio"/> |
| b. Hot tub / Jacuzzi | Yes <input type="radio"/> | No <input type="radio"/> |
| c. Swimming Pool | Yes <input type="radio"/> | No <input type="radio"/> |
| d. Underground sprinkler system | Yes <input type="radio"/> | No <input type="radio"/> |
| e. Drip irrigation system | Yes <input type="radio"/> | No <input type="radio"/> |
| f. Greenhouse | Yes <input type="radio"/> | No <input type="radio"/> |
| g. Solar water heating system | Yes <input type="radio"/> | No <input type="radio"/> |
| h. Water makeup lines (boiler, hydronic heating) | Yes <input type="radio"/> | No <input type="radio"/> |
| i. Utility sink with threaded faucet (hose attachment) | Yes <input type="radio"/> | No <input type="radio"/> |
| j. Fire sprinkler system | Yes <input type="radio"/> | No <input type="radio"/> |
| k. Ghost pipes (unidentifiable piping) | Yes <input type="radio"/> | No <input type="radio"/> |

5. Do you use:

- | | | |
|--|---------------------------|--------------------------|
| a. Antifreeze flush kits | Yes <input type="radio"/> | No <input type="radio"/> |
| b. Insecticide sprayers (that attach to a garden hose) | Yes <input type="radio"/> | No <input type="radio"/> |
| c. Darkroom or photo developing equipment | Yes <input type="radio"/> | No <input type="radio"/> |
| d. Fill adapters for waterbed, fish tank or other | Yes <input type="radio"/> | No <input type="radio"/> |

6. Does anyone on the premise use a portable dialysis machine? Yes No

7. Do you have a bathtub that fills from the bottom or does not have an overflow drain or the fill spout is not above the tub rim? Yes No

8. Do you have a water softener or any other water treatment system connected to your drinking water supply? Yes No

9. Do you have auxiliary water supply (i.e., well, pond) on your premises? Yes No

10. Do you have livestock (i.e., horses, cows, goats, etc.) that use a water trough? Yes No
11. Does the water piping enter your home more than 10 feet above your water meter? Yes No
12. Does a creek, river, or spring run near your property? Yes No
 a. Do you pump or draw water from this source? Yes No
13. Do you have a booster pump, well pump, or any other type of water pump? Yes No
14. Do you receive irrigation water from a different source? Yes No
15. Do you have a backflow preventer on your property now? Yes No
 If Yes, where? _____
16. Do you have any other situation that you are aware of that could create a cross connection? Yes No
17. Do you have any other water using equipment on your property not mentioned above? Yes No

Comments:

Please notify the City of Kittitas if any of the above conditions change on your property.

_____	_____
Signature of Water Customer	Phone Number
_____	_____
Print Name	Best time to call or alternate contact

Please answer all the above questions and return the questionnaire within 30 days. This form will be kept on file at the City of Kittitas. If you have any questions please call us at 509-968-0225.

Return this form to: City of Kittitas
 PO Box 719
 Kittitas, WA 98934

