



CROSS CONNECTION SURVEY

WATER USAGE

Please Select Customer Type

- Residential
- Commercial
- Irrigation
- Landlord
- New Construction Residential
- New Construction Commercial

1. Customer Name: _____
2. Address: _____
3. Phone No's.: _____

MUST BE SUBMITTED WITH APPLICATION FOR SERVICE ONE BUSINESS DAY PRIOR TO SERVICE

Please indicate if your Residence has any of the following (Check all that apply):

- Landscape Irrigation System / In-ground Sprinkler System
 - Can you add chemicals to the system? Yes No
- Fire Sprinkler System
 - Can you add chemicals to the system? Yes No
- Home Dialysis Machine and/or radiant floor heating system connected to water supply
- Solar System (Check all that apply)
 - Heat Exchangers Panels Boilers
- Livestock Watering
 - Hose Filled Automated
- Water Treatment Equipment (i.e. Water Softener)
 - Is Backwash / Cleaning Cycle Air Gapped? Yes No
- Auxiliary source of supply facilities, excluding Washington Water (Check all that apply)
 - Well or Surface Water Storage Tank Reclaimed Water Other: _____
- Swimming Pool / Hot Tub / Decorative Pond – Filled with a hose? Yes No
- Rain Catchment System connection to water supply
- Dock or Piers with potable water supply
- On-site Sewage (Septic) Pump Stations (*This is pumping equipment that pumps raw sewage to a municipal sewer or pumps effluent from a septic tank to a drain field*)
- Home Base Business – type of Business: _____
- Do you currently have air vacuum breakers or check valves on your outside faucets? Yes No
If yes, please provide the following:
- Do you currently have a back flow prevention device installed? Yes No
If yes, please provide the following:
Make: _____ Model: _____ Serial #: _____ Size: _____ inch
Location of Assembly: _____
- Date of Last Test:** _____ please attach a copy of the test form and return with this survey.
- NONE OF THE ABOVE

Applicant agrees that the above information is true to the best of their knowledge. Service obtained by fraud runs the risk of termination without notice. PLEASE NOTE: QUESTIONNAIRE MUST BE FILLED OUT COMPLETELY OR WILL BE RETURNED TO CUSTOMER.

Signature of Person Completing This Survey

Date

FOR OFFICE USE ONLY:

Site Survey Required: Yes No Change in Use: Yes Explain: _____

Completed: _____ / _____ / _____
Initials Date Customer Account Number

Dear Customer:

In compliance with Washington State Department of Health requirements, Washington Water Service carries out a program of **Cross Connection Control** that helps protect your drinking water from contamination. A cross connection is any actual (*or potential*) physical connection between a potable (*drinking*) water pipe and any other pipe, system or machine that contains non-potable fluids or that have the possibility of containing non-potable substances, and where it is possible for those substances to find their way into the drinking water system. Such an event is called a "Backflow".

A Backflow is a reverse flow from the normal direction of flow in a piping system. It can occur when systems lose pressure such that non-potable water or fluids flow from the customer pipe back into the drinking water system at lower pressure. Backflows can occur due to either **backsiphonage** or **backpressure** and are preventable. Sprinkler systems are the most common residential hazard.

An essential part of our cross connection control program is an assessment to determine the degree of hazard, if any, which is posed by each customer's plumbing system(s). Non-residential customer (Commercial and Industrial) pose a special concern due to the greater complexity of their plumbing systems, special water uses, fire protections systems, etc.

The "**Cross Connection Survey Form**" on the reverse side of this letter is a required part of applying for water service with Washington Water Service, and periodically, surveys are sent to all customers of Washington Water Service. The surveys are conducted so that we can inventory those sites that are a potential Cross Connection hazard to you and others, and to work with those property owners to prevent backflows. Please fill out the attached Cross Connection Survey Form and return it to Washington Water Service with your Application for Service (if you are currently applying for service) or if received as a survey, please mail in the self-addressed, return envelope we have provided. If you do not have any of the listed cross connections, please still complete the form by simply marking it "*None of the Above*", and return it to Washington Water Service Company. **It is vital that we receive a response from each customer so we can work diligently to protect your drinking water.** Customers who **do not** submit a survey upon submittal of an application for service could result in a delay of service. Customers who **do not** return the survey by the Survey Due date, will be required to install a double check valve assembly on their side of the meter within ninety (90) days of the date noted on this survey to prevent possible disruption of water service. If you do have a backflow device installed at this time, please include a copy of the latest test results with your survey so our records can be updated and include the name of the individual who installed the device and who last tested it.

We appreciate your taking an interest in this survey. Should you have any questions regarding the survey, please do not hesitate to contact your local district manager anytime between 8:00 am and 4:30 pm, Monday through Friday. They can be reached toll free at (888) 490-3741.

Sincerely,

The Staff at Washington Water Service