

Cross-Connection Control / Backflow Survey Form

This survey will assist to help prevent the contamination or pollution of our water resources. Please complete the form below to the best of your ability or consult a licensed plumber for assistance.

Property Address

Property Name		
<input type="text"/>		
Property Physical Address		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing Address

Name		
<input type="text"/>		
Mailing Address		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Water Account #	Phone	E-mail	Contact Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please state your type of business (i.e. restaurant, dry cleaner, etc.)

Do you have any of the following items at your property?

Yes No

- | | | |
|-----------------------|-----------------------|-----------------------------------------------|
| <input type="radio"/> | <input type="radio"/> | Fire Sprinkler System |
| <input type="radio"/> | <input type="radio"/> | Lawn Irrigation System |
| <input type="radio"/> | <input type="radio"/> | X-Ray Machine |
| <input type="radio"/> | <input type="radio"/> | Large, Commercial Boiler (not a water heater) |
| <input type="radio"/> | <input type="radio"/> | Carbonated Beverage Machine |
| <input type="radio"/> | <input type="radio"/> | Commercial Ice Maker |
| <input type="radio"/> | <input type="radio"/> | Swimming Pool |
| <input type="radio"/> | <input type="radio"/> | Cooling Tower |
| <input type="radio"/> | <input type="radio"/> | Hose Aspirator for Spraying Chemicals |
| <input type="radio"/> | <input type="radio"/> | Medical Equipment |
| <input type="radio"/> | <input type="radio"/> | Farm Equipment |
| <input type="radio"/> | <input type="radio"/> | Photo Lab |
| <input type="radio"/> | <input type="radio"/> | Water Tank Truck Filling Station |

Yes No

- | | | |
|-----------------------|-----------------------|---------------------------------------------------------------------------------|
| <input type="radio"/> | <input type="radio"/> | Does your business use chemicals, such as a medical facility or a beauty salon? |
| <input type="radio"/> | <input type="radio"/> | Do you have any equipment hooked directly to your waterlines? |
| <input type="radio"/> | <input type="radio"/> | Are there any backflow assemblies present at your property? |

If yes, how many?

If yes, please list / fill in the information below for each backflow assembly. The information requested can generally be found on the assembly name plate. You may also list any additional assemblies on the back of this form.

Assembly #1

Manufacturer	If other, please specify	Model # (909,975,825,etc.)
<input type="radio"/> Ames	<input type="text"/>	<input type="text"/>
<input type="radio"/> Conbraco	Size (1",2",6",etc.)	Type (RP,DC,PVB,SVB)
<input type="radio"/> Febco	<input type="text"/>	<input type="text"/>
<input type="radio"/> Hersey		
<input type="radio"/> Watts	Serial Number (found on name plate)	
<input type="radio"/> Wilkins	<input type="text"/>	
<input type="radio"/> Other		

Assembly #2

Manufacturer	If other, please specify	Model # (909,975,825,etc.)
<input type="radio"/> Ames	<input type="text"/>	<input type="text"/>
<input type="radio"/> Conbraco	Size (1",2",6",etc.)	Type (RP,DC,PVB,SVB)
<input type="radio"/> Febco	<input type="text"/>	<input type="text"/>
<input type="radio"/> Hersey		
<input type="radio"/> Watts	Serial Number (found on name plate)	
<input type="radio"/> Wilkins	<input type="text"/>	
<input type="radio"/> Other		

Return Cross-Connection Survey to The City of Algona 200 Washington Blvd Algona, WA 98001 or via E-mail to Mathew Bailey at mathewb@algonawa.gov send with subject as Cross-Connection Survey. If not received within 90 days The City could require premises isolation or water disconnection per "WAC 246-290-490"