

CROSS CONNECTION SURVEY

RESIDENTIAL WATER USAGE

Date: _____

Customer Name: _____

Address: _____

PLEASE RETURN THIS COMPLETED survey to The City of Algona Water Dept. If you are the tenant, please forward this on to the property owner for completion.

If you are a residential customer and we do not receive your completed survey by the date listed above. You must install a double check valve assembly on your side of the meter within ninety (90) days of the above date and have it tested or water service may be subject to disconnection until a survey is completed or a device has been installed. Device requirements for home based business will be determined based on hazard. As per Washington State Department of Health WAC # 246-290-490.

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 Station (*This is pumping equipment that pumps raw sewage to a municipal sewer or pumps effluent from a septic tank to a drain field*)
- ☐ Home Based Business – Type of Business: _____
- ☐ Do you currently have air vacuum breakers or check valves on your outside faucets? ☐ Yes ☐ No
- ☐ 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
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-

Signature of Person Completing This Survey _____

For more information on Cross Connection Control and Backflow Prevention visit the Washington State Department of Health Web Page. (<http://www.doh.wa.gov/CommunityandEnvironment/DrinkingWater/WaterSystemDesignandPlanning/CrossConnectionControlBackflowPrevention.aspx>)