



CITY OF WESTPORT

Water Department

PO Box 505 Westport, Washington 98595
360-268-9865 FAX # 360-268-1883

Cross-Connection Non-Residential Survey Questionnaire

Name of Customer or Business: _____

Address: _____

Physical

Mailing

Phone Number: _____ Description of Business: _____

Is your business or premises of a type included in the table below (check all that apply)?

Agricultural (farm or dairy)	Laboratory	
Beverage bottling plant	Metal plating industry	
Car wash	Petroleum processing or storage plant	
Chemical plant/mixing chemicals	Pier or dock	
Commercial laundry or dry-cleaners	Radioactive material processing plant or nuclear reactor	
Film processing facility	Survey access denied or restricted	
Food processing plant	Wastewater lift station or pumping station	
Ghost Pipes	Wastewater treatment plant	
Having both reclaimed water and potable water provided	Having an unapproved auxiliary water supply interconnected with the potable water supply	
Hospital, medical center, nursing home, veterinary, medical, or dental clinic, or blood plasma center	Commercial dishwasher, ice maker, mop sink	
Irrigation system using purveyor's water with or without adding chemicals*	Outside RV Connection or fifth wheel connection to city sewer	
Fire sprinkler system with or without adding chemicals or antifreeze	Swimming pool or hot tub	

*e.g., parks, playgrounds, golf courses, cemeteries, estates, etc.

Any other possible cross-connection concerns (please describe): _____

Note to Customer: this form is used for preliminary assessment only. The water purveyor will require a more thorough assessment at a later date.

This form was completed by (print name): _____

Date: _____

Please return completed form by _____ and send to:

City of Westport – Water Department, PO Box 505, Westport, WA 98595