



CITY OF WESTPORT

Water Department

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

Cross Connection Residential Survey Questionnaire

1. Are you renting or do you own this property? Rent: _____ Own: _____

If renting, please provide name and address of owner:

Name: _____

Mailing Address: _____

Phone: _____

2. Do you have any of the following?

a.	Hot tub	Yes	No
b.	Swimming pool	Yes	No
c.	Jacuzzi	Yes	No
d.	Underground sprinkler system/Lawn irrigation	Yes	No
e.	Chemical irrigation system	Yes	No
f.	Greenhouse and greenhouse equipment	Yes	No
g.	Solar system	Yes	No
h.	Utility sink with threaded faucet	Yes	No
i.	Fire sprinkler system	Yes	No
j.	Ghost pipes (unidentified piping)	Yes	No
k.	Water bed	Yes	No
l.	Duck or fish pond	Yes	No
m.	Outside RV connection or fifth wheel connection	Yes	No
n.	Auxiliary well	Yes	No
o.	Well point for irrigation	Yes	No

3. Do you use:

a.	Antifreeze flush kits	Yes	No
b.	Insecticide sprayers (ones that attach to a garden hose)	Yes	No
c.	Darkroom equipment/photo lab	Yes	No

4. Does anyone on the premises use a portable dialysis machine: Yes No

5. Do you have a bathtub that fills from the bottom, or does not have an overflow drain and is not air-gapped? Yes No

- | | | | |
|------------|---|-----|----|
| 6. | Do you have a water softener or any other treatment system connected to your drinking water supply? | Yes | No |
| 7. | Do you have an auxiliary water supply on your property? | Yes | No |
| 8. | Do you have livestock (i.e., horses, cows, etc.) and use water troughs? | Yes | No |
| 9. | Is your home or building elevated above your water meter? | Yes | No |
| 10. | Does a creek, river, or spring run near your property? | Yes | No |
| | If so, do you pump or draw water from this source? | Yes | No |
| 11. | Do you have a booster pump, well pump, or any other type of water pump? | Yes | No |
| 12. | Do you receive irrigation water from a different source? | Yes | No |
| 13. | Do you have a backflow preventer on your property now? | Yes | No |
| | a. Air gap for irrigation | Yes | No |
| | b. Other buildings or uses other than home | Yes | No |
| | c. Other areas _____ (i.e., espresso, beverage machines) | Yes | No |
| 14. | Do you have any situation that you are aware of that could create a cross-connection to the water supply? | Yes | No |

Comments to above questions or other needs that may need to be addressed:

Signature of Water Client

Mailing Address

Print Name

Date

Phone Number

Physical Address of Property: _____

Please return this survey form to:

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

Please return this Residential Questionnaire no later than _____