

## CROSS CONNECTION QUESTIONNAIRE FORM

1. Is this a residential or commercial property? Residential  Commercial   
 If commercial, please specify business name: \_\_\_\_\_
2. Are you renting, or do you own this property? Rent  Own   
 If renting, please provide name and address of owner:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. Your water meter serves how many homes? \_\_\_\_\_ How many buildings? \_\_\_\_\_
4. Do you have any of the following?
- |   |                              |                             |
|---|------------------------------|-----------------------------|
| o Swamp cooler connected to piping                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| o Hot tub (fills with a hose or automatic filler)     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| o Swimming pool                                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| o Underground sprinkler system                        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| o Drip irrigation system                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| o Greenhouse  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| o Solar water heating system                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| o Water makeup lines (boiler, hydronic heating)       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| o Utility sink with threaded faucet (hose attachment) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| o Fire sprinkler system                               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| o Unknown, unidentifiable, or complicated piping      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
5. Do you use any of the following?
- |   |                              |                             |
|---|------------------------------|-----------------------------|
| o Antifreeze flush kits with your automobile          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| o Insecticide sprayers (that attach to a garden hose) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| o Darkroom or photo developing equipment              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| o Fill adapters for waterbed, fish tank or other      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
6. Does anyone on the premises use a portable dialysis machine? Yes  No
7. Do you have a bathtub or hot tub that fills from the bottom or does not have an overflow drain or the fill spout is not above the tub rim? Yes  No
8. Do you have a water softener or any other water treatment system connected to your drinking water supply? Yes  No
9. Do you have auxiliary water supply (i.e. well, pond) on your premises? Yes  No
10. Do you have livestock (i.e., horses, cows, etc.) that use a water trough? Yes  No
11. Is the water piping that enters your home more than 10 feet above your Yes  No

water meter?

12. Does a creek, river, or spring run near your property? Yes  No   
a. Do you pump or draw water from this source? Yes  No
13. Do you have a booster pump, well pump, or any other type of water pump? Yes  No
14. Do you receive irrigation water from a different source? Yes  No
15. Do you have a backflow preventer on your property now? Yes  No   
If yes, where? \_\_\_\_\_
16. Do you have any situation that you are aware of that could create a connection between your drinking water and any other substance? Yes  No
17. Do you have any other water using equipment on your property not mentioned above? Yes  No

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please notify the «ServiceDistrict» if any of the above conditions change on your property such as remodeling, changes or additions to your water piping system.

\_\_\_\_\_  
Signature of Water Customer

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Clearly Print Your Name

\_\_\_\_\_  
Best time to call or alternate contact

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
**Mailing Address:**

\_\_\_\_\_  
**Site Address (if different):**

\_\_\_\_\_  
\_\_\_\_\_  
Please answer all the above questions and return the questionnaire within 30 days of receipt. This form will be kept on file at the CITY OF ADAIR VILLAGE. If you have any questions, please call us at 541-745-5507.

RETURN SURVEY REPORT FORM TO:

KARLA MCGRATH  
CITY OF ADAIR VILLAGE  
6030 NE WILLIAM R CARR AVE  
ADAIR VILLAGE, OR 97330