

CROSS CONNECTION SURVEY

Site Physical Address: _____

1. Is this residential or commercial property? Residential Commercial

If commercial, please specify business name: _____

2. Are you renting or do you own this property? Rent Own

Please provide names and addresses of all property owners:

3. Your water meter serves how many homes? _____ How many buildings? _____

4. Do you have any of the following?

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| a. Swamp Cooler | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| b. Hot tub | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| c. Swimming Pool | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| d. Underground sprinkler system | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| e. Drip irrigation system | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| f. Greenhouse | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| g. Solar water heating system | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| h. Water makeup lines (boiler, hydronic heating) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| i. Utility sink with threaded faucet (hose attachment) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| j. Fire sprinkler system | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| k. Ghost pipes (unidentifiable piping) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

5. Do you use:

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| a. Antifreeze flush kits | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| b. Insecticide sprayers (that attach to a garden hose) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| c. Darkroom or photo developing equipment | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| d. Fill adapters for waterbed, fish tank or other | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

6. Does anyone on the premise use any medical equipment connected to potable water? Yes No

7. Do you have a bathtub that fills from the bottom or does not have an overflow drain or the fill spout is not above the 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 (ie well, pond) on your premises? Yes No

10. Do you have livestock (ie, horses, cows, etc) that use a water trough? Yes No

11. Does the water piping enter your home more than 10 feet above your water meter? Yes No
12. Does a creek, river or spring run near your property? Yes No
- a. Do you pump or draw water from a different source? Yes No
13. Do you have 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 you property now? Yes No

Where? _____

16. Do you have any situation that you are aware of that could create a cross connection?
17. Do you have any other water using equipment on your property not mentioned above?

Comments: _____

Please notify the City of Dayton Public Works Department if any of the above conditions change on your property.

 Signature of Water Customer

 Phone Number

 Print your Name

 Best time to call or alternate contact

Today's Date _____

Your mailing address:

Physical address of property (if different)

Please answer all of the above questions and return this questionnaire within 30 days. This form will be kept on file at the City of Dayton Public Works Department. If you have any questions please call us at (503) 864-2221. Failure to return this survey could result in additional action taken against you as provided by Dayton Municipal Codes.

Return survey to: City of Dayton
 PO Box 339 - 416 Ferry St
 Dayton Or 97114

