



# BELFAIR WATER DISTRICT #1

## Cross-Connection Control Survey

This survey is for the purpose of collecting data so the district can take every precaution to help protect the integrity of our water supply and update the Districts records to assure that each and every one of our customers have safe drinking water. **A cross-connection is any actual or potential physical connection between a public water system and the consumer's water system and source of non-potable liquid, solid, or gas that could contaminate the potable water supply by backflow.**

1. Residential \_\_\_\_\_ Commercial \_\_\_\_\_

If commercial, specify business name & type: \_\_\_\_\_

2. Rent \_\_\_\_\_ Own \_\_\_\_\_

If renting, please provide name & address of owner:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Do you have any of the following: (please circle appropriate answer)

- |                                      |     |    |
|--------------------------------------|-----|----|
| a. Swamp Cooler                      | Yes | No |
| b. Hot Tub                           | Yes | No |
| c. Jacuzzi                           | Yes | No |
| d. Swimming Pool                     | Yes | No |
| e. Underground Sprinkler System      | Yes | No |
| f. Drip Irrigation                   | Yes | No |
| g. Greenhouse                        | Yes | No |
| h. Solar System                      | Yes | No |
| j. Utility Sink with Threaded Faucet | Yes | No |
| k. Ghost Pipes (unidentified piping) | Yes | No |

5. Does anyone on this premise use a dialysis machine? Yes No

6. Do you or anyone in the home use the following:

- |   |     |    |
|---|-----|----|
| a. Anti-Freeze Flush Kits                         | Yes | No |
| b. Insecticide Sprayers (attached to garden hose) | Yes | No |
| c. Darkroom Equipment                             | Yes | No |

7. Do you have a bathtub that fills from the bottom & doesn't have an overflow drain & is not air gapped? Yes No

8. Do you have a water softener or any other treatment system that is connected to your water supply? Yes No

- |  |                          |                        |
|--|--------------------------|------------------------|
| 9. Do you have an auxiliary water supply on your premise?  | <b>Yes</b>               | <b>No</b>              |
| 10. Do you have livestock (horses, cows, etc.)?  | <b>Yes</b>               | <b>No</b>              |
| 11. Is the home/building 30ft or more above the water meter?   | <b>Yes</b>               | <b>No</b>              |
| 12. Does a creek, river, or spring run near your property?<br>Do you pump/draw water from this source? | <b>Yes</b><br><b>Yes</b> | <b>No</b><br><b>No</b> |
| 13. Do you have a booster pump, well pump or any other type of water pump?                             | <b>Yes</b>               | <b>No</b>              |
| 14. Do you receive irrigation water from a different source?   | <b>Yes</b>               | <b>No</b>              |
| 15. Do you have a backflow device on your system now?<br>Where? _____                                  | <b>Yes</b>               | <b>No</b>              |
| 16. Do you have any other water-using equipment on your property not mentioned above?                  | <b>Yes</b>               | <b>No</b>              |

If answered yes to any of the above please explain below.  
 Attach additional paper as needed.

**Please notify Belfair Water District #1 if any of the above conditions change.  
 If you have any questions please feel free to contact our office at  
 (360)275-3008.**

**Thank you for working with us to protect our drinking water supply.**

_____ / _____	_____
Signature of Water Customer	Date Printed Name

Mailing Address:	Physical Address:
_____	_____
_____	_____
_____	_____

\_\_\_\_\_

Phone Number

James Freeman  
 Cross-Connection Control Specialist  
 (360) 275-3008  
 (360) 801-4528