

**COLUMBIA VALLEY WATER DISTRICT
CROSS CONNECTION SURVEY**

DATE: _____ WATER SERVICE ADDRESS: _____

Property Owner Name / Business Name: _____

Mailing Address / Zip: _____

Phone: _____ Cell: _____ Work: _____

If we do not receive your completed survey by the date listed below your water service may be interrupted and you will possibly be required to install a backflow prevention device before service can be restored.

Please check the boxes that apply to your water connection and **RETURN SURVEY BY DATE:** _____

Return Form To: CVWD –Mail to: 6229 Azure Way, Maple Falls WA 98266 Fax to: (360)599-1854 Email to: admin@ewsd19.com

Survey Questions

1. Is this service for a residence, business or both? Residence Business Both
If used as a business what kind of business? _____

2. Are there multiple residences supplied with water through the one metered connection on your property?
 Yes No If yes, how many are connected? Permanently _____ Temporarily by water hose _____

3. Do you have a well or other water source like a rain water collection system? Yes No Don't Know
If so, is it connected to the house plumbing system? Yes No Don't Know

4. Do you have? (Check all that apply) NA
 Unidentifiable pipes Frost Free Hydrant Greenhouse Fire sprinkler Hot Tub / Swimming pool
 Solar or hot water heating system Underground sprinkler system (lawn irrigation) Travel Trailer/Camper

5. Do you use? (Check all that apply) NA
 Antifreeze flush kits Insecticide/fertilizer sprayers (that attach to a garden hose)
 Darkroom equipment Portable dialysis machine Other machinery or equipment

6. Do you have a bathtub or Jacuzzi that fills from the bottom or does not have an air gap on the overflow? Yes No Don't know

7. Do you have a livestock watering trough with a permanent submerged water fill pipe? Yes No Don't know

8. Do you have a booster pump, well pump, or any other type of water pump? Yes No If yes, type _____

9. Do you have a backflow preventer on your property now? Yes No If yes, where? _____
If yes, list the following: Make _____ Model _____ Size _____ Serial # _____

Comments: _____

Print Name

Phone

Date

Please notify District Staff at (360)599-1699, if any of the above conditions change