



CITY OF PATEROS

113 Lakeshore Drive
 PO Box 8, Pateros WA 98846
 Phone: 509.923.2571
 E-mail: jwilson@pateros.us

CROSS CONNECTION QUESTIONNAIRE FORM

QUESTIONS	Yes	No
Is this property residential?		
Is this property commercial or industrial?		
Are you renting?		
If renting provide name and address of Owner:		
Owner Name: _____		
Address: _____		
City/State/Zip: _____		
Phone: _____ Email: _____		
Your water meter serves how many: Homes _____ Buildings _____		

Do you have any of the following?	Yes	No
Swamp cooler connected to piping		
Hot tub (fills with a hose or automatic filler)		
Swimming Pool		
Underground sprinkler system		
Greenhouse		
Solar water heating system		
Water makeup lines (boiler, hydronic heating)		
Utility sink with threaded faucet (hose attachment)		
Fire sprinkler		
Unknow, unidentifiable or complicated piping		

Do you use:	Yes	No
Antifreeze flush kits with your automobile		
Insecticide sprayers (that attach to a garden hose)		
Darkroom or photo developing equipment		
Fill adapters for waterbed, fish tank or other		

	Yes	No
Does anyone on the premises use a portable dialysis machine?		
Do you have a bathtub/jacuzzi that fills from the bottom or does not have an overflow drain or the fill spout is not above the tub rim?		
Do you have a water softener, or any other water treatment system connected to your drinking water supply?		
Do you have an auxiliary water supply such as a well?		
Do you have livestock (horse, cows, etc.) that use a water trough?		
Is the water piping that enters your home more than 10 feet above your water meter? (Such as those that live above Ives Street)		
Do you have a booster pump, well pump, irrigation pump or any other type of water pump?		
Do you receive irrigation water from a different source?		
Do you have a backflow preventer on your property now? If yes, where _____		
Do you have any situation that you are aware of that could create a connection between your drinking water and any other substance?		
Do you have any other water using equipment on your property not mentioned above?		

Comments: _____

Please notify the City of Pateros 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 _____ Date _____

Print your Name: _____

CONTACT INFORMATION

Name:	Physical address of property:
Mailing Address:	
City/State/Zip:	
Phone:	Alternate Phone:
Email:	

Please answer all the above questions and return this form with your UTILITY SERVICE APPLICATION. If you have questions, please call us at (509) 923-2571.

**RETURN SURVEY REPORT FORM TO: Jord Wilson
City of Pateros
P.O. Box 8
Pateros, WA 98846**