

Cross Connection Questionnaire Form

1. Is this residential or commercial property? Residential Commercial Nursing Home

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?
- | | | |
|--------------------------------------------------------------------------|------------------------------|-----------------------------|
| A. Swamp cooler connected to piping | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| B. Hot tub (fills with a hose or submerged inlet) | 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. Aspirators (Medical/Dental/Lab) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| F. Autoclave (Medical/Dental/Industrial) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| G. Chemical feeder for (Cleaner/Degreaser/Fertilizer/etc.) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| H. Water makeup lines to (Boiler/Hydronic heating/Film processing/X-ray) | 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 (Wet/Dry) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| K. Carbonated Beverage Machine or Ice Machine | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| L. Laboratory Equipment or Steam Generating Equipment | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| M. Unknown, unidentifiable or complicated piping | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

5. Are you a:
- | | | |
|------------------------------------------------------------------|------------------------------|-----------------------------|
| A. Food processing or Beverage Plant? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| B. Hospital/Medical/Dental/Veterinarian clinic or plasma center? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| C. Metal plating industry or have cooling towers? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| D. Mortuary or Laboratory | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| E. Premise with fire sprinkler system or private fire hydrant? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| F. Commercial Dry Cleaner/Laundry Mat? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| G. Car Wash? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| K. Tall building (over 30 feet) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

6. Does anyone on the premise use a portable dialysis machine? Yes No

7. 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? 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 30 feet above your water meter? Yes No
12. Does a lake, creek/river, or spring run near your property?
 a. Do you pump or draw water from this source? Yes No
 Yes No
13. Do you receive irrigation water from a different source? Yes No
14. Do you have a backflow preventer on your property now?
 If yes, where? _____ Yes No
15. 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
16. Do you have any other water using equipment on your property not mentioned above? Yes No

Comments: _____

Please notify King County Water District #20 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

 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 the questionnaire within 30 days. This form will be kept on file at the King County Water District #20. If you have any questions please contact us at Mmartin@kcwd20.com or call (206) 243-3990.

RETURN SURVEY REPORT FORM TO: Michael Martin
 King County Water District #20
 12606 1st Ave S
 Burien, WA 98168