**Cross Connection Questionnaire Form**

Please answer the below questions and return the questionnaire within 30 days.

This form will be kept on file at the City of Drain. If you have any questions please call us at

(541) 836-2113.

PLEASE RETURN THIS FORM TO: Daniel Bird

C/O City of Drain

P.O. Box 158

Drain, OR 97435-0158

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Signature of water customer Phone number

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Print Your Name Best time to call or alternate contact

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address Physical address of property (if different)

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1. Is this a residential or commercial property? Residential Commercial

If commercial, please specify business name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

If renting, please provide name and address of owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Your water meter serves how many homes? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ How many buildings \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Do you have any of the following?
3. Swamp cooler Yes No
4. Hot tub/Jacuzzi Yes No
5. Swimming pool Yes No
6. Underground sprinkler system Yes No
7. Drip irrigation system Yes No
8. Greenhouse Yes No
9. Solar water heater system Yes No
10. Water makeup Yes No
11. Utility sink with threaded faucet(hose attachment) Yes No
12. Fire sprinkler system Yes No
13. Ghost pipes (unidentifiable piping) Yes No
14. Soda/Beverage Dispensers Yes No
15. Do you use:
16. Antifreeze Flush Kits Yes No
17. Insecticide sprayers (that attach, to a garden hose) Yes No

Darkroom or photo developing equipment Yes No

Fill adapters for water, fish tank or other Yes No

1. Does anyone on the premise use a portable dialysis machine? Yes No
2. Do you have a bathtub that fills from the bottom or does not have an overflow Yes No

Drain, or the fill spout is not above the tub rim?

1. Do you have a water softener or any other water treatment system Yes No

Connected to your drinking water supply?

1. Do you have an auxiliary water supply (i.e. well, pond) on your premises? Yes No
2. Do you have livestock (i.e. horses, cows, etc.) that use a water trough? Yes No
3. Does the water piping enter your home more than 10 feet above your water meter? Yes No
4. Does a creek, river, or spring run near your property? Yes No
5. Do you pump or draw water from this source? Yes No
6. Do you have a booster pump, well pump, or any other type of water pump? Yes No
7. Do you receive irrigation water from a different source? Yes No
8. Do you have a backflow prevent on your property now? Yes No

Where:

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1. Do you have any other situations that could create a cross connection? Yes No
2. Do you have any other water-using equipment on your property not mentioned above? Yes No

Comments: