



CROSS CONNECTION SURVEY

COMMERCIAL/INDUSTRIAL WATER USAGE

Date:

Account Number:

Water System Name:

Customer Name:

Site Address:

PLEASE RETURN THIS COMPLETED survey to Washington Water Service Company by / / . If you are the tenant, please forward this on to the property owner for completion.

If you are a commercial/industrial customer and we do not receive your completed survey by the date listed above. You must install a double check valve assembly on your side of the meter within ninety (90) days of the above date and have it tested or water service may be subject to disconnection until a survey is completed or a device has been installed. Device requirements for commercial/industrial businesses will be determined based on hazard. As per Washington State Department of Health WAC # 246-290-490.

Please indicate if your Commercial/Industrial site has any of the following (Check All that Apply):

- Agricultural (Farms/Dairies/Greenhouses)
 - Veterinary Clinic/Pet Stores
 - Livestock Watering
 - Hose Filled Automated
 - Medical/Dental Facilities (Check All that Apply)
 - Blood Plasma Center Dental Clinic Hospitals Medical Clinic Mortuary Nursing Home Treatment Center
 - Educational Facilities (Daycare Centers/Schools)
 - Film (Photo)Processing
 - Laboratories
 - Industrial Facilities (Check All that Apply)
 - Battery Manufacturing Metal Plating Petroleum Processing/Storage Plant Other: _____
 - Car Washes / Pressure Washers
 - CO2 Dispensing (Soda Pop)
 - Commercial Laundries and Dry Cleaners
 - Boat Marina, Dry Dock, Graving Dock or Piers
 - Food Processing (Beverage Bottling Plants, Canneries, Packing-Slaughter House)
 - Landscape Irrigation System - Can you add chemicals to the system? Yes No
 - Fire Sprinkler System - Can you add chemicals to the system? Yes No
 - Water Treatment Equipment (i.e. Water Softener) - Is Backwash/Cleaning Cycle Air Gapped? Yes No
 - Auxiliary source of supply facilities, excluding WASHINGTON WATER SERVICE CO. (Check all that apply)
 - Well or Surface Water Storage Tank Reclaimed Water Other: _____
 - Swimming Pool / Hot Tub / Decorative Pond - Filled with a hose? Yes No
 - Sewage Pump Station / Wastewater Treatment Plant
 - Do you currently have air vacuum breakers or check valves on your outside faucets? Yes No
 - Do you have a back flow prevention device installed on your service? Yes No
- If yes, please provide the following:
 Make: _____ Model: _____ Serial #: _____ Size: _____
 Location of Assembly: _____
Date of Last Test: _____ please attach a copy of the test form and return with this survey.
- NONE OF THE ABOVE

Signature of Person Completing This Survey _____

For more information on Cross Connection Control and Backflow Prevention visit the Washington State Department of Health Web Page. (<http://www.doh.wa.gov/CommunityandEnvironment/DrinkingWater/WaterSystemDesignandPlanning/CrossConnectionControlBackflowPrevention.aspx>)

Return completed survey and test form to: PO Box 336, Gig Harbor, WA 98335