



CROSS CONNECTION SURVEY RESIDENTIAL APPLICATIONS

Development Services Department

865 S.E. Barrington Dr. • Oak Harbor, WA 98277 • Phone (360) 279-4510 • Fax (360) 279-4519

The purpose of this questionnaire is to help determine if you have any special plumbing or activities that pose an increased risk of contamination to the city water system. Please fill out the following questionnaire and check the appropriate boxes that apply to your project.

TYPE OF RESIDENCE: Single Family Duplex Other: _____

Project Site Address: _____ Property Tax Parcel: _____

Project Description: _____

Owner's Name: _____

Owner's Address: _____ Phone : (_____) _____ - _____

Email address: _____

Place a check next to all equipment and fixtures listed below that are, or will be connected to water for use at your project or residence.

- | | |
|--|---|
| <input type="checkbox"/> Hot tub | <input type="checkbox"/> Heating systems using Water |
| <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Medical Equipment |
| <input type="checkbox"/> Spa/Sauna | <input type="checkbox"/> Private well on property |
| <input type="checkbox"/> Air Conditioner | <input type="checkbox"/> Livestock Watering |
| <input type="checkbox"/> Water Treatment /Filtration System | <input type="checkbox"/> Photo Developing Equipment |
| <input type="checkbox"/> Decorative Pond /Fountain | <input type="checkbox"/> Gray water system |
| <input type="checkbox"/> Drinking Fountain | <input type="checkbox"/> Water supply to dock or boat moorage |
| <input type="checkbox"/> Lawn Landscape Irrigation w/o chemicals | <input type="checkbox"/> Septic Pump |
| <input type="checkbox"/> Garbage Disposals | <input type="checkbox"/> None of the Above |
| <input type="checkbox"/> Solar Heating Equipment | <input type="checkbox"/> Lawn Landscape Irrigation with chemicals |
| <input type="checkbox"/> Heat Pumps | |

The above information is complete and accurate to the best of my knowledge. I understand that any changes in equipment connected to the domestic water system must be reported immediately to the city of Oak Harbor Building Division and Water Division as a condition of continued service.

Completed By: _____ Date: _____

FOR STAFF USE ONLY				
Permit # _____	Accepted By _____	Premise Isolation Required _____	Assembly Type _____	Date _____