SFR Cross Connection Survey Information

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

Project Site Address: ___________________________________________ Parcel ID: ______________________

Project Description: __________________________________________________________________________________________________

_____________________________________________________________________________________________________________________

TYPE OF RESIDENCE:  [ ] Single Family  [ ] Duplex  [ ] Other: ___________________________

Owner’s Name: ____________________________________________ ___________________________________________

Owner’s Address: ___________________________________________ Phone: (______) _______ ______________________

Email Address: ____________________________________________

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.

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.

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

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: ______________________

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