



CROSS CONNECTION SURVEY COMMERCIAL APPLICATION

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 of Oak Harbor water system. Please fill out the questionnaire and check the appropriate box that applies to your business or project.

Project Site Address: _____ Property Tax Parcel: _____

Project Description: _____

Business Name: _____

Contact Name: _____

Business Owner's Name: _____

Owner's Address: _____ City: _____ State: _____ Zip: _____

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

Property Owner Name: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail Address: _____ Phone (_____) _____ - _____

Backflow prevention assemblies shall be installed at all premises where in the judgment of the City of Oak Harbor Building Division or Water Division, the nature of activities on the premise may present a hazard to the public water system. All commercial and multifamily projects are required to provide premise isolation as a minimum protection.

1. Please indicate if your facility has, or will have any of the following :

- | | | |
|--|---|---|
| <input type="checkbox"/> Air Conditioners | <input type="checkbox"/> Coffee Urn | <input type="checkbox"/> Fume Hoods |
| <input type="checkbox"/> Air Compressor | <input type="checkbox"/> Commercial Cooking Kettles | <input type="checkbox"/> Garbage Can Washers |
| <input type="checkbox"/> Air Washers | <input type="checkbox"/> Computer Cooling Lines | <input type="checkbox"/> Heat Exchangers w/o dbi wall leak path |
| <input type="checkbox"/> Aquarium make-up Water | <input type="checkbox"/> Condensate Tanks | <input type="checkbox"/> Heat Pumps |
| <input type="checkbox"/> Aspirators, weedicide, herbicide, pesticide | <input type="checkbox"/> Cooling Towers Etching Tanks | <input type="checkbox"/> Heating System using water |
| <input type="checkbox"/> Aspirators, Medical -Lab | <input type="checkbox"/> Decorative Ponds/ Fountains | <input type="checkbox"/> Heating Boilers, Commercial |
| <input type="checkbox"/> Autoclave | <input type="checkbox"/> Degreasing Equipment | <input type="checkbox"/> High Pressure Washers |
| <input type="checkbox"/> Autopsy Tables | <input type="checkbox"/> Dental Equipment /Cuspidors | <input type="checkbox"/> Hot Tub |
| <input type="checkbox"/> Auxiliary water system (well, pond, creek, other) | <input type="checkbox"/> Dialysis Equipment | <input type="checkbox"/> Hydrotherapy Baths |
| <input type="checkbox"/> Baptismal Fountain | <input type="checkbox"/> Dishwashers | <input type="checkbox"/> Ice Makers |
| <input type="checkbox"/> Bathtub, below rim filler | <input type="checkbox"/> Drinking Fountains | <input type="checkbox"/> Industrial Fluid Systems |
| <input type="checkbox"/> Bed Pan Washers | <input type="checkbox"/> Dye Vats | <input type="checkbox"/> Intertied (looped) Services |
| <input type="checkbox"/> Beverage (pop) Machines using Co2 | <input type="checkbox"/> Espresso Machines | <input type="checkbox"/> Irrigation system (no chemicals) |
| <input type="checkbox"/> Boilers Feed Lines | <input type="checkbox"/> Etching Tanks | <input type="checkbox"/> Irrigation system (chemical) |
| <input type="checkbox"/> Bottle Washing Equipment | <input type="checkbox"/> Fermenting Tanks | <input type="checkbox"/> Janitor sink |
| <input type="checkbox"/> Brine Tanks | <input type="checkbox"/> Fertilizer Injection | <input type="checkbox"/> Kitchen Equipment |
| <input type="checkbox"/> Building three stories or more tall | <input type="checkbox"/> Film Processors | <input type="checkbox"/> Laboratory Equipment |
| <input type="checkbox"/> Car Washing Equipment | <input type="checkbox"/> Fire Dept Pumper Connection | <input type="checkbox"/> Laundry Machines |
| <input type="checkbox"/> Chemical Feed tank for industrial process | <input type="checkbox"/> Fire Sprinkler Systems (with booster pump) | <input type="checkbox"/> Lawn Landscape Irrigation w chemical |
| <input type="checkbox"/> Chemical Feed (commercial cleaners) | <input type="checkbox"/> Fire Sprinkler system with chemicals | <input type="checkbox"/> Lawn Landscape Irrigation w/o chemical |
| <input type="checkbox"/> Chlorinators | <input type="checkbox"/> Fire Sprinkler Systems w/o chemicals | <input type="checkbox"/> Livestock Drinking Tanks |
| | <input type="checkbox"/> Floor Drains | <input type="checkbox"/> Make-up Tanks |
| | | <input type="checkbox"/> Mobile Carpet Cleaners |



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- | | | |
|---|---|---|
| <input type="checkbox"/> Pesticide Applicator Trucks | <input type="checkbox"/> Sewer Connected Equipment | <input type="checkbox"/> Stills |
| <input type="checkbox"/> Photo Developing Sinks/Tanks | <input type="checkbox"/> Sewer Flushing | <input type="checkbox"/> Sumps |
| <input type="checkbox"/> Private Fire Hydrants | <input type="checkbox"/> Shampoo Sink | <input type="checkbox"/> Swimming Pool |
| <input type="checkbox"/> Private Wells | <input type="checkbox"/> Solar Heating Systems | <input type="checkbox"/> Trap Primers |
| <input type="checkbox"/> Pump Prime Trucks | <input type="checkbox"/> Spa/Sauna | <input type="checkbox"/> Used or Gray Water systems |
| <input type="checkbox"/> Radiator Flushing Equipment | <input type="checkbox"/> Steam Generating Equipment | <input type="checkbox"/> Water Treatment Filtration Systems |
| <input type="checkbox"/> RV Dump Stations | <input type="checkbox"/> Sterilizers | <input type="checkbox"/> X-Ray Equipment |

2. Are you aware of any existing backflow protection located on this property?

Please Describe: _____

3. Please provide the name of all products or chemicals that are mixed with water at your location. _____

4. Please provide the name of all products or chemicals that are stored in bulk at your location. _____

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: _____

THIS SECTION TO BE COMPLETED BY THE WATER QUALITY DIVISION							
Type of Water Use	Hazard Assessment		Backflow Protection Required				
	Low	High	None	DCVA	DCDA	RCBA	RPDA
Domestic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Status of Meter	<input type="checkbox"/> Meter is Set		<input type="checkbox"/>	<input type="checkbox"/> Okay to Install			
Certified By	<input type="checkbox"/> Locked per Water Quality Division						