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.

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

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

<table>
<thead>
<tr>
<th>Permit #</th>
<th>Accepted By</th>
<th>Premise Isolation Required</th>
<th>Assembly Type</th>
<th>Date</th>
</tr>
</thead>
</table>

coh forms/coh-22

Page 1 of 1

8/08 dwa