



City of North Bend

Public Works - Water Department

Physical address: 1155 E. North Bend Way - North Bend, WA 98045
Mailing address: 920 SE Cedar Falls Way – North Bend, WA 98045
(425) 888-0486 FAX# (425) 888-3502

Cross-Connection Residential Survey Questionnaire

You are being asked to fill out this questionnaire because a Plumbing Permit has been applied for at your address. The City of North Bend **requires** you to fill out this questionnaire to determine whether any cross connection has been made with the city's water supply.

Name of Applicant: _____ Phone #: _____

Property Address: _____

Are you **RENTING** or do you **OWN** this property? Rent: Own:

If renting, please provide name and contact information of Owner:

Name of Owner: _____ Phone #: _____

Owners Address: _____

1. Do any of the following exist at site address?

a.	Hot Tub	Yes	No	Unknown
b.	Swimming Pool	Yes	No	Unknown
c.	Underground sprinkler system/lawn irrigation	Yes	No	Unknown
d.	Chemical irrigation system	Yes	No	Unknown
e.	Greenhouse and greenhouse equipment	Yes	No	Unknown
f.	Solar System	Yes	No	Unknown
g.	Utility sink with threaded faucet	Yes	No	Unknown
h.	Fire sprinkler system	Yes	No	Unknown
i.	Ghost pipes (unidentified piping)	Yes	No	Unknown
j.	Water Bed	Yes	No	Unknown
k.	Duck or fish pond	Yes	No	Unknown
l.	Outside RV connection or fifth wheel connection	Yes	No	Unknown
m.	Auxiliary well	Yes	No	Unknown
n.	Well point for irrigation	Yes	No	Unknown

2. Are any of these materials used at site address?

a.	Antifreeze flush kits	Yes	No	Unknown
b.	Insecticide sprayers (that attach to garden hose)	Yes	No	Unknown
c.	Darkroom equipment/photo lab	Yes	No	Unknown

3. Does anyone on the premises use a portable dialysis machine?	Yes	No	Unknown
4. Does the residence have a bathtub that fills from the bottom, or does not have an overflow drain and is not air-gapped?	Yes	No	Unknown
5. Does the residence have a water softener or any other treatment system connected to the drinking water supply?	Yes	No	Unknown
6. Does the residence have an auxiliary water supply on the property?	Yes	No	Unknown
7. Do the residence have livestock (i.e. horses, cows, etc.) and use water troughs?	Yes	No	Unknown
8. Is the residence or any building on the property elevated above the water meter?	Yes	No	Unknown
9. Does a creek, river or spring run near the property? If so, do your pump or draw water from this source?	Yes	No	Unknown
10. Does the residence have a booster pump, well pump, or any other type of water pump?	Yes	No	Unknown
11. Does the residence receive irrigation water from a different source?	Yes	No	Unknown
12. Does the residence have a blackflow preventer on the property now? a. Air gap for irrigation b. Other buildings or uses other than home c. Other areas (i.e., espresso, beverage machines)	Yes	No	Unknown
13. Does the residence have any situation that you are aware of that could create a cross-connection to the water supply?	Yes	No	Unknown

Comments to above questions or other needs that my need to be addressed:

Note to Customer: this form is used for preliminary assessment only. The water purveyor may require a more thorough assessment at a later date.

This form was completed by: _____
 Name _____ Date _____

You are required to return the completed form within 5 business days of issuance of the Plumbing permit. Your Plumbing Permit will not be considered complete until this form has been completed and sent to the North Bend Water Department.

Please mail or email the completed form to:

*City of North Bend Water Dept, 920 SE Cedar Falls Way, North Bend, WA 98045
or via email to waterdept@northbendwa.gov*