



# 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 Non-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 Customer or Business: \_\_\_\_\_

Site Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Type of Business: \_\_\_\_\_

**Does your business or premises have any of the items listed below, or is it a type of business included in the table below? (please check all that apply):**

Agricultural (farm or dairy)	Laboratory	
Beverage Machine	Metal plating industry	
Car wash	Petroleum processing or storage plant	
Chemical plant/mixing chemicals	Parks (i.e., drinking fountain, yard hydrant, etc.)	
Commercial laundry or dry-cleaners	Cemeteries	
Film Processing Facility	Survey access denied or restricted	
Food Processing Facility	Wastewater lift station or pumping station	
Ghost Pipes	Wastewater treatment plant	
Having both reclaimed water & potable water provided	Having an unapproved auxiliary water supply interconnected with the potable water supply	
Hospital, nursing home, veterinary, medical, dental clinic or medical or blood plasma center	Commercial dishwasher, ice maker, mop sink	
Irrigation system using purveyors water with or without adding chemicals*	Outside RV connection or fifth wheel connection to city sewer	
Fire sprinkler system with or without adding chemicals or antifreeze	Swimming pool or hot tub	

\*e.g., parks, cemeteries, etc.

Any other possible cross-connection concerns? (please describe):  
\_\_\_\_\_  
\_\_\_\_\_

*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.  
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](mailto:waterdept@northbendwa.gov)