

## Cross Connection Questionnaire Form

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Please answer the following questions. If you do not know, please leave blank. Thank you.

1. Is this residential or commercial property? Residential  Commercial

If commercial, please specify business name: \_\_\_\_\_

2. Are you renting or do you own this property? Rent  Own

If renting, please provide name and address of owner:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Your water meter serves how many homes? \_\_\_\_ How many buildings? \_\_\_\_\_

4. Do you have any of the following?

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| a. Swamp cooler connected to piping                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Hot tub (fills with a hose or automatic filler)     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Swimming pool                                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Underground sprinkler system                        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e. Drip irrigation system                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| f. Greenhouse  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| g. Solar water heating system                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| h. Water makeup lines (boiler, hydronic heating)       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| i. Utility sink with threaded faucet (hose attachment) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| j. Fire sprinkler system                               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| k. Unknown, unidentifiable or complicated piping       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

5. Do you use:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| a. Antifreeze flush kits with your automobile          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Insecticide sprayers (that attach to a garden hose) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Darkroom or photo developing equipment              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Fill adapters for waterbed, fish tank or other      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

6. Does anyone on the premise use a portable dialysis machine? Yes  No

7. Do you have a bathtub/Jacuzzi that fills from the bottom or does not have an overflow drain or the fill spout is not above the tub rim? Yes  No

8. Do you have a water softener or any other water treatment system connected to your drinking water supply? Yes  No

9. Do you have auxiliary water supply (i.e. well, pond) on your premises? Yes  No
10. Do you have livestock (i.e., horses, cows, etc.) that use a water trough? Yes  No
11. Is the water piping that enters your home more than 10 feet above your water meter? Yes  No
12. Does a creek, river, or spring run near your property? Yes  No   
 a. Do you pump or draw water from this source? Yes  No
13. Do you have a booster pump, well pump, or any other type of water pump? Yes  No
14. Do you receive irrigation water from a different source? Yes  No
15. Do you have a backflow preventer on your property now? Yes  No   
 If yes, where? \_\_\_\_\_
16. Do you have any situation that you are aware of that could create a connection between your drinking water and any other substance? Yes  No
17. Do you have any other water using equipment on your property not mentioned above? Yes  No

Comments: \_\_\_\_\_  
 \_\_\_\_\_

Please notify the City of Dover if any of the above conditions change on your property such as remodeling, changes or additions to your water piping system.

\_\_\_\_\_  
 Signature of Water Customer

\_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Print Your Name

\_\_\_\_\_  
 Best time to call or alternate contact

\_\_\_\_\_  
 Today's Date

\_\_\_\_\_  
 Your mailing address:

\_\_\_\_\_  
 Physical address of property (if different):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please return the questionnaire within 30 days via mail, drop off at City Hall or email. This form will be kept on file at the City of Dover. If you have any questions please call us at (208) 265-8339.

RETURN SURVEY REPORT FORM TO:

Michele Hutchings  
 PO Box 115, 699 Lakeshore Ave.  
 Dover, ID 83825  
 cityclerk@cityofdoveridaho.org

