

Cross Connection Questionnaire Form

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 answer all of the above questions and return the questionnaire within 30 days. 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: City of Dover, P.O. Box 115, Dover, ID 83825 – by mail
 City of Dover, 699 Lakeshore Ave., Dover, ID 83825 –
 in person

City of Dover (208-265-9035 – by fax
cityclerk@cityofdoveridaho.org – by email