

CITY OF CANYONVILLE
CROSS CONNECTION SURVEY

Physical address: _____

1. Residence or commercial property? Residence ___ Commercial ___

If commercial, please specify business name: _____

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

Please provide name, address, and phone number of property owner: _____

3. Your water meter serves how many buildings? _____

4. Do you have any of the following?

Swamp cooler	Yes ___	No ___
Hot tub	Yes ___	No ___
Swimming pool	Yes ___	No ___
Underground sprinkler system	Yes ___	No ___
Drip irrigation system	Yes ___	No ___
Greenhouse	Yes ___	No ___
Solar water heating system	Yes ___	No ___
Water makeup lines (boiler, hydronic heating)	Yes ___	No ___
Utility sink with threaded faucet (hose attachment)	Yes ___	No ___
Commercial deep sink	Yes ___	No ___
Fire sprinkler system	Yes ___	No ___
Ghost pipes (unidentifiable piping)	Yes ___	No ___

5. Do you use:

Antifreeze flush kits	Yes ___	No ___
Insecticide or fertilizer sprayers (that attach to a garden hose)	Yes ___	No ___
Darkroom or photo developing equipment	Yes ___	No ___
Fill adapters for waterbed, fish tank, or other	Yes ___	No ___

6. Does anyone on the premises use a dialysis machine? Yes ___ No ___

7. Do you have a bathtub that fills from the bottom or does not have an overflow drain, or the fill spout is not above the 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 an auxiliary water supply, such as a well or pond, on your premises? Yes ___ No ___

10. Do you have livestock that use a water trough? Yes ___ No ___

11. Does the water piping enter 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 ___

13. Do you pump or draw water from a source other than the public water system? Yes ___ No ___

14. Do you use a booster pump, well pump, or any other type of water pump? Yes ___ No ___

15. Do you receive irrigation water from a different source? Yes ___ No ___

16. Do you have a backflow prevention device now? Yes ___ No ___
Where? _____

17. Are you aware of any situation that could create a cross connection on your property? Yes ___ No ___

18. Do you have any other water using equipment on your property not mentioned above? Yes ___ No ___

Comments: _____

Please notify the City of Canyonville Public Works Dept. if any of the above conditions change on your property.

Signature of water customer

Please print your name

Telephone number

Best time to call or alternate contact

Your mailing address

Physical address of property (if different)

Today's date _____

Please answer all of the above to the best of your knowledge and return this survey within 14 days. This form will be kept on file at the Public Works Dept. If you have questions please call us at 541-839-6377. Drop off the completed form at City Hall or mail to:

City of Canyonville
PO Box 765 / 250 N.Main
Canyonville, OR 97417