

# CROSS-CONNECTION CONTROL REPORTING FORM

State law requires consumers of public water supplies to inspect their facilities no less than once every five years. Completing and returning this form fulfills that requirement!

## COMPLETION OF THIS FORM IS A REQUIREMENT OF SERVICE.

Customer Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Yes No

1. Underground lawn irrigation system?.....

If yes, is it protected by a testable backflow preventer?.....

2. Swimming pool or hot tub?.....

If yes, is it protected by a testable backflow preventer?.....

3. Photo, chemical, medical, or other lab facilities?.....

If yes, is it protected by a testable backflow preventer?.....

4. Private well or other source of water?.....

If yes, is it protected by a testable backflow preventer?.....

5. Boiler heat or water to air heat pump?.....

If yes, is it protected by a testable backflow preventer?.....

6. Garden hoses connected to possible contaminants?.....

If yes, is it protected by a hose bib vacuum breaker?.....

7. Water softener?.....

If yes, is it protected by an air gap?.....

8. Residential fire sprinkler system?.....

9. Animal watering troughs?.....

10. Home-based business?.....

**If yes to number 10, please list type (e.g. beauty salon, machine shop, etc.) and describe below.**

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

**Failure to complete and return this form puts your water system in violation of State Health Department Regulation Title 179. If a completed form is not returned to our office, your water service may be subject to disconnection.** Cross-connection is operated by TPUD Resolution 05-15. This resolution is available online at [www.thurstonpud.org](http://www.thurstonpud.org). If you have any questions, please contact our office at (866) 357-8783.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Thank you. This form will help prevent the accidental contamination of our drinking water.*

OFFICE USE ONLY

Account Number:

Water System:

Initials: