

MANDATORY WATER USE QUESTIONNAIRE

Dear Customer,

In compliance with the WA Department of Health regulations the Town of Lyman Water Department carries out a program of “cross connection control” to protect the water distribution system from contamination. A cross connection is a point in a plumbing system where the drinking water is directly connected or could be connected to a contaminated source. The accompanying pamphlet explains this in more detail. A copy of the entire Ordinance available upon request.

An essential part of our cross connection control program is our assessment of the degree of hazard posed by each of our customer’s plumbing systems upon the public water system. For most residential customers, the hazard is minimal; the installation of your plumbing in compliance with the plumbing code should have provided adequate protection of your potable water piping and our water distribution system.

However, customers with special plumbing or activities may pose an increased health risk. To achieve an acceptable level of risk of contamination, it may be necessary to have a backflow preventer installed on your service pipe or alternate protection provided for the public water system.

Questionnaire must be completed and returned to:

LYMAN TOWN HALL
8405 S MAIN ST.
PO BOX 1248

LYMAN, WA 98263 by _____ to avoid possible surcharges being added to your bill or backflow preventer being installed at the meter at your expense.

If you have checked any of the boxes on the questionnaire we may contact you to request further information.

Your cooperation in completing this questionnaire is most appreciated. If you have any questions, please contact:

Lyman Water Department
Water Distribution Manager

360-826-3033 office

New customers must complete and return this questionnaire before new service is connected or restored.

Residential Survey 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 may homes? _____ How many buildings? _____

4. Do you have any of the following?

a. Swamp cooler	Yes	No
b. Hot tub	Yes	No
c. Swimming pool	Yes	No
d. Jacuzzi	Yes	No
e. Underground sprinkler system	Yes	No
f. Drip irrigation system	Yes	No
g. Greenhouse	Yes	No
h. Solar system	Yes	No
i. Utility sink with threaded faucet	Yes	No
j. Fire sprinkler system	Yes	No
k. Ghost pipes (unidentifiable piping)	Yes	No
l. Waterbed	Yes	No

5. Do you use:

a. Antifreeze flush kits	Yes	No
b. Insecticide sprayers (that attach to a garden hose)	Yes	No
c. Darkroom equipment	Yes	No

6. Does anyone on the premises use a portable Dialysis machine? Yes No

7. Do you have a bathtub that fills from the bottom, or does not have an overflow drain and is not air gapped? Yes No

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

9. Do you have auxiliary water supply on your premises? Yes No

10. Do you have livestock (horses, cows, etc.) and use a trough? Yes No

11. Is you home or building elevated above you 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

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| 15. | Do you have backflow preventer on your property now? | Yes | No |
| 16. | Do you have any situation that you are aware of that could create a cross connection? | Yes | No |
| 17. | Do you have any other water using equipment on your property not mentioned above? | Yes | No |

Comments: _____

Please notify Lyman Water Department at 360-826-3033, if any of the above conditions ever changes on your property

Signature of Water Client

Phone Number

Print you Name

Best time to call

Today's Date _____

Mailing address:

Physical address of property:

Please answer all of the above questions and return questionnaire within 60 days.
This form will be kept on file.

Please return to: Town Of Lyman PO Box 1248 Lyman, WA 98263