

# Residential Survey Form

1 Is this Residential | | or Commercial Property | |  
If Commercial please specify business name and type of business

2 This property are you Renting | | or you own | |  
If renting, please provide name and address of the owner

3 Your water meter serves how many Homes? How many buildings?

4 Do you have any of the following?

Swamp cooler	Yes	No
Hot tub	Yes	No
Swimming pool	Yes	No
Jacuzzi	Yes	No
Underground sprinkler system	Yes	No
Drip irrigation system	Yes	No
Greenhouse	Yes	No
Solar System	Yes	No
Utility sink with threaded faucet	Yes	No
Fire sprinkler system	Yes	No
Ghost pipes (unidentifiable piping)	Yes	No
Water Bed	Yes	No

5 Do you use:

Antifreeze flush kits	Yes	No
Insecticide sprayer (that attaches to a garden hose)	Yes	No
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 and other treatment system connected to your drinking water supply? Yes No

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

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

11 Is your home or building elevated above your water meter Yes No

12 Does a creek, river, or spring run near your property? Yes No

13 Do you have a booster pump. Well pump. Or any other type of water pump? Yes No

- |           |   |     |    |
|-----------|---|-----|----|
| <b>14</b> | Do you receive irrigation water from a different source?                                | Yes | No |
| <b>15</b> | Do you have a backflow preventer on your property now?<br>Where?                        | Yes | No |
| <b>16</b> | Do you have an situation that you are aware of that could create a<br>Cross Connection? | Yes | No |
| <b>17</b> | Do you have any other water using equipment on your property not<br>mentioned above?    | Yes | No |

**Comments:**

**Please notify Roosevelt Water Association**

**if any of the above conditions ever change on your property.**

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Print your name

\_\_\_\_\_  
Best time to make phone Contact

Today's Date:  
Mailing Address

Account Number:  
Physical Address of Property

Please answer all the above questions and return questionnaire within 30 days  
This form will be kept in your file in the office of Roosevelt Water Association  
Return to:

Roosevelt Water Association Inc.  
PO Box 345  
Snohomish, WA. 98291-0345

Any question contact RWA office at 360.568.3450 \* [Manager@rooseveltwater.com](mailto:Manager@rooseveltwater.com)  
or go to [www.Rooseveltwater.com](http://www.Rooseveltwater.com) and click on Cross Connection Information