



APPLICATION FOR WATER/SEWER SERVICES

Utility Deposit \$100.00 and Service order Connection fee \$25.00

DATE OF SERVICE TO BEGIN _____

Owner _____ **Commercial** _____ **Residential** _____

Name of Applicant (Property Owner) _____

Mailing Address _____ **City** _____

Service Address _____ **Kittitas, WA. 98934**

Home Telephone _____ **Work Telephone** _____

Cell Phone Number _____

Email Address _____

Signature _____ **Date** _____

The following information is required by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in anyway. However, if you chose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

Ethnicity:

_____ *Hispanic or Latino*

_____ *Not Hispanic or Latino*

Occupant Race:

_____ *American Indian/Alaska Native*

_____ *Asian*

_____ *Black or African American*

_____ *Native Hawaiian or Pacific Islander*

_____ *White*

Number and sex of persons in household:

_____ *Males*

_____ *Females*

This is an Equal Opportunity Program. Discrimination is prohibited by Federal law. Complaints of discrimination may be filed with the Administrator, USDA Rural Development, Washington D.C. 20250-0700. Este programa es de oportunidad igualada. Discriminacion is prohibido por la ley Federal. Quejas de discriminacion Pueden se registradas con el. Administrador, USDA Rural Development, Washington D.C. 20250-0700

FOR Office USE ONLY:

Date Application Received: _____ **Received By:** _____ **Receipt #:** _____

Account: _____ **SN#:** _____ **MXU #:** _____

Route: _____ **Stop:** _____

Copy: Water/Sewer Dept.

Copy: Public Works

CROSS CONNECTION QUESTIONNAIRE FORM

Name: _____

Date: _____

Physical Address of Property:

Mailing Address:

1. Is this residential or commercial property? Residential Commercial
If commercial, please specify business: _____

2. Are you renting or do you own this property? Renter Owner

If renting, please provide name and address of owner: _____

3. How many homes does your water meter serve? _____ How many buildings? _____

4. Do you have any of the following?

- a. Swamp cooler Yes No
- b. Hot tub / Jacuzzi Yes No
- c. Swimming Pool Yes No
- d. Underground sprinkler system Yes No
- e. Drip irrigation system Yes No
- f. Greenhouse Yes No
- g. Solar water heating system Yes No
- h. Water makeup lines (boiler, hydronic heating) Yes No
- i. Utility sink with threaded faucet (hose attachment) Yes No
- j. Fire sprinkler system Yes No
- k. Ghost pipes (unidentifiable piping) 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 or photo developing equipment Yes No
- d. Fill adapters for waterbed, fish tank or other Yes No

6. Does anyone on the premise 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 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

Additional questions on back.

- 10. Do you have livestock (i.e., horses, cows, goats, etc.) 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
 - 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 other 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:

NOTE: Please notify the City of Kittitas if any of the above conditions change on your property.

Signature of Water Customer

Phone Number

Print Name

Best time to call or alternate contact

Please answer all the above questions and return the questionnaire within 30 days. This form will be kept on file at the City of Kittitas. If you have any questions please call us at 509-968-0225.

Return this form to:

**City of Kittitas
 PO Box 719
 Kittitas, WA 98934**