

# Community Development Department

320 6th Avenue | P.O. Box 468 Ouray, CO 81427  
 buildinginspector@cityofouray.com | 970-325-7063



## Questionnaire for the City of Ouray Cross Connection Identification Survey

Please return the completed questionnaire to the Building Department

| PROPERTY INFORMATION   |
|--|
| Physical Address: _____  |
| Business Name: _____   |
| Name on Water Account: _____   |
| Water Account Number: _____  |
| EQR Amount (ADU's, outbuildings, multifamily dwellings) Please Number: _____ |
| Additional Comments: _____   |

| CONTACT INFORMATION            |
|--------------------------------|
| Owner's Name: _____            |
| Mailing Address: _____         |
| Phone: _____ Email: _____      |
| Authorized Agent's Name: _____ |
| Mailing Address: _____         |
| Phone: _____ Email: _____      |

| Please Check All That Apply:               |        |                                   |        |                                |        |                         |        |
|--|--------|-----------------------------------|--------|--------------------------------|--------|-------------------------|--------|
| Type                                       | Yes/No | Type                              | Yes/No | Type                           | Yes/No | Type                    | Yes/No |
| Underground Sprinkler System               |        | Swimming Pool                     |        | Hot Tub                        |        | Utility Sinks           |        |
| Drip/Soaker/Irrigation System              |        | Chemical Irrigation System        |        | Onsite Water Storage           |        | Soda Machines           |        |
| Auxiliary Water Source (Well, Ditch/Canal) |        | Ghost Pipes (Unknown connections) |        | Water Softener/Reverse Osmosis |        | Commercial Dishwasher   |        |
| Insecticide Sprayers                       |        | Cleaning Solution Dispenser       |        | Chemical Feed Solution         |        | RV Hook Ups/Connections |        |
| Dump Station                               |        | Yard Hydrants                     |        | Storage Tanks                  |        | Grease Interceptors     |        |
| Other: _____                               |        |                                   |        |                                |        |                         |        |

|   |
|---|
| <b>Do you have outside hose bibs at your building that are used for non-potable purposes?</b><br>Yes: _____ No: _____ If yes, how many: _____                       |
| <i>Colorado Plumbing Code may require that the hose bibs are protected. While not required by CDPHE best industry practice is to protect with a vacuum breaker.</i> |
| <b>Do you have a backflow protection device on your property now?</b><br>Yes: _____ No: _____   |
| <b>Do you have any water-using equipment not mentioned above:</b><br>Yes: _____ No: _____ If yes, please describe:<br>_____   |

(Continued on back)

If you marked or answered yes to any of the listed cross connections on the previous page are you aware of potential backflow prevention measures being practiced onsite, such as an air gap, check valve or backflow prevention assembly? If so please explain and include the location of the identified backflow prevention measure:

Signature of Owner or Agent:

Date:

Printed Name of Owner or Agent:

Date:

(if Agent, a completed Agent Authorization Form must be attached found on City of Ouray website)

***Please return completed questionnaire to the Building Department***

**FOR CITY USE ONLY**

Date Identification Survey Received:

Identification Survey Received By: