

# Sun Vista/Sunlight Beach HOA

PO Box 1398  
Freeland WA 98249

Business: (206) 328-5157 Fax: (206) 328-5280

**RESIDENTIAL WATER USE SURVEY – THIS MUST BE COMPLETED ANNUALLY**  
**Please complete and return this questionnaire with your next payment.**

Dear Homeowner:

State regulations require that we periodically survey homeowners to identify special plumbing installations or activities that could result in the backflow of contaminants into our drinking water in the event of a loss of pressure in the main distribution line. Thank you for helping to keep our drinking water safe.

Name/Account Number: \_\_\_\_\_

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

**Place a X in the box if you have any of these items:**

<input type="checkbox"/>	<b>In-ground sprinkler/irrigation system— (If you have an in-ground sprinkler system, please check one of the following:)</b>
<input type="checkbox"/>	<--- The system is operational.
<input type="checkbox"/>	<--- The system has been disconnected from the water system and is not in service.
<input type="checkbox"/>	<b>Hot tub - If you have a hot tub, please check one of the following:</b>
<input type="checkbox"/>	<--- Fill with garden hose.
<input type="checkbox"/>	<--- Fill with hard pipe connected to water system.
<input type="checkbox"/>	<b>Septic pump - If you have a septic pump, is your water line at least 10 feet from your septic line?</b>
<input type="checkbox"/>	<--- Yes
<input type="checkbox"/>	<--- No
<input type="checkbox"/>	Green house
<input type="checkbox"/>	Water treatment system (e.g. water softener)
<input type="checkbox"/>	Gray water system connected to water system
<input type="checkbox"/>	Dialysis equipment
<input type="checkbox"/>	Photo developing equipment
<input type="checkbox"/>	Residential fire sprinkler system
<input type="checkbox"/>	Soaker hose/drip irrigation system
<input type="checkbox"/>	Heating system using boiler/hot water (e.g., solar heating/heat exchanger/hydronic in-floor heating system)
<input type="checkbox"/>	Private well or secondary source of water for

- Do you have a backflow prevention assembly (BPA) on your property? Yes \_\_\_\_\_ No \_\_\_\_\_

If you have a BPA and it has **NOT** been inspected in 2019, where is it located? \_\_\_\_\_

- If you have no devices described in the sections above, select this box:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_