

City of Omak PO Box 72 Omak, WA 98841

Phone: 509-826-1170

### **NEW CONSTRUCTION/INFRASTRUCTURE**

## **City of Omak Utilities Request Form**

### Water • Sewer

This form is used to request new utility services, make changes to an existing service, document a change of use where city utility services are provided, and/or request a quote for utility services. All fees must be paid in full prior to connection and activation of your service(s). The contractor doing the installation must be licensed and bonded. Remember, call before you dig 1-800-424-5555.

Service Address:							
Parcel No./Legal Description:							
Contact Information							
Property Owner:	Additional Contact:						
Mailing Address:	Mailing Address:						
City/State/Zip:	City/State/Zip:						
Phone:	Phone:						
Email:	Email:						
Contractor Information (Licensed and Bonded)							
Contractor Name:	State UBI No.:						
Mailing Address:	Contractor License No.:						
City/State/Zip:	City Business Registration No.:						
Phone:	Plans & Specifications Attached: □ Yes □ No						
Email:							
Service Requested							
Service to be provided or changed:							
□ Water □ Sewer							
U Vater							
New Use: □ Single Family Residence							
□ Commercial (Type	) 🛘 Irrigation						
If this is a Change of use? If so, what was the previous use?							
□ Not Applicable □ Single Fami							
□ Commercial (Type) □ Irrigation							



Plans & Specifications

**Estimated Date to** 

Attached:

**Start Work:** 

Requested Water System Connection Sizes

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

Water Meter	□ None	□ 3/4"x5/8	□ ¾" Straight	□ 1"	□ 1 ½"	□ 2"	□ Other
Irrigation Meter	□ None	□ 3/4"x5/8	□ ¾" Straight	□ 1"	□ 1 ½"	□ 2"	□ Other
Fire Line	□ None	□ 1"	□ 2"	□ 4"	□ 6"	□ 8"	□ Other
Sewer Saddle:   □ City to Supply (See Fees)			□ Contractor to Supply				
Additional Information:							
Certification by Ap I have read and the conform to all rules Sewers. The Omal	roughly und and regula	tions pursua	int to the Omak I	Municipal (	Code includ	• •	•

In addition, <u>all water and sewer work must be inspected by the City of Omak Public Works Department</u>. It is the responsibility of the contractor or applicant to arrange and schedule inspections. A permit for water and sewer shall not become effective until the installation is completed to the satisfaction of the Public Works

□ No

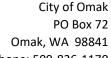
Director of the City of Omak. To schedule an inspection call Omak City Hall at 509-826-1170.

**Cross Connection Questionnaire** 

Yes (Completed & Attached)

Property Owner's Signature:

□ Yes



City of Omak heart of the okanogan

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# For Office Use Only **Backflow Prevention Device:** □ Yes (Completed Cross Connection Questionnaire □ No **Right of Way Permit:** □ Yes □ No PUBLIC WORKS REVIEW - RECOMMENDATIONS AND CONDITIONS: I certify the installation has been completed and inspected to the satisfaction of the City of Omak **Authorized Signature:** Date: Fee Information: The cost of the water and sewer connections are set by Omak Municipal Code, Title 9.0, Water and Sewer. The connection fees for your project will be determined by the Public Works Director. Water Connection Fee \$ Sales Tax on Materials ONLY 8.4% \$

\$

\$

\$ \$

\$

\$

\$

## **Receipt Number:**

Sewer System Development Fees – per ERU (Equivalent Residential Units)

20% Overhead Fee (On Water Connection Only)

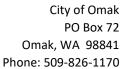
Sewer Connection Permit – For Existing Extension (\$50.00)

Water System Development Fees

Sewer Saddle (\$50.00)

**Total Due City of Omak** 

Other Fees



City of Omak
WASHINGTON STATE
heart of the okanogan

### **Cross Connection Questionnaire Form**

1.	Is this residential or commercial property?	□ Residential	□ Commercial
١	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 owr Owner Name: Address: City/State/Zip:		<del></del> :
	Phone:		
3.	Your water meter serves how many	Homes	Buildings
4.	Do you have any of the following?  a. Swamp cooler connected to piping  b. Hot tub (fills with a hose or automatic filler)  c. Swimming Pool  d. Underground sprinkler system  e. Drip irrigation system  f. Greenhouse  g. Solar water heating system  h. Water makeup lines (boiler, hydronic heating)  i. Utility sink with threaded faucet (hose attachm  j. Fire sprinkler system  k. Unknow, unidentifiable or complicated piping		No
5.	Do you use:		
	a. Antifreeze flush kits with your automobile	□ Yes	□ No
	b. Insecticide sprayers (that attach to a garden h	nose) 🗆 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 premises use a portable dialy	ysis machine? □ Yes	□ No
7.	Do you have a bathtub/jacuzzi that fills from the be not have an over flow drain or the fill spout is not a rim?		□ No
8.	Do you have a water softener, or any other water system connected to your drinking water supply?	treatment □ Yes	□ No
9.	Do you have an auxiliary water supply (i.e. well, peremises?	ond) on your □ Yes	□ No
10.	Do you have livestock (i.e., horses, cows, etc.) that trough?	at use a water □ Yes	□ No



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11. Is the water piping that enters 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?  If yes, where?	□ Yes	□ No
16. Do you have any situation that you are aware of that could create a connection between your drinking water and any other substance?	□ Yes	□ No
17. Do you have any other water using equipment on your property not mentioned above?	□ Yes	□ No
Comments:		
Please notify the City of Omak if any of the above conditions change on your additions to your water piping system.	property such	as remodeling, changes or
Signature of Water Customer		
Print Your Name		
Today's Date		

Please answer all the above questions and return this form with your water/sewer application. This form will be kept on file at the CITY OF OMAK. If you have any questions, please call us at 509-826-1170.

Address:

City/State

Zip:

Physical address of property (if different)

RETURN SURVEY REPORT FORM TO: Corey Wilder

Best Time to call or alternate contact:

Your mailing address:

Address:
City/State:

Phone Number:

Zip:

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