



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: <input type="checkbox"/> Yes <input type="checkbox"/> No
Email:	

#### Service Requested

#### Service to be provided or changed:

☐ Water ☐ Sewer

#### New Use:

☐ Single Family Residence ☐ Multi Family (\_\_\_\_ Units)  
☐ Commercial (Type \_\_\_\_\_) ☐ Irrigation

#### If this is a Change of use? If so, what was the previous use?

☐ Not Applicable ☐ Single Family Residence ☐ Multi Family (\_\_\_\_ Units)  
☐ Commercial (Type \_\_\_\_\_) ☐ Irrigation



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### Requested Water System Connection Sizes

<b>Water Meter</b>	<input type="checkbox"/> None	<input type="checkbox"/> 3/4"x5/8	<input type="checkbox"/> 3/4" Straight	<input type="checkbox"/> 1"	<input type="checkbox"/> 1 1/2"	<input type="checkbox"/> 2"	<input type="checkbox"/> Other _____
<b>Irrigation Meter</b>	<input type="checkbox"/> None	<input type="checkbox"/> 3/4"x5/8	<input type="checkbox"/> 3/4" Straight	<input type="checkbox"/> 1"	<input type="checkbox"/> 1 1/2"	<input type="checkbox"/> 2"	<input type="checkbox"/> Other _____
<b>Fire Line</b>	<input type="checkbox"/> None	<input type="checkbox"/> 1"	<input type="checkbox"/> 2"	<input type="checkbox"/> 4"	<input type="checkbox"/> 6"	<input type="checkbox"/> 8"	<input type="checkbox"/> Other _____

**Sewer Saddle:** ☐ City to Supply (See Fees) ☐ Contractor to Supply

**Additional Information:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Certification by Applicant

I have read and thoroughly understand the conditions and requirements of this permit application. I agree to conform to all rules and regulations pursuant to the Omak Municipal Code including, Title 9, Water and Sewers. The Omak Municipal Code can be found online at [omakcity.com](http://omakcity.com).

In addition, **all water and sewer work must be inspected by the City of Omak Public Works Department.** 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 Director of the City of Omak. To schedule an inspection call Omak City Hall at 509-826-1170.

**Cross Connection Questionnaire** ☐ Yes (Completed & Attached)

**Plans & Specifications** ☐ Yes ☐ No

**Attached:**

**Estimated Date to Start Work:** \_\_\_\_\_

**Property Owner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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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%	\$
20% Overhead Fee (On Water Connection Only)	\$
Water System Development Fees	\$
Sewer System Development Fees – per ERU (Equivalent Residential Units)	\$
Sewer Saddle (\$50.00)	\$
Sewer Connection Permit – For Existing Extension (\$50.00)	\$
Other Fees	\$
<b>Total Due City of Omak</b>	<b>\$</b>

**Receipt Number:** \_\_\_\_\_



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## Cross Connection Questionnaire Form

1. Is this residential or commercial property? ☐ Residential ☐ Commercial

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 owner:

Owner Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

3. Your water meter serves how many \_\_\_\_\_ Homes \_\_\_\_\_ Buildings

4. Do you have any of the following?

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| a. Swamp cooler connected to piping                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Hot tub (fills with a hose or automatic filler)     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Swimming Pool                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Underground sprinkler system                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Drip irrigation system                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Greenhouse  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Solar water heating system                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Water makeup lines (boiler, hydronic heating)       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| i. Utility sink with threaded faucet (hose attachment) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| j. Fire sprinkler system                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| k. Unknown, unidentifiable or complicated piping       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

5. Do you use:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| a. Antifreeze flush kits with your automobile          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Insecticide sprayers (that attach to a garden hose) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Darkroom or photo developing equipment              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Fill adapters for waterbed, fish tank or other      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

6. Does anyone on the premises use a portable dialysis machine? ☐ Yes ☐ No

7. Do you have a bathtub/jacuzzi that fills from the bottom or does not have an over flow 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 an auxiliary water supply (i.e. well, pond) on your premises? ☐ Yes ☐ No

10. Do you have livestock (i.e., horses, cows, etc.) that use a water trough? ☐ 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? ☐ Yes ☐ No  
If yes, where? \_\_\_\_\_
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 property such as remodeling, changes or additions to your water piping system.

Signature of Water Customer \_\_\_\_\_

Print Your Name \_\_\_\_\_

Today's Date \_\_\_\_\_

Your mailing address:	Physical address of property (if different)
Address:	Address:
City/State:	City/State
Zip:	Zip:
Phone Number:	
Best Time to call or alternate contact:	

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.

RETURN SURVEY REPORT FORM TO: Corey Wilder  
City of Omak  
P.O. Box 72  
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