



QUESTIONNAIRE
CROSS-CONNECTION - BACKFLOW CONTROL
CITY OF CLYDE, OHIO

(Fill Out Form and Check all Boxes that Apply)

FORM NO. 403

PREMISE ADDRESS: _____ OWNER: _____ PHONE: _____ OTHER: _____
APPLICANT (IF NOT THE OWNER): _____ COMPANY: _____ ADDRESS: _____
ZIP: _____ PHONE: _____ NO. OF SERVICE CONNECTIONS NEEDED: _____ SIZE: _____ 24 HOUR CONTINIOUS USE: YES: _____ NO: _____
TYPE OF SERVICE: RESIDENTIAL: _____ COMMERCIAL: _____ INDUSTRIAL: _____ RESIDENTIAL/COMMERCIAL COMBINED: _____ FIRE: _____
ANY OTHER SOURCE OF WATER ON THIS PREMISE: YES: _____ NO: _____ IF YES, IS IT: WELL: _____ CISTERN: _____ OTHER DESCRIBE: _____

DOMESTIC WATER INFORMATION

TYPE OF PREMISE: SINGLE FAMILY DWELLING: _____ MULTI- FAMILY DWELLING: _____ IF MULTI- FAMILY HOW MANY UNITS: _____ NO. STORIES: _____
WATER WILL BE USED FOR: CULINARY/DRINKING: _____ SANITARY: _____ MAKING A PRODUCT: _____ COOLING: _____ OTHER: _____
TYPE OF HEATING: FORCED AIR GAS: _____ ELECTRIC: _____ SOLAR: _____ HEAT PUMP: _____ OTHER DESCRIBE: _____
WILL THERE BE ANY BOILERS IN USE: YES: _____ NO: _____ IF YES, ARE THEY: STEAM: _____ HOTWATER: _____ CHEMICAL TREATMENT: YES: _____ NO: _____
TYPE OF COOLING: RESIDENTIAL AIR CONDITIONING: _____ COMMERCIAL AIR CONDITIONING: _____ IS ANY WATER PIPED TO AIR CONDITIONING: YES: _____ NO: _____
ANY COOLING TOWERS: YES: _____ NO: _____ IF YES, IS THERE AN AIR GAP AT WATER SUPPLY: YES: _____ NO: _____ ANY CHILLERS: YES: _____ NO: _____
ANY LAWN SPRINKLER SYSTEM: YES: _____ NO: _____ ANY SELF DRAINING YARD HYDRANTS: YES: _____ NO: _____ ANY FOUNTAINS: YES: _____ NO: _____
SWIMMING POOL: YES: _____ NO: _____ IF YES IS POOL FILLED BY: PIPED CONNECTION: _____ HOSE CONNECTION: _____ OTHER: _____
DISHWASHER: YES: _____ NO: _____ RESIDENTIAL: _____ COMMERCIAL: _____ IF COMMERCIAL, IS THERE SOAP EDUCTORS: YES: _____ NO: _____
GARGAGE DISPOSAL: YES: _____ NO: _____ RESIDENTIAL: _____ COMMERCIAL: _____ ANY WATER PIPED TO THE GARBAGE DISPOSAL: YES: _____ NO: _____
JACUZZI OR WHIRLPOOL: YES: _____ NO: _____ IF YES IS IT FILLED BY A PIPED CONNECTION: YES: _____ NO: _____ DECK FAUCET: YES: _____ NO: _____
ANY PUMPS USED FOR COLD WATER: YES: _____ NO: _____ IF YES CAPCITY IN GPM: _____ ANY HOT WATER PUMPS: YES: _____ NO: _____ IF YES CAP GPM: _____
ANY AUXILARY WATER STORAGE: YES: _____ NO: _____ IF YES IS IT: RESERVOIR _____ ELEVATED TANK: _____ POND: _____ FILLED BY CITY WATER: YES: _____ NO: _____
ADDDITIONAL INFORMATION: _____

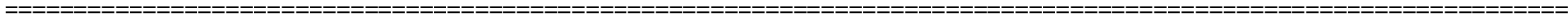
FIRE PROTECTION

TYPE OF SYSTEM: NONE: _____ DRY SPRINKLER: _____ WET SPRINKLER: _____ DRY RISER: _____ WET RISER: _____ HOSE CABINETS: _____ OTHER: _____
ANY ANTI-FREEZE LEGS IN THE SYSTEM: YES: _____ NO: _____ ANY PRIVATELY OWNED FIRE HYDRANTS ON THE PROPERTY: YES: _____ NO: _____
ANY KIND OF PUMPS USED ON THE FIRE SYSTEM: YES: _____ NO: _____ IF YES TYPE & CAPACITY IN GPM: _____
ANY AUXILARY WATER STORAGE FOR FIRE PROTECTION SYSTEM: YES: _____ NO: _____ IF YES, TYPE AND CAPACITY IN US GALLONS: _____
WHAT ARE YOUR WATER REQUIREMENTS IN GPM FOR FIRE PROTECTION: _____ ADDITIONAL INFORMATION: _____

TO BE SIGNED BY PERSON MAKING APPLICATION FOR WATER SERVICE AND/OR METER

I hereby certify that I am acting as an agent for the owner of the premises listed, with his full knowledge and consent, and that all information furnished is complete and correct. As the owner or agent I further acknowledge that incomplete or incorrect information may result in an additional or different requirement insofar as backflow prevention devices at the water service connection are concerned. I certify that only solder containing .2 percent or less lead will be used on the plumbing of the water service.

SIGNATURE OF APPLICANT: _____ COMPANY: _____ DATE: _____



FOR CITY OF CLYDE USE ONLY

_____ NO BACKFLOW PREVENTION DEVICE REQUIRED
_____ INCH RPZ DEVICE REQUIRED AT: _____
_____ AIR GAP REQUIRED AT: _____
_____ DOUBLE CHECK REQUIRED AT: _____
REVIEWER'S SIGNATURE: _____ DATE: _____
REMARKS: _____

