



APPLICATION FOR NEW WATER SERVICE CONNECTION CITY OF CLYDE, OHIO

FORM NO. 401

Owner: Name _____ Date _____

Address: _____ Phone: _____

Location of Property: _____

Contractor Name: _____ Phone: _____

Customers who request a new service connection must first submit a drawing or blueprint of the plumbing, including the interior of the premises to the:

**Environmental Services Department
209 Watertower Drive
419-547-8090**

READ CAREFULLY The information you submit should contain the following:

1. Location (Street Address) _____
2. Proposed tap size (**3/4 inch**) _____
3. Date Needed _____
4. Type of premise: single family, multiple-family dwelling, commercial, industrial
5. List all plumbing fixtures to be hooked up.
6. Show the location of you water meter setting
7. Size and material of your service line (**Normal Residential is 3/4 inch**) _____
8. Approximate distance from the center of the roadway to the wall that will contain your meter setting.
9. List any planned water use outside the premises, such as swimming pools, lawn sprinklers, etc.

You will then be asked to fill out a **City of Clyde Cross-Connection Backflow Questionnaire**.
See Form 402 and 403

Plans Approved: _____ Date: _____

Plans Rejected: _____ Date: _____

Comments:

Attachment: Grid Paper

CC: Environmental Services Department Date: _____ Init _____



CROSS-CONNECTION - BACKFLOW QUESTIONNAIRE INSTRUCTIONS FOR FILING ADDITIONS CITY OF CLYDE, OHIO

FORM NO. 402

Customers who request a new service connection must first submit to the Environmental Services Department a sketch or blueprint of the plumbing to and including the interior of the premises.

Customers must also fill out a Cross-Connection Backflow Questionnaire – See Form 403.

These two steps must be completed before the water tap is made.

With this information, the Environmental Services Department can use the questionnaire to do the as built survey, which is required before the water service can be turned on. By following this procedure, we can eliminate unapproved meter settings, cross connections and be assured separate shut-offs for multi-family dwellings. We need this procedure to get the Backflow and Cross Connection Program started.

CROSS-CONNECTION BACKFLOW QUESTIONNAIRE - INSTRUCTIONS FOR FILING

Each residence or service connection to the public water supply should initially be surveyed using the Clyde Water Distribution Cross-Connection Backflow Questionnaire. New service connections should complete the form at the same time the request is made for the water tap. Existing service connections should be surveyed by Water Distribution personnel using the questionnaire to document information obtained from the survey.

The questionnaire is fairly self-explanatory, but as much as possible should be filled out by Water Distribution employees. The owner's name and address should be complete, along with the meter size and type of service provided to the building. The number of service connections should be noted. If building requires having continuous service, it should also be noted and also should require a bypass line on the backflow system. The questionnaire is designed to provide information on both domestic water and water use for fire protection. The type of premise should be indicated and what the water is used for within the building is checked to see if there is a pipe connection to the water supply. This is also true of the cooling system.

If the residence has a lawn sprinkling system, it should be noted. If the residence has a swimming pool, whirlpool or Jacuzzi, it should be noted and defined how these facilities are filled with water. If the residence has a dishwasher, garbage disposal or soap eductor, it should be so noted on the form. If the facility has auxiliary water service, it should be so noted and explained what type and also determine if City water is used to fill the auxiliary storage.

Commercial/industrial dwellings usually have a fire protection system and the type of system should be noted. If any part of the fire protection system contains antifreeze legs, it should be so noted. If the owner installs and maintains a fire hydrant for their own use, it should be so noted and determined if the drain ports are plugged. If the fire protection system uses auxiliary pumps with a pipe connection to the water supply, note the type and capacity and also determine if there is a low pressure cut-off device. If auxiliary storage is used for the fire protection system, please note the type and capacity.

The date of the survey should be included on the form along with the person's name that completed the form. The bottom portion of the form is for City use only and documentation is noted after determining the type of backflow preventer to be used. If existing backflow devices are present in the owner's plumbing system, list the type, manufacturer and size. The questionnaire should be signed by the City Manager or his appointed representative and dated showing that the device noted on the questionnaire is the approved device to be used for installation.

NOTE: For those service connections where a survey cannot be conducted nor entrance to the building obtained, a copy of the questionnaire will be mailed to the property owner along with the instructions and should be completed and returned. Enclosed is a sample of the Water Distribution Backflow Questionnaire



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: _____

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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: _____



FORM NO. 404

THERMAL EXPANSION NOTICE CITY OF CLYDE

THERMAL EXPANSION PREVENTION DEVICES NEED FOR INSTALLATION

Your service line has or will have check valves or a backflow prevention device installed. The installation of these devices creates a closed water system and the possibility of Thermal Expansion in your plumbing system. Thermal Expansion occurs whenever water recovers from cold to hot in a closed system that does not allow water to return to the Public Supply. Excessive pressure could build up in your plumbing system. If this occurs, there could be a chance of injury, damage to plumbing and rust deteriorated surfaces, or pressure relief discharge at the water heater.

It is recommended that you contact a Licensed Plumber to have a Thermal Expansion Control Device installed. Instructions for a typical installation to be used for planning purposes are available on request from **City of Clyde Environmental Services Department, 419-547-8090**. The Ohio Basic Building Code for plumbing installations can also be referenced and is available at public libraries, or for purchase at the Sandusky County Health Department. Permits may be needed in the future to install plumbing, and may include water heaters and Thermal Expansion Devices. It is best to contact the agency that has regulating authority for technical questions.

The Ohio Basic Building Code, Plumbing; Section 608 (4101:2-61-08), "Hot Water Supply System", Sub-Section 608.3.2, "Backflow Prevention Device or Check Valve" specifies that:

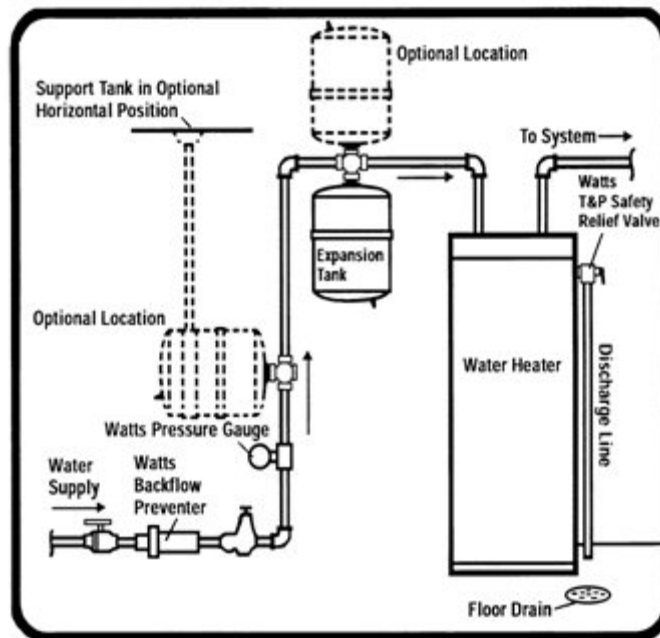
"Where a backflow prevention device, check valve, or other device is installed on a water supply system utilizing storage water heating equipment such that thermal expansion causes an increase in pressure, a device for controlling pressure shall be installed."

Thermal expansion of heated water may occur wherever potable water is heated in a closed system. Uncontrolled thermal expansion usually results in leaking faucets or burst washing machine supply hoses, but may result in collapse of the vent pipe on gas-fired water heaters or violently burst water heaters in extreme cases.

An expansion tank is designed to absorb thermal expansion that may be created by the hot water heater, if a water user's potable system is closed with a containment principle backflow prevention assembly, a check valve or a pressure reducing valve without an internal bypass.

The expansion tank must be installed in the cold water service piping on the supply side of the hot water heater prior to any control valves. The size of the expansion tank is based upon the size of the hot water heater.

EXPANSION TANK INSTALLATION





CITY OF CLYDE WATER DISTRIBUTION SERVICE LINE SPECIFICATIONS RESIDENTIAL

FORM NO. 405

1. No excavation can be started until you have called OUPS (Ohio Utilities Protection Service), 800-362-2764, at least 48 hours in advance, excluding weekends and holidays. Know your OUPS number, you will be asked for it by the inspector.
2. You must have your tap fees paid and have filled out a Cross-Connection Backflow Control Questionnaire. Existing water line renewals require no tap in fees. Forms are available and fees are to be paid at the Clyde Municipal Building, 222 N. Main St., Clyde OH 43410, by going to the Zoning Office on the second floor.
3. If you have existing auxiliary water, (well or cistern) please read attachments one, two and three carefully. As outlined in these attachments, no cross connections of a private water system and a public system will be permitted. [Attachment One: 3701-28-07 of the Ohio Revised Code](#) and [3701-28-071 of the Ohio Revised Code](#) outlines the procedure for sealing private water systems. [Attachment Two Code Section 929.05 Contamination of Public Water Supply](#). [Attachment Three: Environmental Services Document 115](#) deals with thermal expansion devices.
4. Residential water lines shall be **K copper** as outlined in the Clyde Code of Ordinances. Bury depth on water lines is 48".
5. Meter yoke is furnished by the City and becomes part of the inside plumbing. Installation of the yoke is the responsibility of the owner. You are required to have two ball valves each located approximately 12" upstream and downstream of the meter setting.
6. Meters shall be located to be protected from freezing and must be easily accessible. They are not to be placed in crawl spaces or unheated areas such as garages. All meter locations must be approved by the water department.
7. Curb stops are to be operated by city employees only.
8. The property owner shall be responsible for the installation; location and expense of all plumbing needed to install backflow preventers and associated devices.
9. **Inspection: Before you do any backfilling of the water connection, call the Environmental Service Department at 419-547-8090 for an inspection.** A minimum of twenty-four (24) hours notice must be given. During the inspection we will be checking all the household water connections. Inspections must be Monday through Friday, 7:00 AM to 3:00 PM. A report on the inspection will be forwarded to the Sandusky County Department of Health.



CITY OF CLYDE AUXILIARY WATER SYSTEM COMPLIANCE INTENT FORM

FORM NO. 406

In accordance with the City of Clyde Code Section 929.04 and the Ohio Administrative Code, properties with an auxiliary water system (as defined by the Ohio Environmental Protection Agency) on or available to the property shall be subject to the requirements listed below.

1. The auxiliary and public water system **shall never be physically connected.**
2. The premise piping will be inspected at installation and every 12 months thereafter.
3. Any connections found between the auxiliary water system and the public system will change the backflow requirements for the property and be a violation of Code Section 929.04.

PROPERTY ADDRESS: _____

I plan to keep my well and comply with City Codes.

I plan to abandon my well per Ohio Revised Code 3701-28-07 for sealing private water systems.

No well on the property

I hereby certify that I am the owner or acting as agent for the above listed property, with full knowledge and consent. I understand the above and accept full responsibility that the listed property will be in compliance with Backflow Prevention Codes, Rules and Regulations.

Signature: _____ Date: _____

Print Name: _____ Day Phone No: _____

Return to: City of Clyde
Zoning Dept.
222 N. Main Street
Clyde, Ohio 43410