

CROSS-CONNECTION CONTROL QUESTIONNAIRE

CITY OF CLYDE, OHIO

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: NO: _____ YES: _____ IF YES, IS IT: WELL: _____ CISTERN: _____ OTHER DESCRIBE: _____

DOMESTIC WATER INFORMATION

TYPE OF PREMISE: SINGLE FAMILY DWELLING: _____ MULTIPLE FAMILY DWELLING: _____ IF MULTIPLE 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: NO: _____ YES: _____ IF YES, ARE THEY: STEAM: _____ HOTWATER: _____ CHEMICAL TREATMENT: YES: _____ NO: _____
TYPE OF COOLING: RESIDENTIAL AIR CONDITIONING: _____ COMMERCIAL AIR CONDITIONG: _____ IS ANY WATER PIPED TO AIR CONDITIONING: YES: _____ NO: _____
ANY COOLING TOWERS: NO: _____ YES: _____ IF YES, IS THERE AN AIR GAP AT WATER SUPPLY: YES: _____ NO: _____ ANY CHILLERS: NO: _____ YES: _____
ANY LAWN SPRINKLER SYSTEM: NO: _____ YES: _____ ANY SELF DRAINING YARD HYDRANTS: NO: _____ YES: _____ ANY FOUNTAINS: NO: _____ YES: _____
SWIMMING POOL: NO: _____ YES: _____ IF YES IS POOL FILLED BY: PIPED CONNECTION: _____ HOSE CONNECTION: _____ OTHER: _____
DISHWASHER: NO: _____ YES: _____ RESIDENTIAL: _____ COMMERCIAL: _____ IF COMMERCIAL, IS THERE SOAP EDUCTORS: NO: _____ YES: _____
GARGAGE DISPOSAL: NO: _____ YES: _____ RESIDENTIAL: _____ COMMERCIAL: _____ ANY WATER PIPED TO THE GARBAGE DISPOSAL: NO: _____ YES: _____
JACUZZI OR WHIRLPOOL: NO: _____ YES: _____ IF YES IS IT FILLED BY A PIPED CONNECTION: NO: _____ YES: _____ DECK FAUCET: NO: _____ YES: _____
ANY PUMPS USED FOR COLD WATER: NO: _____ YES: _____ IF YES CAPCITY IN GPM: _____ ANY HOT WATER PUMPS: NO: _____ YES: _____ IF YES CAP GPM: _____
ANY AUXILARY WATER STORAGE: NO: _____ YES: _____ 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: NO: _____ YES: _____ ANY PRIVATELY OWNED FIRE HYDRANTS ON THE PROPERTY: NO: _____ YES: _____

ANY KIND OF PUMPS USED ON THE FIRE SYSTEM: NO: _____ YES: _____ IF YES TYPE & CAPACITY IN GPM: _____

ANY AUXILARY WATER STORAGE FOR FIRE PROTECTION SYSTEM: NO: _____ YES: _____ 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

REVIEWER'S SIGNATURE: _____ DATE: _____

_____ INCH RPZ DEVICE REQUIRED AT: _____

REMARKS: _____

_____ AIR GAP REQUIRED AT: _____

_____ DOUBLE CHECK REQUIRED AT: _____
