City of Youngstown

DIVISION OF WATER

P. O. BOX 6219 • YOUNGSTOWN, OH 44501-6219 • 330-884-6005 • 330-742-8763 (FAX) • jprice@youngstownohio.gov

BACKFLOW PREVENTION QUESTIONNAIRE

IN ACCORDANCE WITH OHIO ADMINISTRATIVE CODE SEC. 3745-95-03

ADDRESS _____ DATE _____

SERVICE TYPE: ☐ RESIDENTIAL ☐ COMMERCIAL / INSTITUTIONAL ☐ INDUSTRIAL

CURRENT PURPOSE OR USE OF YOUR FACILITY _____

_____

_____

SPECIALTY WATER USES OR INDUSTRIAL PROCESSES _____

_____

_____

RECENT CHANGES IN WATER USE PRACTICES THAT MAY POSE A NEW OR INCREASED HAZARD TO THE PUBLIC WATER SUPPLY

_____

_____

PLEASE CHECK ANY OF THE FOLLOWING ITEMS THAT PERTAIN TO YOUR ADDRESS:

☐ BOOSTER PUMP ON DOMESTIC SERVICE

☐ WELL ☐ CISTERN

☐ LAWN SPRINKLER SYSTEM ☐ BOOSTER PUMP FOR LAWN SPRINKLER SYSTEM

☐ FIRE SPRINKLER HEADS ON DOMESTIC SERVICE

FIRE PROTECTION

☐ SPRINKLER SYSTEM ON SEPARATE FIRE LINE ☐ WET SYSTEM ☐ DRY SYSTEM

☐ ANTI-FREEZE OR OTHER ADDITIVE IN FIRE SPRINKLER SYSTEM

☐ AUXILIARY WATER SOURCE FOR FIRE PROTECTION

☐ THIS FACILITY IS EQUIPPED WITH ONE OR MORE BACKFLOW PREVENTION DEVICES

MAKE & MODEL _____ SERIAL NUMBER _____

MAKE & MODEL _____ SERIAL NUMBER _____

MAKE & MODEL _____ SERIAL NUMBER _____

MAKE & MODEL _____ SERIAL NUMBER _____

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE _____ PRINT NAME _____

E-MAIL ADDRESS _____ PHONE NUMBER _____