



City of Youngstown

DIVISION OF WATER

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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 BOILER
- 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 _____

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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 _____