

BACKFLOW PREVENTION SURVEY

The Ohio EPA requires the Youngstown Water Department to conduct surveys to determine the degree of hazard posed by the water use practices at all customer facilities, in order to protect the safety of the public water supply.

Scan the QR code below to complete the questionnaire, checking all the boxes that pertain to your location. You may prefer to fill out the form on the other side of this sheet, instead, and return it by mail, fax, or by scanning and sending it to backflowsurvey@youngstownohio.gov.

To assist you in determining if your facility is already equipped with backflow prevention, photos of common devices are shown below. Their most likely location is near your water meter. If you have a sprinkler system, a device may be positioned vertically on your fire line.



REDUCED-PRESSURE-PRINCIPAL
BACKFLOW PREVENTER ("RP")



DOUBLE-CHECK
BACKFLOW PREVENTER ("DC")



DOUBLE-CHECK BACKFLOW PREVENTER
ON LARGER DIAMETER LINE

Failure to respond within 30 days may result in disruption of service.

If you have questions, you may call 330-884-6005 or 330-743-5340.

Thank you in advance for your cooperation in complying with this state-mandated survey.





City of Youngstown

DIVISION OF WATER

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

- | | |
|---|---|
| <input type="checkbox"/> BOOSTER PUMP ON DOMESTIC SERVICE | <input type="checkbox"/> BOILER |
| <input type="checkbox"/> WELL | <input type="checkbox"/> CISTERN |
| <input type="checkbox"/> LAWN SPRINKLER SYSTEM | <input type="checkbox"/> BOOSTER PUMP FOR LAWN SPRINKLER SYSTEM |
| <input type="checkbox"/> FIRE SPRINKLER HEADS ON DOMESTIC SERVICE | |

FIRE PROTECTION

- | | | |
|---|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> SPRINKLER SYSTEM ON SEPARATE FIRE LINE | <input type="checkbox"/> WET SYSTEM | <input type="checkbox"/> DRY SYSTEM |
| <input type="checkbox"/> ANTI-FREEZE OR OTHER ADDITIVE IN FIRE SPRINKLER SYSTEM | | |
| <input type="checkbox"/> 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 _____