



City of East Liverpool, Ohio

PUBLIC WORKS UTILITIES

110 West Sixth Street • P. O. Box 20 • 43920

DIVISION OF WATER

330-385-8812

Paul McCarthy

Water Superintendent

DIVISION OF WASTEWATER

330-386-5525

BACKFLOW PREVENTION SURVEY QUESTIONNAIRE

The survey must be completed and returned to this office within 30 days in accordance with Ohio Administrative code Section. 3745-95-03.

Please return to: East Liverpool Water Department, P.O. Box 20 East Liverpool, OH 43920

Or Email at elwaterdepartment.com

Service Information for Account Number:

Address: _____

Owner: _____

City, State, Zip: _____

Phone: _____

Indicate which of the following will be used at the service address: (Please check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Laboratories | <input type="checkbox"/> Metal Processing | <input type="checkbox"/> Water Softener |
| <input type="checkbox"/> Jacuzzi | <input type="checkbox"/> Utility Sink | <input type="checkbox"/> Portable Dialysis Machine |
| <input type="checkbox"/> Well | <input type="checkbox"/> Hot water or steam boiler | <input type="checkbox"/> Booster pump on domestic service |
| <input type="checkbox"/> Boiler | <input type="checkbox"/> Chemical Treatment | <input type="checkbox"/> Commercial Dishwasher |
| <input type="checkbox"/> Fire Sprinkler heads on domestic service | <input type="checkbox"/> Garbage disposal with piped connection | |
| <input type="checkbox"/> Soap Eductor on Dishwasher | <input type="checkbox"/> Water recirculating systems and pumps | |
| <input type="checkbox"/> None of the Above | | |

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 | |
| <input type="checkbox"/> Air Gap on Auxiliary Source | | |

2. Do you have a backflow preventer on your Property now? Yes/No

3. Do you have any other water-using equipment on your property not mentioned above? Yes/No

4. Please see the list above. Has there been any of the following changes in the last 12 months on your Premise that could cause any hazard to the public water system Yes/No

If yes, explain: _____

Person completing form:

Name: _____ Phone: _____

Address: _____

Signature: _____ Date: _____