



Commercial Cross Connection Plumbing Survey

Backflow prevention is a requirement of the State of Ohio Department of Commerce, the Ohio Environmental Protection Agency, and the City of Bexley. The purpose of the backflow preventer installed at the water meter is to prevent any contamination from flowing back into the public water system. A backflow prevention device is required to be tested every 12 months. Testing ensures proper operation and to meet Federal and State EPA regulations.

If you have questions please contact 614.559.4270, or email at Backflow@bexley.org, or visit the City of Bexley website at <http://www.bexley.org/>. Thank you for assisting in compliance with the City of Bexley public water supply regulations.

| Name: | | | | |
|---|------------------------------|--------------------------|-----------------------------------|--------------------------|
| Service Address: | | | | |
| Phone Number: | | Date: | | |
| <p>When completing the survey, please indicate if the listed cross connection is present and if it is protected with a backflow device.</p> | | | | |
| Plumbing Cross Connection Type (Please return survey even if no cross connections are present) | Is Connection Present | | Is there a backflow device | |
| | Yes | No | Yes | No |
| Auxiliary water source (water such as well used for irrigation) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Auxiliary water source used for geothermal heating and cooling | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Underground lawn irrigation system at this address | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lawn irrigation system using chemicals, fertilizers, or has a booster pump | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Swimming pool or hot tube at this address | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooling tower | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Boiler or steam system | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Water cooled compressors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fire suppression system | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Post mixed carbonator | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Water cooled ice maker | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Medical, dental or dialysis equipment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Laboratory or photo equipment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Plumbing Cross Connection Type (Please return survey even if no cross connections are present) | Is Connection Present | | Is there a backflow device | |
|---|--------------------------|--------------------------|----------------------------|--------------------------|
| | Yes | No | Yes | No |
| Post mixed carbonator | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mobile or stationary water tank filling | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Water system booster pumps | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Water system booster pumps | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Please indicate type of business activity (eg. Manufacturing, medical, restaurant, mechanic, office, etc) | | | | |
| Please provide contact information for your business | | | | |
| Name: | | Title: | | |
| Phone Number: | | Email: | | |

Thank you for your assisting in ensuring the City of Bexley's drinking water system is in compliance with Ohio EPA regulations.

William T. Dorman
Public Service Director