



# Village of Fredericktown

2 East Sandusky Street  
Fredericktown, Ohio 43019  
(740) 694-9010 • Fax (740) 694-9032

## BACKFLOW QUESTIONNAIRE

To determine if there is a need for a backflow device to be installed at the above listed address, we need the following questions answered.

1. Are there any other sources of water, such as cisterns, wells, ponds or other public water lines, at the above listed address? Yes  No  If yes what?  
\_\_\_\_\_
2. Do you have any plans to use the above listed alternate sources of water? Yes  No
3. If so, do you plan to ask to interconnect the above listed sources with the Village's water? Yes  No
4. Will you be installing a lawn sprinkler system? Yes  No
5. Will you be installing a fire sprinkler system? Yes  No  If Yes, what kind of system and who will be designing and installing the system? Attach additional information and drawings. \_\_\_\_\_
6. As some heating systems require the use of water, we need to know what type of heating system(s) you will be using:  
 Forced Air Furnace     Electric     Solar     Heat Pump     Boiler  
 If yes, is it a steam unit?    Yes  No     A Hot water system?    Yes  No   
 With chemical treatment?    Yes  No     If so, what type of chemicals? \_\_\_\_\_
7. Are you going to use water for cooling? Yes  No   
If so, what type and purpose \_\_\_\_\_
8. The below listed uses may be important for the Village to know about:  
 Commercial dishwasher with soap eductor     Swimming Pool  
 Commercial garbage disposal with direct water supply     Baptistery  
 Whirlpool, Hot Tub or Jacuzzi Bath     Auxiliary Water Storage  
 Booster or Jockey Pump     Other

To Be Signed By Person Making Application For Water Service And/Or Meter

**I HEREBY CERTIFY THAT I AM THE OWNER OR AM ACTING AS AGENT FOR THE OWNER OF THE PREMISES LISTED ABOVE, WITH HIS FULL KNOWLEDGE, AND CONSENT, AND THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT, AS OWNER OR OWNER'S AGENT I FURTHER ACKNOWLEDGE THAT INCOMPLETE OR INCORRECT INFORMATION MAY RESULT IN AN ADDITIONAL OR DIFFERENT REQUIREMENT INSOFAR AS BACKFLOW PREVENTION DEVICES AT THE WATER SERVICE CONNECTION ARE CONCERNED. I CERTIFY THAT ONLY SOLDER CONTAINING 0.2 PERCENT OR LESS LEAD WILL BE USED ON THIS WATER SERVICE BRANCH.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE