



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

- 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?

- Do you have any plans to use the above listed alternate sources of water? Yes ___ No ___
- If so do you plan to ask to interconnect the above listed sources with the Village's water? Yes ___ No ___
- Will you be installing a lawn sprinkler system? Yes ___ No ___
- 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. _____
- 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? _____
- Are you going to use water for cooling? Yes ___ No ___
If so what type and purpose. _____
- The below listed uses may be important for the Village to know about:
 ___ Commercial dishwasher with soap eductor
 ___ Commercial garbage disposal with direct water supply
 ___ Whirlpool, Hot Tub or Jacuzzi Bath
 ___ Booster or Jockey Pump
 ___ Swimming Pool
 ___ Baptistery
 ___ Auxiliary Water Storage
 ___ 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