



**Village of Ashville  
Utility (Water) Department  
200 East Station Street  
Ashville, Ohio 43103  
Office: (740) 983-6367 Fax: (740) 983-4703**

## Backflow Prevention Questionnaire

(Required for all Water connections, new or renewal)

OWNER: \_\_\_\_\_ METERED: Yes  No

ADDRESS: \_\_\_\_\_ METER SIZE \_\_\_\_\_”

TYPE OF SERVICE:  Residential,  Commercial,  Industrial,  Residential/Commercial,  
 Fire,  Combined Fire/Domestic,  Any other water source (list)

\_\_\_\_\_

NO. OF SERVICE CONNECTIONS: \_\_\_\_\_ 24 HR CONTINUOUS OPERATIONS:  Yes  No

BYPASS LINE REQUIRED ON BACKFLOW SYSTEM Yes  No

DOMESTIC WATER Yes  No

TYPE OF PREMISE:  Single Family,  Multiple Dwelling: # of Units \_\_\_\_\_

WATER USED FOR:  Processing  Product,  Cooling,  Sanitary,  Culinary/Drinking,  
 Other

list: \_\_\_\_\_

TYPE OF HEATING:  Forced Air,  Electric,  Solar,  Heat Pump,  Boiler  
 Steam or  Hot Water?

CHEMICAL TREATMENT: Yes  No

TYPE OF COOLING: \_\_\_\_\_ Air Conditioning, \_\_\_\_\_ Cooling Tower, if so is there an air-gap at  
supply Yes  No

CHEMICAL TREATMENT: Yes  No

LAWN SPRINKLER SYSTEM: Yes  No

WELL: Yes  No

CISTERN: Yes  No

SELF-DRAINING HYDANTS, FOUNTAINS, HOSE BOXES: Yes  No

BAPTISTRY: Yes  No

If so, method of fill \_\_\_\_\_

SWIMMING POOL: Yes  No

If so, filled by :  Hose ,  Piped Connection

If piped connection, is there an air-gap at:  Pool,  Filter,  Other \_\_\_\_\_

DISHWASHER:  Residential,  Commercial,  None

SOAP EDUCTORS: Yes  No

If no, is there a piped connection Yes  No

WHIRLPOOL: Yes  No

If no, filled by: \_\_\_\_\_Hose, \_\_\_\_\_Piped Connection, \_\_\_\_\_Deck Faucet,  
\_\_\_\_\_Other: List

No TYPE: \_\_\_\_\_Gravity Tank, \_\_\_\_\_Pressure Tank,  
\_\_\_\_\_Covered Reservoir, \_\_\_\_\_Uncovered Reservoir

AUXILIARY WATER SERVICE FILLED WITH VILLAGE WATER: Yes  No

IF SO WHERE FROM \_\_\_\_\_

FIRE PROTECTION: Yes  No

ANTI-FREEZE PLUGS: Yes  No

YARD FIRE HYDRANTS: Yes  No

YES, do hydrants have self-draining ports tapped and plugged: Yes  No

PUMPS USED: Yes  No

Low pressure cutoff switch provided: Yes  No

ANTIFREEZE LEGS: Yes  No

TYPE:  Gravity Tank,  Pressure Tank,  Covered Reservoir,  Uncovered Reservoir ,

PREPARED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

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**requires this form to be resubmitted for each application.**

FOR VILLAGE USE ONLY

\_\_\_\_\_Double Check, \_\_\_\_\_Detector Check \_\_\_\_\_Double Check/Detector Check

EXISTING BACKFLOW

IF SO, TYPE

MANUFACTURE \_\_\_\_\_SIZE \_\_\_\_\_

SERVICE NO. \_\_\_\_\_

ACCOUNT NO. \_\_\_\_\_

Return Copy to: Village of Ashville Water Department  
200 East Station Street, P. O. Box 195  
Ashville, Ohio 43103

For Complications With:  
Devices, Water or Sprinklers  
Contact the Water Dept. at  
740-983-392-2975



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## **BACKFLOW QUESTIONNAIRE INSTRUCTIONS**

Revised: 1/01/09

Customers who request a new service connection must first submit to the Utility (Water) Department a sketch or blueprint of the plumbing to and including the interior of the premises.

Customers must also fill out a Backflow Questionnaire.

These two steps must be completed before the water tap is made.

With this information, the Utility (Water) Department can use the questionnaire to do the as built survey, which is required before the water service can be turned on. By following this procedure, we can eliminate unapproved meter settings, cross connections and be assured separate shut-offs for multi-family dwellings. We need this procedure to get the Backflow and Cross Connection Program started.

### **BACKFLOW QUESTIONNAIRE - INSTRUCTIONS FOR FILING**

Each residence or service connection to the public water supply should initially be surveyed using the Village of Ashville Backflow Prevention Questionnaire. New service connections should complete the form at the same time the request is made for the water tap. Existing service connections should be surveyed by Water Distribution personnel using the questionnaire to document information obtained from the survey.

The questionnaire is fairly self-explanatory, but as much as possible should be filled out by Utility Department employees. The owner's name and address should be complete, along with the meter size and type of service provided to the building. The number of service connections should be noted. If the building is required to have continuous service, it should be noted and also should require a bypass line on the backflow system. The questionnaire is designed to provide information on both domestic water and water use for fire protection. The type of premise should be indicated and what the water is used for within the building is checked to see if there is a pipe connection to the water supply. This is also true of the cooling system.

If the residence has a lawn sprinkling system, it should be noted. If the residence has a swimming pool, whirlpool or Jacuzzi, it should be noted and defined how these facilities are filled with water. If the residence has a dishwasher, garbage disposal or soap eductor, it should be so noted on the form. If the facility has auxiliary water service, it should be so noted and explained what type and also determine if Village water is used to fill the auxiliary storage.

Commercial/industrial dwellings usually have a fire protection system and the type of system should be noted. If any part of the fire protection system contains antifreeze legs, it should be so noted. If the owner installs and maintains a fire hydrant for their own use, it should be so noted and determined if the drain ports are plugged. If the fire protection system use-s auxiliary pumps with a pipe connection to the water supply, note the type and capacity and also determine if there is a low pressure cut-off device. If auxiliary storage is used for the fire protection system, please note the type and capacity.

The date of the survey should be included on the form along with the person's name who completed the form. The bottom portion of the form is for Village use only and documentation is noted after determining the type of backflow preventor to be used. If existing backflow devices are present in the owner's plumbing system, list the type, manufacturer and size. The questionnaire should be signed by the Chief of Utilities or his appointed representative and dated showing that the device noted on the questionnaire is the approved device to be used for installation.

NOTE: For those service connections where a survey cannot be conducted nor entrance to the building obtained, a copy of the questionnaire will be mailed to the property owner along with the instructions and should be completed and returned. Enclosed is a sample of the Water Distribution Backflow Questionnaire