

CITY OF COLUMBUS – DIVISION OF WATER
CROSS CONNECTION QUESTIONNAIRE

This form is used to determine if backflow protection is required on the water service line to protect the public water system from potential contamination at the customer's point of use. When backflow protection is required this will also be used to determine the type/method and size of backflow prevention assembly. It should be completed by an individual familiar with how water is to be used on site.

PROPERTY ADDRESS: _____
 PROPERTY OWNER: _____ PHONE: _____
 CONTACT PERSON: _____ PHONE: _____
 BILLING ADDRESS: _____
 PLUMBING LAYOUT BY: _____ PHONE: _____

This application is for: New water service line(s) Modification to an existing water service line(s)

SERVICE TYPE	<input type="checkbox"/> Domestic	<input type="checkbox"/> Fire Protection only	<input type="checkbox"/> Combined Domestic/Fire
TAP SIZE (Proposed/Existing)	/	/	/
METER SIZE (Proposed/Existing)	/	/	/

TYPE OF BUILDING, FACILITY, OR SITE USE

1) **Pick** Residential only (if a nursing home or convalescent facility, also check here)
One Non-residential or mixed use

2) **Question 2 and 2a for residential only:**
Pick Less than 5 dwelling units*
One 5 or more dwelling units*
 *Dwelling unit is an apartment, condo, single family home, manufactured home, etc.
 Yes No
 2a) Do 5 or more dwelling units share the same City of Columbus water meter?

3) **Question 3 thru 3b for non-residential or mixed use**

Pick at least one and all that apply	<input type="checkbox"/> Auto repair or body shop	<input type="checkbox"/> Medical facility: doctor, dentist, clinic, dialysis, hospital, nursing/convalescent, etc.
	<input type="checkbox"/> Car wash	<input type="checkbox"/> Metal plating industry
	<input type="checkbox"/> Chemical plant	<input type="checkbox"/> Mortuary
	<input type="checkbox"/> Food/beverage processing plant	<input type="checkbox"/> Petroleum processing or storage plant
	<input type="checkbox"/> Food service operation or retail food establishment. Select risk class shown on your health department license. <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV	<input type="checkbox"/> Radioactive material processing plant or nuclear reactor
	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Waterfront facility, pier, or dock
	<input type="checkbox"/> Laundromat	<input type="checkbox"/> Other _____

Yes No
 3a) Is the site 100% owner occupied? *If any tenants, check "No."*
 3b) U.S. Department of Labor 4 digit Standard Industrial Code (SIC) if known: _____

CITY OF COLUMBUS – DIVISION OF WATER
CROSS CONNECTION QUESTIONNAIRE

PROPERTY ADDRESS: _____

PLEASE TELL US ABOUT WATER USAGE AT YOUR LOCATION			
	Yes	No	
4)	<input type="checkbox"/>	<input type="checkbox"/>	Lawn irrigation - Do you have a buried irrigation system? If so:
4a)	<input type="checkbox"/>	<input type="checkbox"/>	Can chemicals or fertilizer be added to it?
5)	<input type="checkbox"/>	<input type="checkbox"/>	Does your building have a water powered sump pump - primary or backup?
6)	<input type="checkbox"/>	<input type="checkbox"/>	Is your building(s) heated by a boiler, steam, or other radiant heating system that uses City water and is connected to your water supply piping?
6a)	<input type="checkbox"/>	<input type="checkbox"/>	If so, can conditioning chemicals be added?
7)	<input type="checkbox"/>	<input type="checkbox"/>	Does your building use geothermal heating or cooling?
8)	<input type="checkbox"/>	<input type="checkbox"/>	Does your property have a pool or hot tub? If so:
8a)			How is it filled? <input type="checkbox"/> Hose <input type="checkbox"/> Permanent plumbing connection
8b)	<input type="checkbox"/>	<input type="checkbox"/>	If a permanent plumbing connection is used, is the outlet of the fill pipe or faucet above the top edge of the pool or hot tub with a vertical gap in between?
9)	<input type="checkbox"/>	<input type="checkbox"/>	Does your property have another water supply system (e.g. a well for lawn irrigation, rain-water storage, or a pond that supplements your fire suppression system) or any recycled water systems? Please describe: _____
10)	<input type="checkbox"/>	<input type="checkbox"/>	Does your property have a fire suppression system and/or a private fire hydrant(s) that uses City water? If so:
10a)	<input type="checkbox"/>	<input type="checkbox"/>	Does the system use water only? (If foam or other chemicals (e.g. anti-freeze) are used in the system answer <i>No</i>)
10b)	<input type="checkbox"/>	<input type="checkbox"/>	Is there a fire department hose connection outside the building?
10c)	<input type="checkbox"/>	<input type="checkbox"/>	Are there private fire hydrants on site? (typically painted red)
10d)			What is the Use Group on the building Certificate of Occupancy?
	Check all that apply		<input type="checkbox"/> Assembly A1-A5 <input type="checkbox"/> Business B <input type="checkbox"/> Educational E <input type="checkbox"/> Factory and Industrial F1-F2 <input type="checkbox"/> Institutional I1-I4 <input type="checkbox"/> High Hazard H1-H5 <input type="checkbox"/> Mercantile M <input type="checkbox"/> Residential R1-R5 <input type="checkbox"/> Storage S1-S2 <input type="checkbox"/> Utility and Miscellaneous U
11)	<input type="checkbox"/>	<input type="checkbox"/>	Do you have building or equipment chillers connected to the water supply?
12)	<input type="checkbox"/>	<input type="checkbox"/>	Are there any other systems connected to the water supply that contain chemicals or substances that you wouldn't want to drink? These could be permanent or intermittent (e.g. hose connected to utility sink faucet). Please describe: _____ _____ _____
13)	<input type="checkbox"/>	<input type="checkbox"/>	Do you store or use any toxic or dangerous chemicals or substances on site that are in containers or tanks holding more than one gallon of the substance? Warning labels may contain skull and crossbones and/or the words TOXIC or DANGER. Please describe: _____ _____ _____

