

City of Columbus - Division of Water
Utilities Complex
910 Dublin Road, Columbus, Ohio 43215
Cross Connection Questionnaire

Property Address: _____

Tap Size: Domestic ___ Fire ___ Meter Size: Domestic ___ Fire: _____

Property Owner: _____ Phone Number: _____

Contact Person: _____ Phone Number: _____

Billing Address: _____ Zip Code: _____

Plumbing Layout By: _____ Phone Number: _____

Domestic/Commercial/Industrial Service

Type Service: Residential ___ Commercial ___ Industrial _____

Type of Business to Occupy Property: (i.e., Doctor's Office)

Is Property 100% occupied by Owner? Y ___ N _____ Number of Stories: _____

Any existing City of Columbus Service: Y ___ N _____

IF YES, Is it to be interconnected? Y ___ N _____

Second Source Water Available to the Property (i.e. well, pond)

Y ___ N ___ Any Specialty Water Uses: _____

FIRE SPRINKLER HEADS SUPPLIED FROM DOMESTIC TAP:

Y ___ N ___

Water Used For: Drinking/Culinary ___ Sanitary ___ Irrigation ___ Processing ___
Cooling ___ Fire Protection ___

Lawn Irrigation System: Y ___ N _____

IF YES, are pumps used: Y ___ N _____

Yard Connections, Ornamental Fountains, Yard Hydrants or Hose Boxes Y ___ N _____

Type of Heating: Gas ___ Electric ___ Solar ___ Heat Pump ___ Boilers ___

If Boilers: Steam ___ Hot Water ___

Any Chemical Treatment: Y ___ N _____

Type of Cooling: Cooling Tower: Y ___ N _____

IF YES, Is there an air gap at the Supply Y ___ N ___ Chiller: Y ___ N _____

Any Chemical Treatment: Y ___ N _____

Commercial Dishwasher: Y ___ N _____

IF YES, Soap Eductors: Y ___ N ___ Garbage Disposal with Pipe Connection: Y ___ N _____

Swimming Pool: Y ___ N ___ Filled by Hose: Y ___ N ___
Pipe Connections: Y ___ N ___
If Pipe Connection, is there an air gap at the pool ___; Filter ___ Other ___

Whirlpool or Jacuzzi Bath: Y ___ N ___
IF YES, Filled by: Pipe Connection Y ___ N ___

Pump used for Cold Water System: Y ___ N ___
Hot Water System: Y ___ N ___

Auxiliary Water Storage: Y ___ N ___
IF YES, Type and capacity in gallons: Elevated Tank _____ Pressure Tank _____
Reservoir _____
Is the Auxiliary Water Storage Covered: Y ___ N ___
Filled from City Main: Y ___ N ___
If no, where from: _____

FIRE PROTECTION

Type of System: Dry Sprinkler ___ Wetted Sprinkler ___ Wet Riser ___
Hose Cabinets ___ Anti-Freeze Legs Y ___ N ___ Fire Hydrants Y ___ N ___

Any Pumps Used: Y ___ N ___ Auxiliary Water Storage: Y ___ N ___
Is the Auxiliary Water Storage Covered: Y ___ N ___
IF YES, Is there an air gap? Y ___ N ___

Can Anti-Freeze or other additives be added/pumped into the system
Y ___ N ___

Additional Information: _____

To be Signed by Person Making Application for Water Service:

I hereby certify that I am acting as agent for the owner of
the property listed, with full knowledge and consent, and that all information
furnished is complete and correct. As owner's agent, I further acknowledge
that incomplete or incorrect information may result in additional backflow requirements.

Signature of Applicant: _____ Date: _____

Print Name of Applicant: _____

Print Company Name: _____

Address of Applicant: _____ Phone: _____

City, Zip: _____

Estimated Date when building is to be occupied/completed: _____