GREATER CINCINNATI WATER WORKS CROSS—CONNECTION QUESTIONAIRE

DATE: _____ BRANCH NO: _____

PREMISE ADDRESS: _____ LOT NO. _____ COMMUNITY: _____ CU. FT. CONTENT: _____ ACCT NO: _____

BRANCH SIZE: DOMESTIC _____ FIRE _____ MAIN SIZE: _____ METER SIZE: DOMESTIC _____ FIRE _____ TYPE _____ METER NO: _____

BRANCH LOCATION: _____ RIGHT OF WAY: _____

OWNER _____ PHONE: _____ BILLING ADDRESS: _____ ZIP: _____

APPLICANT: _____ PHONE: _____ DESIGNER: _____ PHONE: _____

TYPE SERVICE: RESIDENTIAL _____ RESIDENTIAL AND COMMERCIAL _____ COMMERCIAL _____ FIRE _____ DUAL FIRE AND DOMESTIC _____ COMBINED FIRE AND DOMESTIC _____

ANY OTHER WATER SOURCE; YES _____ NO _____ IF YES, WHAT: WELL _____ CISTERN _____ OTHER, DESCRIBE _____

ANY EXISTING CWW SERVICE: YES _____ NO _____ DOMESTIC SIZE: _____ FIRE SIZE _____ TO BE INTERCONNECTED: YES _____ NO _____ EXIST BRANCH NO _____

DOMESTIC

TYPE OF PREMISE: _____ WATER REQUIREMENTS: DOMESTIC GPM _____

SINGLE FAMILY _____ MULTIPLE _____ NO. FAMILY UNITS _____ NO. STORIES _____ SPRINKLER HEADS SUPPLIED FROM DOMESTIC YES _____ NO _____

WATER USED FOR PROCESSING _____ PRODUCT _____ COOLING _____ SANITARY _____ CULINARY/DRINKING _____ OTHER, EXPLAIN _____

TYPE OF HEATING: FORCED AIR _____ ELECTRIC _____ SOLAR _____ HEAT PUMP _____ BOILERS _____ IF BOILERS: STEAM _____ HOTWATER _____ CHEMICAL TREATMENT YES _____ NO _____

TYPE OF COOLING: COOLING TOWER YES _____ NO _____ IF YES, IS THERE AN AIR-GAP AT SUPPLY: YES _____ NO _____ CHILLER YES _____ NO _____ CHEMICAL TREATMENT YES _____ NO _____

LAWN SPRINKLING SYSTEM: YES _____ NO _____ SELF-DRAINING HYDRANTS, FOUNTAINS, HOSE BOXES YES _____ NO _____ BAPTISTRY YES _____ NO _____ METHOD OF FILL _____

SWIMMING POOL: YES _____ NO _____ FILLED BY HOSE _____ PIPED CONNECTION _____ IF PIPED, IS THERE AN AIR-GAP AT: POOL _____ FILTER _____ OTHER _____

DISHWASHER: YES _____ NO _____ IF YES: RESIDENTIAL _____ COMMERCIAL _____ SOAP EDUCTORS: YES _____ NO _____ GARBAGE DISPOSAL _____ WITH PIPED CONNECTION: YES _____ NO _____

WHIRLPOOL OR JACUZZI BATH: YES _____ NO _____ IF YES FILLED BY: PIPED CONNECTION _____ DECK FAUCET _____ VACUUM BREAKER AT HIGHEST POINT YES _____ NO _____

PUMP USED FOR COLD WATER _____ CAPACITY G.P.M. _____ HOT WATER _____ CAPACITY G.P.M. _____ DIRECT SUCTION FROM CITY SERVICE: YES _____ NO _____

AUXILIARY WATER STORAGE: YES _____ NO _____ TYPE AND CAPACITY IN GALLONS: GRAVITY TANK _____ PRESSURE TANK _____ RESERVOIR _____

AUXILIARY WATER STORAGE COVERED: YES _____ NO _____ FILLED WITH CWW WATER: YES _____ NO _____ IF NO WHERE FROM: _____

ADDITIONAL INFORMATION: _____

FIRE PROTECTION

TYPE OF SYSTEM: DRY SPRINKLER _____ WET SPRINKLER _____ DRY RISER _____ WET RISER _____ HOSE CABINETS _____ ANTI-FREEZE LEGS: YES _____ NO _____

YARD FIRE HYDRANTS: YES _____ NO _____ NEW HYDRANTS WILL HAVE SELF-DRAINING PORTS TAPPED AND PLUGGED: YES _____ NO _____

PUMPS USED: YES _____ NO _____ TYPE AND CAPACITY IN GPM FIRE _____ JOCKEY _____ ANY EXISTING ANTI-FREEZE LEGS: YES _____ NO _____

AUXILIARY WATER STORAGE: YES _____ NO _____ TYPE AND CAPACITY IN GALLONS _____ AUXILIARY WATER STORAGE COVERED: YES _____ NO _____

WATER REQUIREMENTS: FIRE GPM _____

ADDITIONAL INFORMATION: _____

OVER

TO BE SIGNED BY PERSON MAKING APPLICATION FOR WATER SERVICE AND/OR METER

I HEREBY CERTIFY THAT I AM ACTING AS AGENT FOR THE OWNER OF THE PREMISES LISTED, WITH HIS FULL KNOWLEDGE AND CONSENT, AND THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. AS THE 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 .2 PERCENT OR LESS LEAD WILL BE USED ON THIS WATER SERVICE BRANCH.

SIGNATURE OF APPLICANT: _____ COMPANY: _____ DATE: _____

FOR WATER WORKS USE ONLY

_____ NO BACKFLOW PREVENTION DEVICES REQUIRED

_____ AIR GAP REQUIRED AT: _____

_____ INCH REDUCED PRESSURE DEVICE REQUIRED AT: _____

_____ INCH DOUBLE CHECK DEVICE REQUIRED AT: _____

_____ LOW PRESSURE CUT-OFF SWITCH REQUIRED ON FOLLOWING PUMPS: _____

SYSTEM STATIC PRESSURE: _____ FLOW TEST: _____ DOMESTIC GPM DEMAND: _____ FIRE PROTECTION GPM DEMAND: _____

WINGWALL GRID: _____ ASSESSMENT DUE: YES _____ NO _____

REFERENCE RECORDS: WSL _____ DISTRIBUTION DRAWING _____ HYDRANT BOOK _____ 200' SCALE _____

REVIEWER'S SIGNATURE: _____ DATE: _____ SECOND REVIEWER'S SIGNATURE: _____ DATE: _____

ADDITIONAL REMARKS: _____

EOW