



## Backflow Prevention Questionnaire

(Required for all Non-Residential Water Service, New or Renewal)

As part of our ongoing efforts to ensure the safety of your drinking water, we are required to protect our system against cross-connections. Cross- Connections can make our drinking water unsafe.

The purpose of this questionnaire is to help determined if you have any special plumbing or activities that a pose an increased risk of contamination to our water system. Please fill out the following questionnaire below and remit to the Village of Wakeman

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

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

TYPE OF SERVICE: Commercial \_\_\_\_\_ Industrial \_\_\_\_\_ Agricultural \_\_\_\_\_ Other \_\_\_\_\_

NEW CONSTRUCTION: \_\_\_\_\_

EXISTING BUSINESS: \_\_\_\_\_

TYPE OF PREMISE: \_\_\_\_\_

WATER USED FOR: Processing \_\_\_\_\_, Product \_\_\_\_\_, Cooling \_\_\_\_\_, Sanitary \_\_\_\_\_,  
Culinary/Drinking \_\_\_\_\_, Other(list) \_\_\_\_\_.

TYPE OF HEATING: Forced Air \_\_\_\_\_, Electric \_\_\_\_\_, Solar \_\_\_\_\_, Heat Pump \_\_\_\_\_,  
Boiler \_\_\_\_\_, Steam \_\_\_\_\_, Hot Water \_\_\_\_\_, Geothermal \_\_\_\_\_,  
Other(list) \_\_\_\_\_

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

WELL: Yes \_\_\_\_\_ No \_\_\_\_\_

CISTERN: Yes \_\_\_\_\_ No \_\_\_\_\_

LAWN SPRINKLER SYSTEM: Yes \_\_\_\_\_ No \_\_\_\_\_

CHEMICAL TREATMENT: Yes \_\_\_\_\_ No \_\_\_\_\_

SELF DRAINING YARD HYDRANTS, FOUNTIANS, HOSE BOXES: Yes \_\_\_\_\_ No \_\_\_\_\_

SWIMMING POOL: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, filled by hose \_\_\_\_\_ or piped connection \_\_\_\_\_

DISHWASHER: \_\_\_\_\_ Commercial \_\_\_\_\_ None

WHIRLPOOL/HOTTUB: \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, filled by \_\_\_\_\_ Hose \_\_\_\_\_ Piped Connection

PLEASE LIST ANY OTHER WATER USE PRATICES NOT LISTED ABOVE:

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**TO BE SIGNED BY PERSON MAKING APPLICATION FOR WATER SERVICES**

I hereby certify that all information is complete and correct. I further acknowledge that incomplete or incorrect information may result in an additional or different requirement insofar as Backflow Prevention Assemblies at the water service connection are concerned.

Name (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Telephone Number \_\_\_\_\_