City of Bedford Water Dept. Cross-Connection Control Survey



Please fill out to the best of your knowledge and return promptly.

Return to: Bedford Water Department, 100 Solon Rd., Bedford, OH 44146

or email to BACKFLOW@BEDFORDOH.GOV Property Address: Mailing Address: Type of property: □ Commercial □ Residential Industrial 1. Indicate which of the following water-using equipment or practices are being used at the above property address: Underground sprinklers Swimming pool/jacuzzi □ Fire sprinkler system □ Auxillary water system Metal processing ■ Booster pump ■ Water recirculater and pump Antifeeze □ Private fire hydrants Utility sink with threaded faucet Beverage machine Laboratories Boilers Commercial Soap Dispensor Typical water usage Insecticide sprayer Water softener None of the above 2: Do you have any other water-using equipment on your property not mentioned above? Yes / No If yes, explain: 3: Has there been changes at your property in the last 12 months that could cause hazard to the public water system? Yes / No If yes, explain: _____ 4: Do you currently have any backflow device(s) at your property? Yes / No 5: What is the size and material of the water line coming into your property? (before water meter) Size (inches): _____ Material: □Copper ☐ Galvanized Steel □ Lead Other: _____ Person completing this form:

<u>IMPORTANT:</u> The owner of this property is responsible to have all backflow devices inspected and tested at least every 12 months. Failure to do so may result in your water service being disconnected. Please call our Backflow Office at (440) 735-6585 if any additional information is needed.

Name: _____ Signature: _____ Date: ____