

# DEL-CO WATER CROSS-CONNECTION QUESTIONNAIRE

## GENERAL INFORMATION SECTION (Tap Applicant To Complete Entire General Information Section)

Service Address: \_\_\_\_\_ City/Township: \_\_\_\_\_ County: \_\_\_\_\_

Owner: \_\_\_\_\_ Owner's Address (if different from service address): \_\_\_\_\_

Owner's City/State/Zip: \_\_\_\_\_ Owner's Phone: \_\_\_\_\_

1) Service Type:  Residential  Commercial  Industrial

a. If Commercial or Industrial, Use of Premise (Example: Medical, Retail Chemical, Mfg., etc.) \_\_\_\_\_

2) Any Other Water Source Serving Premise:  Yes  No If Yes,  Well  Cistern  Other \_\_\_\_\_

3) Del-Co Water Used for any purpose other than culinary/drinking/sanitary/lawn irrigation:  Yes  No

If Yes, List: \_\_\_\_\_

## DOMESTIC SERVICE (Answer All Questions If Proposed Tap Includes Domestic Water Systems)

4) Use of Domestic Water: (Check All Appropriate Boxes)

a.  Culinary/Drinking

e.  Dishwasher: If Checked,  Residential  Commercial

b.  Restrooms

f.  Manufacturing/Product Process: If Checked, Direct Connection to District  Yes  No  
Water:

c.  Lawn Irrigation System

g.  Heating: If Checked,  Steam Boiler  Hot Water Boiler  Chemical Treated Boiler  Yes  No

d.  Maintenance Sink(s)

h.  Cooling: If Checked, Cooling Tower  Yes  No If Yes, Air-Gapped:  Yes  No  
Chiller:  Yes  No Chemical Treated Chiller:  Yes  No

5) Auxiliary Storage for Domestic Water:  Yes  No If Yes, Type & Capacity: Gravity Tank \_\_\_\_\_ Pressure Tank \_\_\_\_\_ Reservoir \_\_\_\_\_

a. Auxiliary Water Storage Covered:  Yes  No Filled with Del-Co:  Yes  No If No, Where: \_\_\_\_\_

## FIRE SERVICE (Answer All Questions If Proposed Tap Includes Fire Protection System)

6) Type of Fire Service:  Dry Sprinkler  Wet Sprinkler  Wet Riser  Dry Riser 7) Proposed Number of Yard Fire Hydrants \_\_\_\_\_

8) Booster Pump on Proposed Fire Line:  Yes  No If Yes, Size \_\_\_\_\_ in. Capacity \_\_\_\_\_ GPM

9) Jockey Pump on Proposed Fire Line:  Yes  No If Yes, Size \_\_\_\_\_ in. Capacity \_\_\_\_\_ GPM

10) Auxiliary Storage for Fire Protection:  Yes  No If Yes, Type & Capacity: Gravity Tank \_\_\_\_\_ Pressure Tank \_\_\_\_\_ Reservoir \_\_\_\_\_

a. Auxiliary Water Storage Covered:  Yes  No Filled with Del-Co:  Yes  No If No, Where: \_\_\_\_\_

11) Any Existing Fire Systems:  Yes  No

**Ohio EPA Chapter 3745-95 Ohio Administrative Code**