

**AUXILIARY WATER SYSTEM SURVEY
DEL-CO WATER COMPANY, INC.**

Address: _____

Date of Survey: _____

Resident Name: _____

Time of Survey: _____

1. Check all of the potential contaminant sources that are present and complete Table 1:[†]

Table 1 Potential Contaminant Source	Present (Y/N) on		Connected to PWS or Auxiliary System (AS)	Comments (Include description of backflow prevention device or method)
	Adjacent Property	Premises		
Boiler/hot water building heat with chemical treatment			<input type="checkbox"/> PWS <input type="checkbox"/> AS	
Swimming Pool			<input type="checkbox"/> PWS <input type="checkbox"/> AS	
Feed lot/livestock holding area/barnyard			<input type="checkbox"/> PWS <input type="checkbox"/> AS	
Irrigation system			<input type="checkbox"/> PWS <input type="checkbox"/> AS	
Herbicide/pesticide mixing			<input type="checkbox"/> PWS <input type="checkbox"/> AS	
Is there a business on the property that utilizes water for anything other than potable purposes? If yes, explain below.			<input type="checkbox"/> PWS <input type="checkbox"/> AS	
Other potential backflow hazards. Explain below.			<input type="checkbox"/> PWS <input type="checkbox"/> AS	

[†] If any potential contaminant source is connected to the PWS without an acceptable isolation device or contained on the premise then an appropriate containment backflow prevention device may be required by OAC 3745-95-02. If there is a connection to the public water system then the potential source is on the premises.

2. List all auxiliary water systems, such as wells and cisterns. Include a drawing of the auxiliary water system and show the distance from the auxiliary water system to all structures, property lines and locations of any items in Table 1.

3. What is the minimum distance between the public water system piping and the auxiliary water system?

4. Yes No. Is there any evidence to suggest the physical separation has been tampered with or compromised in any way? If yes, describe below.

5. Yes No. Is the plumbing from an auxiliary water system inside any buildings, structures, dwellings, or areas that are served by the public water system? If yes, describe below.

Surveyor Comments:

Surveyor Attests:

I attest that I personally inspected the property listed above and the information provided by me is true and accurate to the best of my knowledge.

Tester Name: _____ Signature: _____ Date: _____

Company: _____ Certification No.: _____

Disposition by Del-Co Water Company, Inc.

- 1. Yes No. Have unprotected cross-connections ever occurred? If yes, include dates and describe below.

- 2. Yes No. Is there a permanent or temporary means available on the premises for the purpose of cross-connecting the auxiliary water system with the public water system? If yes, explain below.

Inspection Results:

- The following approved method or device is required on each service connection:
 - Air gap
 - Reduce pressure principle backflow prevention (RP) assembly
 - Double check valve (DC) assembly
 - Pressure Vacuum Breaker (PVB)

- A backflow prevention assembly on each service connection is not required.

Del-Co Comments:

I hereby certify that the factors listed above have been evaluated and taken into consideration in determining the need for a backflow prevention assembly. This evaluation encompasses the premises served by the Del-Co Water Company, Inc. public water system and an auxiliary water system (if exists) on the real property that is owned or under the control of the consumer adjacent to the premises.

Reviewed by Del-Co Water Company, Inc.

Signed

Date