

Division of Water

Backflow Protection Exception Application

Applies to non-residential owner-occupied properties only

The Department of Public Utilities Rule and Regulation 23-02, Section 6.A.3 requires all non-residential properties to provide backflow protection at the end of the water service line. Section 6.A.3.a allows the Administrator to grant an exception to this requirement under certain circumstances. Exceptions will not be granted to customers where, in the opinion of the Administrator, backflow prevention is required to protect the public water system from potential contamination from the customer's point of use.

Exceptions are granted to the customer based on the site use and plumbing configuration in existence at the time of the request and are not transferrable to new owners. If property ownership changes the new owner must submit an application to receive the exception. Exceptions may be rescinded at any time if, in the opinion of the Administrator, the potential hazard justifies installation of a backflow prevention assembly. Granting an exception does not exclude a property from periodic review to ensure the public water system is adequately protected.

This worksheet and accompanying documentation must be submitted for all requests for an exception. Before approving an exception a site inspection by the Backflow Compliance Office may be required to verify your responses and that no hazard to the public water supply exists. If your request for an exception is denied this form and a site inspection may be used to determine the type/method and size of backflow prevention assembly needed.

This worksheet should be completed by the property owner or their representative who is familiar with how water is used on site. Please return the completed worksheet to:
Columbus Division of Water
Backflow Compliance Office
910 Dublin Road,
Columbus, OH 43215

WATER SERVICE ADDRESS: _____

WATER ACCOUNT NUMBER (for existing accounts): _____

NAME ON ACCOUNT: _____ PHONE: _____

| | | | |
|----------------------------------|--|---|---|
| This application is for: | <input type="checkbox"/> Existing water service line | <input type="checkbox"/> Modification to an existing water service line | <input type="checkbox"/> New water service line |
| SERVICE TYPE (select one) | <input type="checkbox"/> Domestic only | <input type="checkbox"/> Combined Domestic/Fire | <input type="checkbox"/> Fire only |
| SERVICE SIZE (Existing/Proposed) | / | STOP. Not eligible | STOP. Not eligible |
| METER SIZE (Existing/Proposed) | / | | |

TYPE OF BUILDING, FACILITY, OR SITE USE

1) **Pick One**

Residential use only
"Residential use" means use of a property for a dwelling unit (see Question 2) and those incidental uses normally associated with use as a dwelling unit. See also the definition of Non-residential use.

Non-residential or mixed use
"Non-residential use" means use of a property other than for a dwelling unit and those incidental uses normally associated with use as a dwelling unit. Mixed use properties consisting of both residential and non-residential uses served by the same water service line(s) shall be considered non-residential.

2) **Question 2 and 2a for residential only:**

Pick One

Less than 5 dwelling units* 5 or more dwelling units*

*Dwelling unit means a single, self-contained unit providing independent living facilities for one or more individuals which contains eating, living, sanitary and sleeping areas and one cooking facility, all for exclusive use by the occupants (typically an apartment, condo, single family home, manufactured home, etc.). See Rule and Regulation 18-01, Section 2.A.15 for exclusions.

2a) Yes No Do 5 or more dwelling units share the same City of Columbus water meter?

2b) Yes No Nursing home or convalescent facility?

If you selected "Yes" for 2a or 2b, STOP. You do not qualify for an exception. Backflow prevention is required.

(continued)

WATER SERVICE ADDRESS: _____

| | | | | |
|---|--|--|---|--|
| Question 3 thru 3b for non-residential or mixed use | | | | |
| 3) | <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Is the site 100% owner occupied? <i>If any tenants, check "No."</i></p> <p>"Owner Occupied" means the customer is the owner of the entire premise served by the water service line, the customer controls water use at the premise, and no part of said premise is leased, sublet, etc.</p> <p>If you selected "No" for question 3, STOP. You do not qualify for an exception. Backflow prevention is required. If you selected "Yes" the name on the water account must match the owner name on the county auditor's web site. If not, it shall be your responsibility to demonstrate to the Administrator's satisfaction that the property is owner occupied before an exception may be granted.</p> | | | |
| 3a) | <table border="0"> <tr> <td>Pick at least one and all that apply</td> <td> <input type="checkbox"/> Auto repair or body shop <input type="checkbox"/> Car wash <input type="checkbox"/> Chemical plant <input type="checkbox"/> Food/beverage processing plant <input type="checkbox"/> Food service operation or retail food establishment, Risk Class III or IV as shown on your health department license. <input type="checkbox"/> III <input type="checkbox"/> IV If Class I or II pick "Other" <input type="checkbox"/> Laboratory <input type="checkbox"/> Laundromat </td> <td> <input type="checkbox"/> Medical facility: doctor, dentist, clinic, dialysis, hospital, nursing/convalescent, etc. <input type="checkbox"/> Metal plating industry <input type="checkbox"/> Mortuary <input type="checkbox"/> Petroleum processing or storage plant <input type="checkbox"/> Radioactive material processing plant or nuclear reactor <input type="checkbox"/> Waterfront facility, pier, or dock <input type="checkbox"/> Other _____ </td> </tr> </table> <p>If you checked any box in 3a other than "Other," STOP. You do not qualify for an exception. Your site use requires backflow prevention.</p> | Pick at least one and all that apply | <input type="checkbox"/> Auto repair or body shop <input type="checkbox"/> Car wash <input type="checkbox"/> Chemical plant <input type="checkbox"/> Food/beverage processing plant <input type="checkbox"/> Food service operation or retail food establishment, Risk Class III or IV as shown on your health department license. <input type="checkbox"/> III <input type="checkbox"/> IV If Class I or II pick "Other" <input type="checkbox"/> Laboratory <input type="checkbox"/> Laundromat | <input type="checkbox"/> Medical facility: doctor, dentist, clinic, dialysis, hospital, nursing/convalescent, etc. <input type="checkbox"/> Metal plating industry <input type="checkbox"/> Mortuary <input type="checkbox"/> Petroleum processing or storage plant <input type="checkbox"/> Radioactive material processing plant or nuclear reactor <input type="checkbox"/> Waterfront facility, pier, or dock <input type="checkbox"/> Other _____ |
| Pick at least one and all that apply | <input type="checkbox"/> Auto repair or body shop <input type="checkbox"/> Car wash <input type="checkbox"/> Chemical plant <input type="checkbox"/> Food/beverage processing plant <input type="checkbox"/> Food service operation or retail food establishment, Risk Class III or IV as shown on your health department license. <input type="checkbox"/> III <input type="checkbox"/> IV If Class I or II pick "Other" <input type="checkbox"/> Laboratory <input type="checkbox"/> Laundromat | <input type="checkbox"/> Medical facility: doctor, dentist, clinic, dialysis, hospital, nursing/convalescent, etc. <input type="checkbox"/> Metal plating industry <input type="checkbox"/> Mortuary <input type="checkbox"/> Petroleum processing or storage plant <input type="checkbox"/> Radioactive material processing plant or nuclear reactor <input type="checkbox"/> Waterfront facility, pier, or dock <input type="checkbox"/> Other _____ | | |
| PLEASE TELL US ABOUT WATER USAGE AT YOUR LOCATION | | | | |
| 4) | <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Lawn irrigation - Do you have a buried irrigation system?</p> | | | |
| 5) | <p><input type="checkbox"/> <input type="checkbox"/> Does your site have a sump pump (primary or backup) that uses City water <u>rather than</u> electricity or a battery?</p> | | | |
| 6) | <p><input type="checkbox"/> <input type="checkbox"/> Does your building use geothermal heating or cooling?</p> | | | |
| 7) | <p><input type="checkbox"/> <input type="checkbox"/> Does your property have another water supply system (e.g. a well for lawn irrigation, rain-water storage or a pond that supplements your fire suppression system) or any recycled water systems? Do not include rain barrels with a combined storage of 120 gallons or less. Please describe: _____</p> | | | |
| 8) | <p><input type="checkbox"/> <input type="checkbox"/> Does your property have a fire suppression system and/or a private fire hydrant(s) that uses City water?</p> | | | |
| 8a) | <p><input type="checkbox"/> <input type="checkbox"/> If so, is it supplied by the same water service line that provides drinking water to the site?</p> | | | |
| 9) | <p><input type="checkbox"/> <input type="checkbox"/> Do you have building or equipment chillers connected to the water supply?</p> | | | |
| If you answered "Yes" to Question(s) 4, 5, 6, 7, 8a, or 9 STOP. You do not qualify for an exception. Backflow prevention is required. | | | | |
| 10) | <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Is your building(s) heated by a boiler, steam, or other radiant heating system that uses City water and is connected to your water supply piping?</p> | | | |
| 10a) | <p><input type="checkbox"/> <input type="checkbox"/> If so, can conditioning chemicals be added?</p> | | | |
| 11) | <p><input type="checkbox"/> <input type="checkbox"/> Does your property have a pool or hot tub? If so:</p> | | | |
| 11a) | <p>How is it filled? <input type="checkbox"/> Hose <input type="checkbox"/> Permanent plumbing connection</p> | | | |
| 11b) | <p>If a permanent plumbing connection is used, is the outlet of the fill pipe or faucet above the top edge of the pool or hot tub with a vertical gap in between?</p> | | | |

If you answer "Yes" to Questions 10 or 11 backflow protection may be required. A site inspection will be needed to determine if an exception can be granted

(continued)

WATER SERVICE ADDRESS: _____

| | | | |
|------------|---------------------------------|--------------------------------|---|
| 12) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Are there any other systems connected to the water supply plumbing that contain chemicals or substances that you wouldn't want to drink? These could be permanent or intermittent (e.g. hose connected to utility sink faucet). Please describe: _____ _____ |
| 13) | <input type="checkbox"/> | <input type="checkbox"/> | Do you store or use any toxic or dangerous chemicals or substances on site that are in containers or tanks holding more than one gallon of the substance? Warning labels may contain skull and crossbones and/or the words TOXIC or DANGER. Please describe: _____ _____ |

If you answer "Yes" to Questions 12 or 13 backflow protection may be required. A site inspection will be needed to determine if an exception can be granted

I hereby certify that I am the owner or acting as agent for the owner of the property listed, with full knowledge and consent, and that all information furnished is complete and correct. As the owner or owner's agent, I am requesting an exception to the requirement in Rule and Regulation 18-01, Section 6.A.3.a to install backflow prevention on my water service line.

PRINT PROPERTY OWNER NAME: _____

PRINT NAME OF APPLICANT (if different than owner): _____

PRINT APPLICANT COMPANY NAME (if different than owner): _____

SIGNATURE OF APPLICANT: _____ DATE: _____

MAILING ADDRESS OF APPLICANT (if different than property address): _____

PHONE: _____ E-MAIL: _____

ESTIMATED COMPLETION DATE (for new or modified water service lines): _____

Check here if additional documentation is provided

Below this line for Backflow Compliance Office use only

| | | | | |
|--------------|--|---|---|---|
| Reviewed by: | | Date reviewed: | | |
| Result: | <input type="checkbox"/> P – Exception granted | <input type="checkbox"/> ND – Site verification needed | <input type="checkbox"/> F – Site use Explain: _____ | <input type="checkbox"/> F – Hazard Explain: _____ |
| Surveyed by: | | Date Surveyed: | | |
| Result: | <input type="checkbox"/> P – Exception granted | <input type="checkbox"/> F – Site use Explain: _____ | <input type="checkbox"/> F – Hazard Explain: _____ | |