



City of North Canton Cross-Connection Control Survey

The City of North Canton's Backflow Prevention Program ensures clean and safe drinking water by preventing home or business water systems that may be subject to water flowing backward through pipes from contaminating the City's water supply.

This survey must be completed and returned to the North Canton Water Department, Backflow Office, 7300 Freedom Avenue NW, North Canton, Ohio 44720 or via email to mleichtamer@northcantonohio.gov within thirty (30) days of receipt.

1. Service Information for Account Number: _____
Service Address: _____
Owner: _____
Address: _____
Phone: _____ Email: _____
Type of Service: Residential Commercial Industrial

2. Indicate which of the following will be used at the service address (Please check all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> Underground Sprinklers | <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Hot Tub |
| <input type="checkbox"/> Auxiliary Water Systems
(private well, etc.) | <input type="checkbox"/> Jacuzzi | <input type="checkbox"/> Laboratories |
| <input type="checkbox"/> Water Recirculating Systems
& Pumps | <input type="checkbox"/> Greenhouse | <input type="checkbox"/> Solar Heating System |
| <input type="checkbox"/> Utility Sink with Threaded
Faucet | <input type="checkbox"/> Waterbed | <input type="checkbox"/> Fire Sprinkler |
| <input type="checkbox"/> Hot Water or Steam Boilers | <input type="checkbox"/> Metal Processing | <input type="checkbox"/> Water Softener |
| <input type="checkbox"/> Water Trough for Livestock | <input type="checkbox"/> Antifreeze Flush Kits | <input type="checkbox"/> Darkroom Equipment |
| <input type="checkbox"/> Insecticide Sprayers
(attached to garden hose) | <input type="checkbox"/> Portable Dialysis | <input type="checkbox"/> Booster Pump |
| <input type="checkbox"/> None of the Above | <input type="checkbox"/> Other (See No. 4 Below) | |

3. Do you have a backflow preventer on your property now? Yes No
If yes, Serial Number: _____

4. Do you have any other water-using equipment on your property not mentioned above?
 Yes No
If yes, please explain: _____

5. Is there another potential water source available to your property (ie. another well, pond, cistern, etc.)?
 Yes No If yes, please list: _____

6. For any items checked above, have there been any changes in the last twelve (12) months that could cause any hazard to the public water system? Yes No
If yes, please explain: _____

7. Person completing this form:
Name: _____
Address: _____
Phone: _____ Email: _____

Signature

Date