

CITY OF MAUMEE DIVISION OF WATER - TAP APPLICATION

(TO BE COMPLETED BY TAP APPLICANT)

SERVICE ADDRESS: _____, Maumee, OH 43537
BUSINESS NAME OF PREMISE: _____

- USE OF PREMISE (example: medical, warehouse, manufacturing, retail, residential, etc.): _____
IF COMMERCIAL PROPERTY, WILL OCCUPANTS LEASE SPACE (example: strip mall, etc.): YES _____ NO _____
- 1.) Is Proposed Water to Serve: _____ Existing Building _____ New Building _____
 - 2.) Proposed Tap Size: Domestic _____ inch Fire _____ inch 3.) Proposed Meter Size: _____ inch
 - 4.) If Proposed Water Service Provide Both Domestic & Fire Water, Please Indicate:
Domestic Off Fire _____
Fire Off Domestic _____
 5. If Water to Serve Exiting Building, Is Public Water Currently Serving Premise:
Domestic _____ inch Fire _____ inch
If YES, _____ Well _____ Cistern _____ Other _____
 - 6.) Any Other Water Source Serving Premise: YES _____ NO _____
If Other Please Describe: _____

DOMESTIC WATER SERVICE

- 7.) Use of Domestic Water: (water using devices) (please check all appropriate)
 - a. _____ Drinking Fountain(s)
 - b. _____ Restroom(s)
 - c. _____ Automated Lawn Irrigation System
 - d. _____ Maintenance Sink(s)
 - e. _____ Manufacturing/Product Process Using Toledo Water
 - f. _____ Heating: _____ Steam Boiler _____ Hot Water Boiler
 - g. _____ Cooling: _____ Cooling Tower _____ Chiller
 - h. _____ Commercial Dishwasher
- 8.) Will Domestic Water System Utilize a Pump: YES _____ NO _____
- 9.) Will Domestic Water, From Public Water System, be Stored in Tank or Reservoir (example: elevated tank): YES _____ NO _____

FIRE SERVICE

- (answer all questions if proposed tap will include fire protection system)
- 10.) Will Fire System Contain Any Additives Such as Corrosion Inhibitors or Anti-Freeze: YES _____ NO _____
 - 11.) Will Fire System Utilize a Booster Pump and/or Jockey Pump: YES _____ NO _____
 - 12.) Will Fire System Water, From Public Water Supply, be Stored in Tank or Reservoir (example: elevated tank): YES _____ NO _____
 - 13.) Are Any Auxiliary Sources of Water Intended to be Used for Fire Protection (example: pond, river water, etc.): YES _____ NO _____
 - 14.) Any Existing Fire Suppression Systems Serving Premise: YES _____ NO _____

BACKFLOW

All backflow preventers required must be tested by certified persons and results forwarded to this office at the time of installation and annually thereafter.
PLEASE COMPLETE REQUIRED INFORMATION ON BACK OF THIS FORM

I HEREBY CERTIFY THAT I AM ACTING AS AGENT FOR THE OWNER OF THE PREMISE LISTED, WITH THE FULL KNOWLEDGE AND CONSENT, AND THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. AS THE OWNER'S AGENT, I FURTHER ACKNOWLEDGE THAT INCOMPLETE OR INCORRECT INFORMATION MAY RESULT IN AN ADDITIONAL OR DIFFERENT REQUIREMENT INSOFAR AS BACKFLOW PREVENTION DEVICES ARE CONCERNED.

SIGNATURE OF APPLICANT: _____ TODAY'S DATE: _____

PRINT NAME OF APPLICANT: _____

THANK YOU FOR YOUR COOPERATION!!

BASED ON THE PROPOSED WATER USAGE FOR THIS PREMISE, THE DIVISION OF WATER DISTRIBUTION SHALL MAKE A DETERMINATION BASED ON OHIO E.P.A. (CH 3745-95) AND THE CITY OF MAUMEE'S DEPARTMENT OF PUBLIC SERVICE CROSS-CONNECTION CONTROL RULES AND REGULATIONS, IF BACKFLOW PROTECTION ON THE MAIN WATER SERVICE LINE(S) IS REQUIRED. IF BACKFLOW PROTECTION IS REQUIRED, THE DIVISION OF WATER DISTRIBUTION SHALL NOTIFY THE TAP APPLICANT AND/OR OWNER ON THE TYPE AND LOCATION OF THE BACKFLOW PREVENTION ASSEMBLY. THE OWNER IS RESPONSIBLE FOR ALL EXPENSES INVOLVED IN THE PURCHASE, TESTING, AND MAINTENANCE OF THE BACKFLOW PREVENTION ASSEMBLY. ADDITIONAL BACKFLOW PREVENTION ASSEMBLIES MAY BE REQUIRED, ON THE INTERNAL PLUMBING SYSTEM, BY THE LOCAL PLUMBING AUTHORITY. FOR MORE INFORMATION ON CROSS-CONNECTION CONTROL AND BACKFLOW PROTECTION PROGRAM, CONTACT THE DIVISION OF WATER DISTRIBUTION AT (419) 897-7185.

PLEASE COMPLETE THE FOLLOWING:

OWNER'S NAME: _____

OWNER'S ADDRESS: _____

OWNER'S CITY/STATE/ZIP: _____

PHONE NO: _____

APPLICANT'S COMPANY NAME: _____

APPLICANT'S ADDRESS: _____

APPLICANT'S CITY/STATE/ZIP: _____

PHONE NO: _____

OFFICE USE ONLY

NO BACKFLOW PREVENTION DEVICES REQUIRED ("containment" device(s) only)

_____ in. REDUCED PRESSURE ZONE DEVICE REQUIRED (A.S.S.E. 1013) AT: _____

_____ in. DOUBLE CHECK VALVE ASSEMBLY REQUIRED (A.S.S.E. 1015) AT: _____

_____ PRESSURE VACUUM BREAKER BACKFLOW ASSEMBLY (A.S.S.E. 1020) REQUIRED ON MAKE-UP LINE TO LAWN IRRIGATION SYSTEM

_____ LOW PRESSURE CUT-OFF SWITCHES REQUIRED ON THE FOLLOWING PUMPS: _____

REMARKS: _____