

Backflow Prevention Program

The Village of Hiram is required by Ohio State Law to administer a Backflow Prevention Program. The purpose of this program is to protect the public water supply from potential cross contamination by preventing the flow of water from a customer's private piping back into the public water distribution system. Backflow prevention is primarily accomplished through the installation of a backflow prevention device.

While backflow and cross connections (an arrangement whereby backflow can occur) are not new, they are most recently covered by the Ohio Environmental Protection Agency (EPA) under Section 3745-95 of the Ohio Administrative Code. Locally in the Village of Hiram, it is covered by Ordinance 2007-7, titled "Cross-Connection Control; Back-Flow Prevention" and passed on 8-14-2007.

Requirements

The Village of Hiram requires backflow devices on industrial and commercial water lines for the containment of potential pollution sources in order to protect the public water distribution system. A reduced pressure zone backflow assembly is required on each water line entering an industrial or commercial building. A double check valve assembly is required on each fire line and each fire bypass line.

Backflow preventers are required by the EPA, State law (Ohio Administrative Code 3745-95), and Ohio Plumbing Code (chapter 608) to be installed where there is a potential health or contamination threat within the consumer's plumbing system. All commercial building and residential properties with in-ground irrigation systems require reduced pressure zone backflow prevention devices.

Annual Test

To ensure the device is working properly, the consumer is required to have annual testing done by a State-certified tester. The Hiram Village Water Department sends out reminder letters 60 days before your backflow test date. Reports of this annual testing must be maintained by the consumer and forwarded to the Hiram Village Water Department at 11617 Garfield Rd. Hiram, Ohio 44234.

Reporting Suspected Cross-Connections

If you suspect that a cross connection exists at your residence or business, please contact James McGee at the Village of Hiram Water Department, either by phone at (330) 569-7677 or email at va.hvoh@gmail.com.

Failure to Comply

The Village of Hiram maintains a list of accounts that are utilizing a backflow prevention device and require testing. The account will remain on the list until we either receive your complete test result form or when we hear from your testing contractor. Failure to comply with the program will result in termination of service.

In addition, under the previously mentioned Village ordinance, we reserve the right to request additional on-site surveys.

For more information, please contact:

James McGee
Water Department
Phone: (330) 569-7677
Fax: (330) 569-7128
Email: va.hvoh@gmail.com

Backflow Prevention Resources

For your convenience, the Village of Hiram Water Department maintains a list of backflow device testers certified by the State of Ohio. Please note that this is not an exhaustive list; you may select any tester as long as he or she has the appropriate state certification.

- [**View a List of State-Certified Backflow Device Testers**](#)

Please see the following links to review the Ohio EPA's rules and guidelines for backflow prevention.

- [**Educational Info on Common Residential Backflow Hazards**](#)
- [**Ohio EPA Website: Backflow Prevention and Cross-Connection Control**](#)

The following form shows the information your backflow device tester will send to the Ohio EPA each year.

STATE OF OHIO

Annual Test & Maintenance Report for Backflow Prevention Assemblies

Facility Name: _____ Contact Person _____ Phone _____
 Complete Address: _____

Assembly Information

Make _____
 Model _____ Size _____
 Serial Number _____

Installation Information

Meter Pit Basement Floor Number _____
 Penthouse Boiler Room Room Number _____
 Mechanical Room Protection Provided _____

Containment Isolation

Double Check Assembly

Initial Test	Outlet Valve		Pass <input type="checkbox"/>
			Fail <input type="checkbox"/>
	1 st Check Valve	__psid	Pass <input type="checkbox"/>
			Fail <input type="checkbox"/>
2 nd Check Valve	__psid	Pass <input type="checkbox"/>	
			Fail <input type="checkbox"/>

Reduced Pressure Assembly

1 st Check Valve	__psid	Pass <input type="checkbox"/>
		Fail <input type="checkbox"/>
Relief Valve Opening Point	__psid	Pass <input type="checkbox"/>
		Fail <input type="checkbox"/>
2 nd Check Valve		Pass <input type="checkbox"/>
		Fail <input type="checkbox"/>
Outlet Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>

Pressure Vacuum Breaker

Air Inlet Valve	__psig	Pass <input type="checkbox"/>
		Fail <input type="checkbox"/>
Check Valve	__psig	Pass <input type="checkbox"/>
		Fail <input type="checkbox"/>

Repairs & Materials Used	
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Double Check Assembly

Re-Test After Repair	Outlet Valve		Pass <input type="checkbox"/>
			Fail <input type="checkbox"/>
	1 st Check Valve	__psid	Pass <input type="checkbox"/>
			Fail <input type="checkbox"/>
2 nd Check Valve	__psid	Pass <input type="checkbox"/>	
			Fail <input type="checkbox"/>

Reduced Pressure Assembly

1 st Check Valve	__psid	Pass <input type="checkbox"/>
		Fail <input type="checkbox"/>
Relief Valve Opening Point	__psid	Pass <input type="checkbox"/>
		Fail <input type="checkbox"/>
2 nd Check Valve		Pass <input type="checkbox"/>
		Fail <input type="checkbox"/>
Outlet Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>

Pressure Vacuum Breaker

Air Inlet Valve	__psig	Pass <input type="checkbox"/>
		Fail <input type="checkbox"/>
Check Valve	__psig	Pass <input type="checkbox"/>
		Fail <input type="checkbox"/>

Comments:

TESTER CERTIFICATION: I hereby certify that the above data is correct and that the backflow prevention device is in proper working condition.

Tester Name (Printed) _____ Signature _____ Phone _____

Company Name _____ Ohio Cert. No. _____ Contractor No. _____ Date _____

I hereby certify that the above backflow prevention device has been in constant use at this location during the entire prescribed interval between test periods and during that period this device was not bypassed, made inoperative, or removed without proper authorization. I further certify that I have the authority and responsibility to ensure the above.

Owner/Officer (Printed) _____ Signature _____

Title: _____ Date: _____

Return Copy with \$_____ fee to:

Hiram Village Utilities

Phone: 330-569-7677

Fax: 330-569-7128