

ORDINANCE NO. 133-05

By: Mr. McClelland

An Ordinance to establish the Ohio EPA Backflow Prevention Program for the City of Bexley, and to adopt Rules and Regulations which establish a Backflow Prevention Program that incorporates all current requirements of the Ohio Department of Commerce and the Ohio Environmental Protection Agency.

WHEREAS, it is required that all Public Water Departments establish a Backflow Prevention Program; and

WHEREAS, the City of Bexley Water and Service Departments has established a written program incorporating all requirements of the Ohio EPA and the Ohio Department of Commerce.

**NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF BEXLEY, OHIO:**

Section 1. That this Ordinance is necessary for the preservation of the public welfare, health and safety of the residents of the City of Bexley.

Section 2. That rules and regulations complying with the current requirements of the Ohio Department of Commerce and the Ohio Environmental Protection Agency are hereby adopted.

Section 3. That this Ordinance shall be in full force and effect at the earliest date allowed by laws of the State of Ohio.

Passed: 1-24, 2006

Helen Mac Murray  
President of Council

Attest: [Signature]  
Clerk of Council

Approved: 1/24, 2006

[Signature]  
David H. Madison, Mayor

12-13-05 First Reading  
12-20-05 Second Reading  
1-10-06 Third Reading Tabled.  
1-25-06 Removed from table.  
Passed.

NOTIFICATION OF INSTALLATION OF BACKFLOW PREVENTION DEVICE

COMPLETE AND RETURN TO THE BEXLEY WATER DEPARTMENT

City of Bexley Water Department  
Backflow Prevention Program  
2242 East Main Street  
Bexley, OH. 43209

**BUILDING INFORMATION**

Building/Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title (Commercial Only): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Phone Number: \_\_\_\_\_

**DEVICE INFORMATION**

Device is for isolation \_\_\_\_\_ Device is for containment \_\_\_\_\_

Device Type (circle one): Air Gap R.P. D.C. P.V.B Size: \_\_\_\_\_

Device Make: \_\_\_\_\_ Model #: \_\_\_\_\_ Serial #: \_\_\_\_\_

~~In Building~~ Location of Device: In Building

Fixture Protected: \_\_\_\_\_

**WORK COMPLETED BY**

Contractor's Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Tested By: \_\_\_\_\_ Cert. #: \_\_\_\_\_ Date: \_\_\_\_\_

Installed By: \_\_\_\_\_ Date: \_\_\_\_\_

Inspected By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

**TO BE COMPLETED BY BEXLEY WATER DEPARTMENT**

Account Number: \_\_\_\_\_

Meter Information: \_\_\_\_\_

Notes: \_\_\_\_\_