Greater Cincinnati Water Works

Engineering Division

<u>June 20, 2013</u>

Rainwater Harvesting System Requirements for Cisterns :

1. Rainwater is permitted to be used for flushing of toilets and irrigation only.

2. Purple Pipe must be utilized both inside and outside of the building for any non-potable water supply of Rainwater or Runoff. The pipe must be embossed, integrally stamped or marked with the words: "CAUTION: NON-POTABLE WATER – DO NOT DRINK"

3. Water should be treated but not to potable water standards.

4. Operations and Maintenance Manuals must be submitted to Water Works as part of permit review process. Applicant must specify type of maintenance and a schedule of when maintenance is to occur.

5. The Water Works reserves the right to review and approve Operation and Maintenance at the time of installation and inspection. The Water Works will determine the frequency of testing.

6. An appropriate approved permit from the City of Cincinnati is required before applicant can build and operate a Rainwater Harvesting System

7. At a minimum, backflow devices including air gaps must be tested/inspected at the time of installation and every 12 months, as per Water Works standards.

8. Makeup water from the public water system: The public water supply must be protected against backflow by means of a backflow prevention device or air gap. Backflow prevention devices must be kept in good working order and air gaps are not to be breached with a piped connection or hose into tanks.

9. Contact Person for questions about:

Rainwater Harvesting Survey and submittals: Ms. Becky Calder at 591-7857

Backflow Testing procedures: Mr. Dave Rechel at 591-7835

Water testing practices: Mr. Jeff Swertfeger at 624-5608

Premise Address			Lot #	_ Application Date	e	Branch Number	umber	1
Branch Size	Meter Size	Water Main Size	_ Meter Type	Meter Number	mber	Community		ľ
Type of Service: Domestic only		Irrigation onlyOther_	OR	Dual Service	Tri -Service:	Domestic 1 (circle	ic Irrigation Fire (circle two or three)	
Branch Location: If domestic is part	Branch Location: N-S-E-W side of (circle one) domestic is part of a dual service br	Branch Location: N-S-E-W side of <u>(Street name)</u> , feet N-S-E-W (circle one) (circle one) (street name) (circle one) (circle one) (f domestic is part of a dual service branch please <u>specify</u> if <u>LEFT</u> or <u>RIGHT</u> of fire branch:	teet N-((cir (cir (cire I	of	fire hydrant(s) N-S-E-W of (circle one) LEFT RIG	E-W of one) RIGHT	(cross street name)	
Any existing wate Will the existing w	r services/sources or	Any existing water services/sources of water? Cincinnati Existing Branch $\#$ Will the existing water source be discontinued when new branch is installed? Y/N	_ Existing Branch # nch is installed? Y/N	Well If yes, how v	Well Cistern Lake If yes, how will it be discontinued?	Lake/Pond	Other	
Plumbing Contractor's Name: Plumbing Contractor's Addr Plumbing Phone #	lumbing Contractor's Name: Plumbing Contractor's Address: Plumbing Phone #	(Number and Street)	email:	(City)	(S)	(State)	(djZ)	
Owner's Name: Owner's Address: Owner's Phone #_	# \$	(Number and Street)	Owner's email	(City)	5)	(State)	(djZ)	
General Contract	General Contractor's (GC) Name: _		GC's PI	GC's Phone Number		GC's Fax Number	umber	
Type of Premise:	(Residential	(Residential or Commercial or other)	How many stories?	Cubic Feet		Number of Commercial Units	cial Units	
Peak water demand in gpm: Rainwater to be collected fro	Peak water demand in gpm: Rainwater to be collected from (Check all that apply):	Othe Build	Roof: P	bressure in psi: Lot:Yard:	Separate C	PSI Separate Catchment System:	item:	
How will the rainwater be coll Specific Location of Cistern: Size of Cistern: Length:	/ater be collected (Che of Cistern: Inside Buil Length: Width:	ck all that apply): ding:	Kain Barrel Cistern Pond Outside Build What is the capacity in Gallons?	Outside Building: / in Gallons?	Other			
Does the Cistern I If yes, is it filled by	Does the Cistern have a fill pipe from the Public Water If yes, is it filled by hose or piped connection?	the Public Water System?	m? Yes No Other:If a piped connection, is there an air gap at the cistern?	Other: on, is there an air	gap at the cistern	6		
List all Intended us If this is to be used boxes?	List all Intended uses of Rainwater: Flushing toilets: If this is to be used for irrigation is there an undergrou boxes?	und law	Irrigation: Other: n sprinkling system?	11	Are there self- draining drinking fountains, hydrants, or hose	fountains, }	hydrants, or hose	
Method of Rainwa	Method of Rainwater Disinfection/Treatment(Check all		that apply): Chlorine Br	Bromides UV_	Other:			
Are pumps used on th Rainwater reservoir?	on the Rainwater Ha	Are pumps used on the Rainwater Harvesting supply or distribution? Rainwater reservoir?	<u>۳</u>	so, what is their capacity in GPM?	/ in GPM?	_ Do they tak	Do they take direct suction from	F
Additional Information	ttion						6/13 (OVER)	~

Rainwater Harvesting Survey

GREATER CINCINNATI WATER WORKS

TO BE SIGNED BY PERSON MAKING APPLICATION FOR WATER SERVICE AND/OR METER
I HEREBY CERTIFY THAT I AM ACTING AS AGENT FOR THE OWNER OF THE PREMISES LISTED, WITH THEIR 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 IN SO FAR AS BACKFLOW PREVENTION DEVICE AT THE WATER SERVICE CONNECTION IS CONCERNED.
APPLICANT NAME: COMPANY: COMPANY: (PRINT) (PRINT) DATE:
FOR WATER WORKS USE ONLY
NO BACKFLOW PREVENTION DEVICES REQUIRED
AIR GAP REQUIRED AT:
INCH REDUCED PRESSURE PRINCIPLE DEVICE REQUIRED: Immediately inside building before any take offs. Above ground, immediately past meter, in a heated structure. If well/cistern is properly abated/abandoned then RP not required Other
INCH DOUBLE CHECK DEVICE REQUIRED:
LOW PRESSURE CUT-OFF SWITCH/ MINIMUM PRESSURE SUSTAINING VALVE REQUIRED ON PUMPS
Purple Pipe must be utilized
Dye must be added to Rainwater mixture
Operations and Maintenance Manual Submitted with Survey
Water Quality Testing Required: Monthly Quarterly Every 6 Months Annually Other
OTHER:
SYSTEM STATIC PRESSURE: 100' SCALE WATER MAIN PLAN # :
REVIEWER'S SIGNATURE: DATE: D
ADDITIONAL REMARKS:
6/13