

## Wooster's Cross Connection Control Program

The City of Wooster proudly supplies millions of gallons of safe, clean water every day to our customers. Our water quality exceeds the standards established by the United States Environmental Protection Agency (EPA) and Ohio Regulations. In an effort to keep costs low, to be environmentally-friendly, and to be more efficient, the City of Wooster utilizes an **online backflow tracking program**.

Ohio EPA Regulations and Ohio Plumbing Codes require every water supplier to develop and implement a comprehensive cross connection control program for the elimination of all existing cross connections and the prevention of all future cross connections.

*...public water users must have their sites inspected...existing backflow assemblies must be tested annually by a licensed tester... an approved cross connection control program shall be in place...*

### How the Program Works

1. If you have not already done so, register as a tester with us at **[www.TrackMyBackflow.com](http://www.TrackMyBackflow.com)**.

You will be issued a user name and password for online access. Licensing, certifications, and test kit calibrations must be kept current with us. There is no charge. See page 2 for more information.

2. For the initial test results of **a new backflow assembly**, a paper copy of the City's form with test results must be mailed to our online provider Aqua Backflow at:

Aqua Backflow  
977 Elizabeth Street  
Elgin, IL 60120

3. All subsequent backflow test results shall be submitted online at **[www.TrackMyBackflow.com](http://www.TrackMyBackflow.com)**.

The filing fee of \$9.95 per submission must be made upon completion of online test result submissions. Online data entry is performed by simply entering the backflow assembly serial number and building number (address) OR entering only the Hazard ID # associated with that specific hazard. Hazard ID tags are mailed to all water customers when a test is due. Please hang this tag on the backflow preventer if the customer has not already done so. Note that the Hazard ID # never changes! It will benefit us all to be sure that tags remain in place at each hazard. Write the Hazard ID # on your test forms to make online access even easier!

Thank you for your cooperation. If you have questions or need further information, please visit Aqua Backflow's website. You may contact Aqua Backflow directly at (866) 777-2124 or email [info@AquaBackflow.com](mailto:info@AquaBackflow.com).

## How the Process Begins:

Go to:

[www.TrackMyBackflow.com](http://www.TrackMyBackflow.com)



Register as a new backflow tester

[Once registered, you will receive a registration confirmation email within 24 business hours and a request for copies of your actual](#) tester license/certification; test kit information; last test kit calibration certificate, etc. Once all data has been received and verified, we will send you a user name and password. Then, proceed to [TrackMyBackflow.com](http://TrackMyBackflow.com) and log in.



Now that you are logged in:

- 1) Click “Enter Test”
- 2) Verify your information on the next screen and select a tester (if applicable).
- 3) Locate your backflow preventer by entering either the serial # and building # (address) only, OR the Hazard ID # that we issue to each testable backflow device.  
*Note – The Hazard ID # NEVER changes!*
- 4) Verify the backflow information and make changes if necessary.
- 5) Complete the Test Form as you would any other. Fill in the initial test results. Only complete the sections that apply! Save the data.
- 6) If you have more tests to enter, repeat steps 1 - 5 above. If you are finished, click “submit” and begin the payment process.
- 7) To cover the costs of the program, an administrative fee is often charged per each test entry.  
*Contact us for a current price list.*
- 8) Payment options are:  
VISA \* M/C \* Discover \* Debit American Express \* PayPal  
Savings/Checking Withdrawal

# CITY OF WOOSTER

## **BACKFLOW PREVENTION DEVICE TEST FORM FOR NEW DEVICES ONLY**

Facility Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Test Date: \_\_\_\_\_

BACKFLOW PREVENTION ASSEMBLY INFORMATION <input type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> Other _____			
Make: _____	Model: _____	Size: _____	Serial Number: _____
TEST TYPE <input type="checkbox"/> Annual <input type="checkbox"/> Failure <input type="checkbox"/> New Install (Date) _____		<input type="checkbox"/> Replaces: Type: _____	
		Serial No _____	

INSTALLATION TYPE: <input type="checkbox"/> Containment <input type="checkbox"/> Isolation
SYSTEM TYPE: <input type="checkbox"/> Domestic <input type="checkbox"/> Fire <input type="checkbox"/> Lawn Irrigation <input type="checkbox"/> Boiler <input type="checkbox"/> _____
LOCATION: <input type="checkbox"/> Basement <input type="checkbox"/> First Floor <input type="checkbox"/> Outside <input type="checkbox"/> Vault <input type="checkbox"/> Other (describe) _____

TEST RESULTS: <input type="checkbox"/> Passed <input type="checkbox"/> Failed			
Line Pressure: _____ psi	Check Valve No. 1	Check Valve No. 2	Relief Valve
Test before repair	<input type="checkbox"/> Leaked _____ psid <input type="checkbox"/> Closed tight _____	<input type="checkbox"/> Leaked _____ psid <input type="checkbox"/> Closed tight _____	Opened at _____ psid
Describe repair materials used:			
Final Test	<input type="checkbox"/> Closed tight _____	<input type="checkbox"/> Closed tight _____	Opened at _____ psid

**Certification - Tester** I hereby certify that I have personally tested the above backflow prevention assembly, that the assembly is in proper operating condition, and that the above data is correct.

Tester (signature): \_\_\_\_\_ Ohio Cert. No.: \_\_\_\_\_

Tester (print): \_\_\_\_\_ Cert. Expires: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Certification - Facility** I hereby certify that the above backflow prevention assembly has been in constant use at this location during the entire prescribed interval between test periods and during that period this assembly was not bypassed, made inoperative or removed without proper authorization. All defects found during the operation period or during tests of assembly were satisfactorily corrected without delay. I further certify that I have the responsibility and authority to insure the above.

Owner/Officer (signature): \_\_\_\_\_ Title: \_\_\_\_\_

Owner/Officer (print): \_\_\_\_\_ Date: \_\_\_\_\_

**FORWARD INITIAL TEST REPORT TO:  
AQUA BACKFLOW 977 ELIZABETH ST. ELGIN, IL 60120**