

BACKFLOW PREVENTION SERVICE APPLICATION



Town of Apex
Water Resources Department
Phone: (919) 362-8166 Fax: (919) 387-7055

Information on this form will be used to consider approval of existing or proposed backflow preventer assembly (BPA) installation(s) for existing or proposed water service. Providing inaccurate information or changes in water-use activities at the site may result in changing the BPA installation(s). Inadequate information will necessitate the installation of a reduced pressure principle BPA. This form must accompany the plans upon submission to the Building Inspection Department.

PROJECT INFORMATION

Project Address _____ Apex, NC ZIP _____
 Project Name & Description _____
 BFP Testing Company _____ Contact Name _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Fax _____ Email _____

PROPERTY OWNER

Name _____ Company (if applicable) _____
 Address _____ Apex, NC ZIP _____ Phone _____
 Email _____

SERVICES

Responsible Party for Annual Backflow Testing

Name _____ Address _____ City _____ State _____ Zip _____

DOMESTIC/COMBINATION OR POOL SYSTEM

N/A

Meter Size _____ New Existing

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Chemicals added, injected, or aspirated into the system (i.e. Sanitizer, Pool, Decorative Fountain)
LIST: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | System used to mix chemicals
LIST: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Tanks, lines or vessels carrying sewage, toxic or radioactive substances
LIST: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Sewage pump, water-operated sump ejector |
| <input type="checkbox"/> | <input type="checkbox"/> | Non-potable recirculating water system (i.e. Boiler, chiller, cooling tower, baptismal pool)
LIST: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Service for water front facilities of any type |
| <input type="checkbox"/> | <input type="checkbox"/> | Booster pump or pressure washer |
| <input type="checkbox"/> | <input type="checkbox"/> | Any piping (50) fifty ft. above meter piping
____ No. of Floors ____ No. of Units |
| <input type="checkbox"/> | <input type="checkbox"/> | Other non-domestic water-using equipment
LIST: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Tenant occupancy in part of the facility (i.e. ANY LEASED SPACE?) |

FIRE PROTECTION SYSTEM

N/A

Fire Line Size _____ New Existing

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Fire Pump <input type="checkbox"/> New <input type="checkbox"/> Existing |
| <input type="checkbox"/> | <input type="checkbox"/> | Bypass Meter Size: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Serves Hydrant Only |
| <input type="checkbox"/> | <input type="checkbox"/> | Fire Sprinkler System |
| <input type="checkbox"/> | <input type="checkbox"/> | Glycol or other chemicals added in part of system |
| <input type="checkbox"/> | <input type="checkbox"/> | Water storage tank or reservoir
LIST: _____ |

IRRIGATION SYSTEM

N/A

Meter Size _____ New Existing Branch off Existing

Connection Service Type: Dedicated Residential Split

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Injection or aspiration of chemicals (i.e. fertilizer, herbicide, pesticide, etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | System used to mix chemicals with water |
| <input type="checkbox"/> | <input type="checkbox"/> | Booster Pump |
| <input type="checkbox"/> | <input type="checkbox"/> | Waterfall, decorative fountain, pond |

SITE BACKFLOW INFORMATION

Effective 7/19/16, all new backflow preventers installed on the Apex water system are required to be "lead free". Backflow preventers installed must be per the USC Manual and Town of Apex Cross Connection Control Ordinance. Approved lead free backflow preventers can be found at <http://www.usc.edu/dept/fccchr/list.html>.

(Owner/Tenant to complete)

DOM: Make _____ Model # _____ Size _____ RP DC Hot Box Mech Room Inside
FIRE: Make _____ Model # _____ Size _____ RPDA DCDA Hot Box Mech Room Inside
FIRE BYPASS: Make _____ Model # _____ Size _____
IRRIGATION: Make _____ Model # _____ Size _____ RP Hot Box No Hot Box
POOL: Make _____ Model # _____ Size _____ RP AG Hot Box Mech Room Inside

The undersigned hereby certifies that he/she is either the owner or the authorized agent of the owner and hereby makes application for approval and inspection of the backflow preventer installation(s) described and agrees to comply with all applicable law regulating the work.

Print Name _____ Signature _____ Date _____