

**ENGINEER'S REPORT FORM
FOR APPROVAL OF A BACK FLOW PREVENTION (BFP) DEVICE**

(Return to Public Water Supplier)

Date:

Name of Facility /

Project: Site Address:

Town: County:

Public Water Supplier: Engineer:

Owner Mailing Address:

Owner Contact: Owner Phone:

Owner EMail

BFP Device #1:

Size of Device: _____ Make and Model No. of Proposed BFP: _____

Type of Device: RPZ DCV USC FCCCHR approved Type of Service: Domestic Fire Service Other

Location on Site: _____

Degree of Hazard: _____ N/A (check if considered non-hazardous)

PSI Upstream PSI Downstream

Comments:

BFP Device #2:

Size of Device: _____ Make and Model No. of Proposed BFP: _____

Type of Device: RPZ DCV USC FCCCHR approved Type of Service: Domestic Fire Service Other

Location on site: _____

Degree of Hazard: _____ N/A (check if considered non-hazardous)

PSI Upstream PSI Downstream

Comments:

BFP Device #3:

Size of Device: _____ Make and Model No. of Proposed BFP: _____

Type of Device: RPZ DCV USC FCCCHR approved Type of Service: Domestic Fire Service Other

Location on site: _____

Degree of Hazard: _____ N/A (check if considered non-hazardous)

PSI Upstream PSI Downstream

Comments:

1. Facility / Project Classification (Check All That Apply):

- | | |
|--|---|
| <input type="checkbox"/> Residential Multi Family; No. of Units? _____ | <input type="checkbox"/> Funeral Home |
| <input type="checkbox"/> Single Retail Store | <input type="checkbox"/> School - Public / Private |
| <input type="checkbox"/> Multiple Retail Stores / Plazas | <input type="checkbox"/> Country Club / Golf Course |
| <input type="checkbox"/> Single Business; Type? _____ | <input type="checkbox"/> Church / Religious Center |
| <input type="checkbox"/> Multiple Business; Professional / Office Building | <input type="checkbox"/> Nursery / Garden Store |
| <input type="checkbox"/> Food Service / Restaurant | <input type="checkbox"/> Health Club / Community Center |
| <input type="checkbox"/> Laundromats / Dry Cleaners | <input type="checkbox"/> Automotive Sales / Service Center |
| <input type="checkbox"/> Hotel / Motel; No. of Rooms? _____ | <input type="checkbox"/> Grocery |
| <input type="checkbox"/> Car Wash | <input type="checkbox"/> Medical Center / Nursing Home / Hospital |
| <input type="checkbox"/> Other: (Identify) _____ | |

2. How many stories (floors) will the facility have? _____

3. What is the square footage of floor space where the BFP is located within the facility? _____

4. What is the expected maximum domestic flow rate(GPM)? _____ GPM

What is the average daily consumption (Gallons)? _____ GPD

What is the size of the domestic service? _____

5. Will the facility / project receive domestic water supply from a secondary source? If Yes, note type below: Yes No

- Well Cistern Other: (Identify) _____

6. Will the facility have a fire service? Yes No

If YES, answer questions A through F below; If NO, go to question #7.)

A. Will the fire service have a fire pump? If YES, what will the pressure be in the Authority's main at the point of connection during maximum flow? _____ PSI Yes No

B. Is the facility located within 1,700 feet of an alternative source of water (retention pond, lake, river, canal, etc.) from which fire equipment could draw from (draft) in the event of a fire? Yes No

If YES, please describe: _____

C. What is the size of the fire service? _____

D. What is the maximum flow rate of the fire service? _____ GPM

- E. Check all that apply to the facility's fire system:
- | | | |
|--|---|--|
| <input type="checkbox"/> Wet System | <input type="checkbox"/> Dry System | <input type="checkbox"/> Other: (Identify) _____ |
| <input type="checkbox"/> Fire Hydrants | <input type="checkbox"/> Pumper Connections | |

F. What is the AWWA Manual M-14 class of sprinkler service? Check applicable code:

1 2 3 4 5 6 N/A

7. Please indicate method of Sewage Disposal:
 Public Sewer Private Septic Other: (Identify) _____
8. Will the facility require a booster pump on the domestic service? Yes No
If YES, what will the pressure be in the Authority's main at the point of connection during maximum flow? _____ PSI
9. Check if use of water may present the potential backflow prevention hazard below:
 Chemical additives (i.e. boiler feed corrosion inhibitors, antifreeze loops, single wall heat exchanges, or required within fire service, sloop sinks, etc.) Stagnant Water (i.e. from infrequent use, external connections, sloop sinks, etc.) N/A
10. Will the facility have an underground lawn/landscape irrigation system? Yes No
11. Will the facility require connections between the heating and /or cooling systems and the water supply systems? Yes No
12. Is there a need for parallel/dual backflow preventers because the facility requires a continuous water supply? (If YES, a parallel backflow prevention system will be required.) Yes No
13. Is the facility located within the 100-year flood plain?
(If YES, a Reduced Pressure Zone (RPZ) backflow prevention device must be installed 12 inches above the 100-year flood plain elevation.) Yes No
14. Will the area where the Back Flow Preventer (BFP) is located be adequately heated to prevent freezing? Yes No
15. Will the area where the BFP is located be adequately lighted to allow for maintenance and testing of the device? Yes No
16. Will the BFP be located in a vault, basement, and / or located below grade? Yes No
17. Will a Reduced Pressure Zone (RPZ) type BFP device be required? Yes No If YES, please answer Questions A- C below:
A. Will the RPZ drain to a crock or other holding container, which will require pumping to final discharge? Yes No
If YES, please describe:

- B. Is the drain for the RPZ relief port adequately sized to accommodate a full discharge (dump) from the relief port without flooding the surrounding area? Yes No
- C. Please indicate where the RPZ relief port drain line discharges to:
 Sanitary Sewer Lateral Private Septic System
 Storm Sewer Lateral Other: (Identify) _____
 Outside Grade N/A
18. Are there any existing BFPs / containment devices within the facility? If yes, attach sheet indicating the make, model, size, and serial number of the device, and enclose current annual test reports for those devices. Yes No

19. Further Description of Facility / Project, Plan, and/or Use of Water and what degree of hazard you believe it poses and why :

20. Date of Report Completion: _____

Use the box below for Engineer's Stamp and Signature.