

PO Box 700
Jamestown, NY 14702-0700
Phone (716) 661-1606
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**ELECTRIC
DISTRICT HEAT
WATER
WASTEWATER
SOLID WASTE**

Jamestown BPU

Date: _____

Project Location: _____

This application must be completed by the licensed plumber or project engineer and returned to Mike Saar or Terri Linamen at the BPU prior to any water connections to our public water supply. The BPU will keep one copy of the application; therefore, if signed copies of the application need to be returned to the licensed plumber or project engineer, please send in multiple copies for approval.

With the application please include a drawing showing the installation details and a specification sheet for the backflow preventer(s) to be installed. You must get approval before proceeding.

Thank you,

Terri J Linamen
Water Distribution Supervisor

ENGINEER'S REPORT
TO DETERMINE HAZARDOUS NON-HAZARDOUS USE

Name of Facility/Project: _____

Town: _____

Address: _____

1. Facility/Project Classification (check all that apply):

- Residential Multi Family; No. of Units _____
- Single Retail Store
- Multiple Retail Stores/Plazas
- Single Business
- Multiple Business, Professional/Office Building
- Food Service/Restaurant
- Laundromats/Dry Cleaners

- Warehouse/Distribution Center; Please describe what is warehoused and/or distributed at the facility _____

- Manufacturing; Please describe the type of manufacturing and what is manufactured at the facility _____

- Industrial; Please describe the type of industrial facility _____

- Hotel/Motel; No. of Rooms _____
- Car Wash
- Medical Center/Nursing Home/Hospital
- Funeral Home
- School/Public/Private
- Country Club/Golf Course
- Church
- Nurseries/Garden Store
- Health Club/Community Centers
- Automotive Sales/Service Center
- Grocers
- Other _____

- 1A. How many stories (floors) will the facility have? ____.
- 1B. What is the Square Footage of floor space at the facility? _____.

2. Please list all uses of public water within the facility including all equipment or fixtures, (internal plumbing in the facility) which are connected to the public water supply, (attach additional sheet(s) if necessary). _____

3. Please give a detailed description of the Heating and Cooling system and any connections they may have to the internal domestic plumbing in the facility.

Y N

- 3A. Will the heating/cooling system be directly connected (e.g. make-up line for boiler/cooling, etc.) to the internal domestic plumbing? (If Yes answer question 3B & 3C; if No go to questions 4.)
- 3B. Will the heating/cooling system use or be set up to use automatic chemical feed equipment and/or chemical feed tanks for additive chemicals such as antifreeze, de-scaler, conditioners, cleaning agents, etc?
- 3C. Will the make-up line have any backflow containment device (Reduced Pressure Zone (RPZ), Double Check Valve, Check Valve, etc.) installed on it as a means of internal containment?

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

What is the average monthly consumption? (Gallons) _____

What is the average annual consumption? (Gallons) _____

4A. What is the size of the domestic service? _____

5. Will the facility/project receive domestic water supply from a secondary source, such as:

Y N

- Well
- Cistern
- Other Municipal Water System
- Other _____

6. Please indicate method of Sewage Disposal.

- Private Septic
- Public Sewer
- Other _____

Y N

7. Will the internal domestic water supply be directly connected to the Sanitary and/or Storm Sewer water system, (e.g. Trap Primers, Automatic or Manual drain/sewer flushing equipment, etc.). If YES, Please describe _____

Y N

8. Will the facility require a booster pump on the domestic service? If so, what will the pressure (psi) be in the Authority's main at the point of connection during maximum flow? _____

9. Will the facility have a fire service? (If YES answer questions 9A through 9G, If NO go to Questions 10.)

9A. Will the fire service have any antifreeze loops or chemical fire retardants?

9B. Will the fire service have a fire pump? If so what will the pressure (psi) be in the Authority's main at the point of connection during maximum flow _____?

9C. Is the facility located within 1700 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? If YES, please describe: _____

9D. What is the size of the fire service? _____

9E. What is the maximum flow rate of the fire service? _____

9F. What is the type of fire system? check all that apply.

- Wet System (Internal)
- Dry System (Internal)
- Private Fire Hydrant (External)
- Pumper (Siamese) Connection (External)
- Other _____

9G. What is the AWWA Manual-14 Classification of the fire system? _____

Y N

10. Will the facility have an underground irrigation (lawn sprinkler) system?

11. With respect to the facility, what is the degree of Hazard of potential cross connection contaminants used, stored or processed at the facility. (Read Definition A at the end of this form before answering this question)

- Non-Hazardous
- Aesthetically Objectionable
- Hazardous

Why? _____

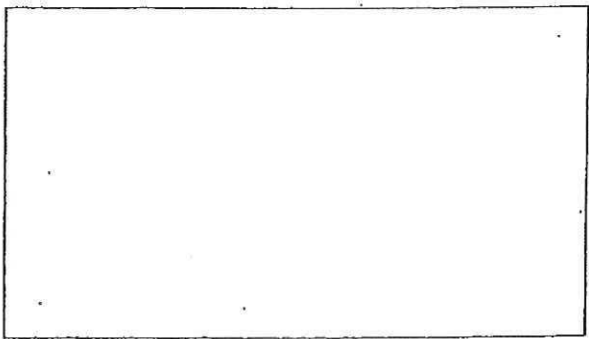
12. With respect to the Domestic Service, what is the potential for cross connection and subsequent backflow to occur? (Read Definition B at the end of this form before answering this question)

- Low
- Moderate
- High

Why? _____

13. Date of Report completion. _____

Use Box Below for Engineer's Stamp & Signature



NOTE: If available, please submit a Plumbing Floor Plan for each floor of the facility.



Jamestown Board of Public Utilities
Water Division
PO BOX 700
Jamestown, NY 14702-0700

Installation Drawing

In the space below, please provide a drawing of the backflow prevention device installation details. If the drawing is on another sheet, please attach it to this Backflow Application. Remember to also attach a specification sheet for the backflow prevention device that you are planning to install.

Please complete the following for this facility:

Owner

Name: _____

Address: _____

Contact Person: _____

Telephone Number: _____

Site Plan Engineer (Prepares Site Plan)

Name: _____

Address: _____

Contact Person: _____

Telephone Number: _____

Mechanical Engineer (Prepares inside plumbing)

Name: _____

Address: _____

Contact Person: _____

Telephone Number: _____

Contractor (if known)

Name: _____

Address: _____

Contact Person: _____

Telephone Number: _____