

Town of Seabrook
WATER DEPARTMENT
550 Route 107 ~ PO Box 456
Seabrook, New Hampshire
(603) 474-9921 or 3988
www.seabrooknh.info

Date Paid: _____
Check #: _____
Amount: \$100.00

All sections must be completely filled out prior to submittal.
Call 603-474-9921 upon completion of project for a backflow inspection.

**Backflow Prevention Device
Application for Installation Form**

***PLEASE NOTE:** It is the owner's responsibility to have all backflow devices inspected and tested. RPZ devices need bi-annual testing (in spring and fall) and all other devices need testing annually (in spring).

Facility Name: _____
Street Address: _____
Town: Seabrook, NH 03874
Telephone: _____ Fax: _____
Contact: _____
Account Number: _____

Owner Name: _____
Street Address: _____
Town: Seabrook, NH 03874
Telephone: _____ Fax: _____
Contact: _____

Application Section

Application to install Containment or In-Plant Device:

Description of the type of business and functions which are carried out at this facility _____

Device Data

1st Device:
*Device Type: (_____) Serial Number: _____
Manufacturer: _____ Model: _____
Device Location: _____ Size: _____

2nd Device (if applicable):
*Device Type: (_____) Serial Number: _____
Manufacturer: _____ Model: _____
Device Location: _____ Size: _____

Is non-interrupted service required? Yes () No ()
Installation of Dual Devices Required? Yes () No ()
From what type of contamination is water supply protected? _____

Type of valves: _____

Plan Submittal Requirements

At least an 8-1/2 X 11" detailed schematic or blueprint, with a completed title block, showing:

1. The plumbing of the potable and non-potable water immediately surrounding the backflow prevention device.
2. The alignment of the device.
3. The device height above the floor (3' to 4').
4. The device distance from wall(s) (12").
5. The location of the upstream and downstream shut-off valves.
6. The Name of Plumber and License Number.

Submitted By: _____
Of: _____
Telephone No.: _____
Authorized Signature: _____ Date: _____

Permit Section (For Water Department Use)

Authorization to Install Approved Backflow Device: _____ Permit No.: _____
Date: _____
Final Approval of Backflow Device Installation: _____ Date: _____
Authorized Signature: _____ Date: _____

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To be completed by Water Dept.	
Self-Survey Results:	
Survey Date: _____	
Cross-Connection Potentials: ()	
High Hazards Potentials: ()	
Low/Non Hazards Potentials: ()	
Type of Device Required: ()	
Presently in Compliance? ()	

**Cross-Connection and Backflow Prevention
 Device Self-Survey Form**

Facility Name: _____	Owners Name: _____
Street Address: _____	Street Address: _____
Town: _____	Town: _____
Telephone: _____ Fax: _____	Telephone: _____ Fax: _____
Contact: _____	Contact: _____
Account Number: _____	Authorized Signature: _____

Survey Section

Please list machines, equipment, appliances or fixtures connected directly to a water line with no air gap:

Please check if any of the following type of hazards exist on premise:

High-Hazard*	Low/Non-Hazard**		High-Hazard*	Low/Non-Hazard**	
<input type="checkbox"/>	<input type="checkbox"/>	1. Sewage Lift Station	<input type="checkbox"/>	<input type="checkbox"/>	16. Commercial Laundries
<input type="checkbox"/>	<input type="checkbox"/>	2. Water Booster Pump	<input type="checkbox"/>	<input type="checkbox"/>	17. Commercial Washing Machines
<input type="checkbox"/>	<input type="checkbox"/>	3. Water, Food & Drug Processing	<input type="checkbox"/>	<input type="checkbox"/>	18. High and Low Pressure Boilers
<input type="checkbox"/>	<input type="checkbox"/>	4. Laboratories, Laboratory Equipment	<input type="checkbox"/>	<input type="checkbox"/>	19. Photo Processing Equipment
<input type="checkbox"/>	<input type="checkbox"/>	5. Equipment Under Hydraulic Test	<input type="checkbox"/>	<input type="checkbox"/>	20. Cooling Tower, Recirculating Systems
<input type="checkbox"/>	<input type="checkbox"/>	6. Hydraulically Operated Equipment	<input type="checkbox"/>	<input type="checkbox"/>	21. Fire Fighting Systems
<input type="checkbox"/>	<input type="checkbox"/>	7. Sinks with Hose Threads on Inlets/Outlets	<input type="checkbox"/>	<input type="checkbox"/>	22. Solar Energy Systems
<input type="checkbox"/>	<input type="checkbox"/>	8. Hospitals, Mortuaries, Clinics	<input type="checkbox"/>	<input type="checkbox"/>	23. Tall Buildings
<input type="checkbox"/>	<input type="checkbox"/>	9. Plating Facilities	<input type="checkbox"/>	<input type="checkbox"/>	24. Auxiliary Water Supply, Reservoirs
<input type="checkbox"/>	<input type="checkbox"/>	10. Fountains, Irrigation Systems	<input type="checkbox"/>	<input type="checkbox"/>	25. Premise Where Inspection is Restricted
<input type="checkbox"/>	<input type="checkbox"/>	11. Radioactive Materials	<input type="checkbox"/>	<input type="checkbox"/>	26. Water Used in Business Processes
<input type="checkbox"/>	<input type="checkbox"/>	12. Submerged Inlets/Outlets	<input type="checkbox"/>	<input type="checkbox"/>	27. Petroleum Processing or Storage
<input type="checkbox"/>	<input type="checkbox"/>	13. Dockside Facilities, Marine Equipment	<input type="checkbox"/>	<input type="checkbox"/>	28. Chemical Processing or Storage
<input type="checkbox"/>	<input type="checkbox"/>	14. Fixtures/Outlets with Hose Attachments	<input type="checkbox"/>	<input type="checkbox"/>	29. Water Treatment or Conditioning
<input type="checkbox"/>	<input type="checkbox"/>	15. Equipment with Heat Exchangers	<input type="checkbox"/>	<input type="checkbox"/>	30. Swimming Pools

*High-Hazard Potential: Any situation or condition where the resulting effect of a backflow condition may be toxic from either a chemical, bacteriological or radiological standpoint from either short or long-term exposure and could cause illness or death.

**Low/Non-Hazard Potential: Any situation or condition where the resulting effect of a backflow condition could not in any way cause illness or death and is not in any way toxic from either a chemical, bacteriological standpoint from either short or long-term exposure.

Are "as-built" plans of building available?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Size of water service: _____ inch	Type: _____			
Does boiler feed utilize chemical additives?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is backflow protection incorporated?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are air conditioning cooling towers utilized?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is backflow protection incorporated?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is a water saver utilized on condensing lines or cooling towers?	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>			
Is this a make-up supply line air-gapped?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is a RPZ device on the make-up supply line?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is fire protection incorporated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is backflow protection incorporated?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is facility presently protected by any backflow prevention devices?	Yes <input type="checkbox"/> No <input type="checkbox"/>		Permit No.: _____	
If Yes: *** Device Type: (_____)	Make and Model: _____	Size: _____	Serial No.: _____	
Is non-interrupted water service required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is a by-pass installed?	Yes <input type="checkbox"/> No <input type="checkbox"/>

*** Device Type: Air Gap (AG), Reduced Pressure Zone Backflow Device (RPZ), Atmospheric Vacuum Breaker (AVB), Pressure Vacuum Breaker (PVB)
 Double Check Valve Assembly (DCVA)

Note: 1. If any "High-Hazard" condition is checked above, the Application Section of this form (page 2) must be completed for the installation of a Reduced Pressure Zone Backflow Device (RPZ).
 2. If any "Low/Non-Hazard" condition is checked above, and no "High-Hazard" condition is checked, the Application Section of this form (page 2) must be completed for this installation of a Double Check Valve Assembly (DCVA)