PAYMENT OF **$100.00** MUST ACCOMPANY THIS APPLICATION

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

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

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

# 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
*Device Type: ( ) Size: _____ Exact location of device: _____
Manufacturer: _____ Model: _____ Serial Number(s): _____

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: _____ Date: _____
Final Approval of Backflow Device Installation: _____ Date: _____
Backflow Device Serial No.: _____ Permit No.: _____ Date: _____
Authorized Signature: _____ Date: _____