

Physical Connection Permit Number _____-WPC_____



State of New Jersey
DEPARTMENT OF ENVIRONMENTAL PROTECTION
Division of Water Supply & Geoscience - Bureau of Water System Engineering
Mail Code 401-04Q, 401 East State Street – P.O. Box 420, Trenton, New Jersey 08625-0420

Application Form for Initial Physical Connection Permit

This Form shall be used to modify an existing Physical Connection Permit.

1/ Applicant Details

Applicant/Owner/Company Name _____
Permanent Legal Address _____
City/Town _____ State _____ Zip Code _____
Telephone (_____) _____ Fax Number (_____) _____ e-mail _____
Contact Person Name _____ Title _____

2/ Details of Facility

Name of Facility _____
Address of Facility (Street/Road) _____
Municipality _____ County _____
Zip Code _____ Block _____ Lot _____

Do you have an existing Physical Connection Permit? Yes No

If yes, enter Permit Number _____-WPC_____

Do you want to add the backflow preventer(s) listed on Page 4 of this application to this existing permit? Yes No I want a separate permit.

Number of new backflow preventer(s) under this application: _____
Are the backflow preventer(s) already installed? Yes No

3/ Details of unapproved supply

Source of Unapproved Water Supply: _____

Unapproved Water Supply Source Used for: _____

Cross Connection Exists or Public Water & Unapproved Water Supply Exist Within Same Building
If from Well(s): number of wells _____ Well Permit number (for each well) _____

4/ Details of public supply

Public Water Used for: Domestic, Fire Protection, Process Water, Other _____
Name of Public Community Water System _____
Public Water System ID number (PWSID) _____

5/ Public Water Supplier Authorization

The Public Community Water Supplier hereby concurs with the proposed installation and the submission of this application

Reviewed by:
Authorized representative: _____ Title _____

Signature _____ Date ____/____/____ Phone (____) _____

6/ Name of Local Administrative Authority

Board of Health, Plumbing Sub-Code Official, Exempt (Reason _____)

Name _____ Phone (____) _____

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7/ Physical Connection Checklist

	YES	NO	N/A
1. Are the backflow prevention devices either a reduced pressure zone backflow preventer (RPZ) or a double check valve assembly (DCVA) on a domestic line, or a reduced pressure detector reduced pressure (RPDRP) or a double check detector check (DCDC) on a fire line? (N.J.A.C. 7:10-10.3(a))	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are the backflow prevention devices installed on the customer's side of the meter on the pipe(s) conveying water from the public community water system into the facility? (N.J.A.C. 7:10-10.4(a))	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are the backflow prevention devices installed as close to the meter as is reasonably practicable? (N.J.A.C. 7:10-10.4(a))	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are the backflow prevention devices installed prior to any other connection? (N.J.A.C. 7:10-10.4(a))	<input type="checkbox"/>	<input type="checkbox"/>	
5. For fire service lines, are the backflow prevention devices installed prior to the alarm check and Siamese connection? (N.J.A.C. 7:10-10.4(a))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is each physical connection installation a reduced pressure zone assembly where the unapproved water supply is a non-potable water source or where the facility has a cross connection hazard? (N.J.A.C. 7:10-10.3(b))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. For devices 2 inches or less, have the backflow preventers been installed with full port shutoff ball valves? (N.J.A.C. 7:10-10.3(d))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are strainers installed upstream of the leading shutoff valve? (N.J.A.C. 7:10-10.3(d))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do all DCVA and RPZ have test cocks installed to allow for testing pursuant to N.J.A.C. 7:10-10.6? (N.J.A.C. 7:10-10.3(d))	<input type="checkbox"/>	<input type="checkbox"/>	
10. Have backflow preventers been installed at least 12 inches above the floor but not higher than 60 inches above the floor or permanent platform? (N.J.A.C. 7:10-10.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. For an RPZ is there an air gap at least 12 inches above floor on the relief valve drain? (N.J.A.C. 7:10-10.3(d))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. The backflow preventers are NOT installed in Pits or Vaults. (N.J.A.C. 7:10-10.4(c))	<input type="checkbox"/>	<input type="checkbox"/>	
13. Are the backflow preventers protected against flooding? (N.J.A.C. 7:10-10.4(b))	<input type="checkbox"/>	<input type="checkbox"/>	
14. Are the backflow preventers protected from freezing in a heated building or a heated insulated hot box? (N.J.A.C. 7:10-10.4(b))	<input type="checkbox"/>	<input type="checkbox"/>	
15. For pump stations, have the backflow preventers been installed on the first floor of the pump station or outside in a hot box? (N.J.A.C. 7:10-10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Is there easy access, with adequate space for maintenance, inspection, testing, and replacement of the backflow preventer(s)? (N.J.A.C. 7:10-10.4(b))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Are the backflow preventers installed in a horizontal position? (N.J.A.C. 7:10-10.4(d))	<input type="checkbox"/>	<input type="checkbox"/>	
18. For devices installed vertically, are they specifically designed and ASSE certified for vertical use and are the feed lines in an up position? (N.J.A.C. 7:10-10.4(d))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	YES	NO	N/A
19. There is NO bypass or flow detector check line around a backflow prevention installation? (N.J.A.C. 7:10-10.4(e)) If No:	<input type="checkbox"/>	<input type="checkbox"/>	
a. Is the bypass protected by a backflow prevention device? (N.J.A.C. 7:10-10.4(e))	<input type="checkbox"/>	<input type="checkbox"/>	
b. Is the bypass backflow prevention device the same type as the main device? (N.J.A.C. 7:10-10.4(e))	<input type="checkbox"/>	<input type="checkbox"/>	
20. For a physical connection installation at a facility whose supply of public water cannot be interrupted for testing and/or maintenance, has a same type of redundant backflow prevention device been provided at the facility? (N.J.A.C. 7:10-10.4(f))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Are all public water service lines into the facility protected with backflow prevention devices? (N.J.A.C. 7:10-10.2)	<input type="checkbox"/>	<input type="checkbox"/>	
22. Is the customer's internal plumbing system designed to accommodate thermal expansion? (N.J.A.C. 7:10-10.3(e))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Is the customer's internal plumbing designed to prevent water hammer affecting the backflow prevention valve? (N.J.A.C. 7:10-10.3(e)) If the answer is No:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Is a soft seated check valve installed between the source of water hammer and the backflow preventer. (N.J.A.C. 7:10-10.3(e))	<input type="checkbox"/>	<input type="checkbox"/>	

8/ Additional documentation

- a. Complete all four pages and obtain the signature / approval of the Public Water System and mail to the Department at the above address & to the Owner of the Public Water System.
- b. With the exception of the primary questions in items 19 and 23, if you answered No to any of the above questions additional documentation must be included with the application to justify the deviation from standards.
- c. A **Drawing** showing; the facility layout, surrounding streets, location of unapproved water supply and Public Water Service Connections, location of meters and backflow preventer valve(s) & a schematic of sufficient detail to show the installation of each backflow preventer valve.
- d. A **Check** made payable to; **Treasurer State of New Jersey** in the amount of **\$150.00** shall accompany the application to the Department.

9/ Applicant's Signature

I certify under penalty of law that the information provided in this document is true, accurate and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information.

Type: Name

Signature of Applicant / Owners Authorized Representative

Type: Position

_____/_____/_____
Date of application

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10/ Backflow Prevention Devices

List the Type, Size, Location of Public Water System Service Connections & Backflow Preventer Valve(s) that you are applying for:

Service Type/Size	Backflow Preventer	Location :	Protected By-Pass / Detector Check
<input type="checkbox"/> Domestic inch ____ <input type="checkbox"/> Fire inch ____	<input type="checkbox"/> D.C.V.A. Size ____ <input type="checkbox"/> R.P.Z. inch ____	At: _____ <input type="checkbox"/> Protected By-Pass ____ Size	<input type="checkbox"/> Detector Check ____ Size
<input type="checkbox"/> Domestic inch ____ <input type="checkbox"/> Fire inch ____	<input type="checkbox"/> D.C.V.A. Size ____ <input type="checkbox"/> R.P.Z. inch ____	At: _____ <input type="checkbox"/> Protected By-Pass ____ Size	<input type="checkbox"/> Detector Check ____ Size
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If you are applying for more than 12 devices please copy this page, list the additional devices and include with you application.