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 401-03, 401 East State Street - P.O. Box 420, Trenton, New Jersey 08625-0420

Application Form for Initial Physical Connection Permit

Applicant/Owner/Company Name Permanent Legal Address City/Town Telephone (1/ Applicant Details	
City/Town		
2/ Details of Facility Name of Facility Name of Facility Address of Facility (Street/Road) Municipality Zip Code Block County Zip Code Block Lot Do you have an existing Physical Connection Permit? Yes No If yes, enter Permit NumberWPC Do you want to add the backflow preventer(s) listed on Page 2 of this application to this permit? Yes No, I want a separate permit Are the backflow preventer(s) already installed? Yes No, I want a separate permit Are the backflow preventer(s) already installed? No Number of new backflow preventer(s) under this application: 3/ Details of unapproved supply Source of Unapproved Water: Unapproved Water Used for: Unapproved Water Used for: New Yes No, I want a separate permit Well Permit number (for each well) 4/ Details of public supply Public Water Used for: Name of Public Community Water System Public Water System ID number (PWSID) The Public Community Water Supplier hereby concurs with the proposed installation and the submission of this application Reviewed by: Reviewed by: Signature Date / Phone () 6/ Applicant's Signature Signature Date INSTRUCTIONS - Complete both Page 1 of 2 and obtain the signature / approval of the Public Water System	City/Town	tate Zin Code
2/ Details of Facility Name of Facility Name of Facility Address of Facility (Street/Road) Municipality Zip Code Block County Zip Code Block Lot Do you have an existing Physical Connection Permit? Yes No If yes, enter Permit NumberWPC Do you want to add the backflow preventer(s) listed on Page 2 of this application to this permit? Yes No, I want a separate permit Are the backflow preventer(s) already installed? Yes No, I want a separate permit Are the backflow preventer(s) already installed? No Number of new backflow preventer(s) under this application: 3/ Details of unapproved supply Source of Unapproved Water: Unapproved Water Used for: Unapproved Water Used for: New Yes No, I want a separate permit Well Permit number (for each well) 4/ Details of public supply Public Water Used for: Name of Public Community Water System Public Water System ID number (PWSID) The Public Community Water Supplier hereby concurs with the proposed installation and the submission of this application Reviewed by: Reviewed by: Signature Date / Phone () 6/ Applicant's Signature Signature Date INSTRUCTIONS - Complete both Page 1 of 2 and obtain the signature / approval of the Public Water System	Telephone () Fax Number ()	e-mail
2/ Details of Facility Name of Facility Name of Facility Address of Facility (Street/Road) Municipality Zip Code Block County Zip Code Block Lot Do you have an existing Physical Connection Permit? Yes No If yes, enter Permit NumberWPC Do you want to add the backflow preventer(s) listed on Page 2 of this application to this permit? Yes No, I want a separate permit Are the backflow preventer(s) already installed? Yes No, I want a separate permit Are the backflow preventer(s) already installed? No Number of new backflow preventer(s) under this application: 3/ Details of unapproved supply Source of Unapproved Water: Unapproved Water Used for: Unapproved Water Used for: New Yes No, I want a separate permit Well Permit number (for each well) 4/ Details of public supply Public Water Used for: Name of Public Community Water System Public Water System ID number (PWSID) The Public Community Water Supplier hereby concurs with the proposed installation and the submission of this application Reviewed by: Reviewed by: Signature Date / Phone () 6/ Applicant's Signature Signature Date INSTRUCTIONS - Complete both Page 1 of 2 and obtain the signature / approval of the Public Water System	Contact Person Name	Title
Municipality	2/ Details of Facility Name of Facility Address of Facility (Street/Road)	
Do you have an existing Physical Connection Permit?	Municipality	County
If yes, enter Permit Number	Zip Code Block	Lot
Source of Unapproved Water:	If yes, enter Permit NumberWPC	Do you want to add the backflown rmit? Yes No, I want a separate permit Yes No
Public Water Used for: Domestic, Fire Protection, Process Water, Other Name of Public Community Water System Public Water System ID number (PWSID) 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 (Source of Unapproved Water: Unapproved Water Used for: Cross Connection Exists or Public Water & Unap	proved Water Exist Within Same Building
The Public Community Water Supplier hereby concurs with the proposed installation and the submission of this application Reviewed by: Authorized representative:	Public Water Used for: Domestic, Fire Protection, Name of Public Community Water System	Process Water, Other
Authorized representative:	The Public Community Water Supplier hereby concurs w this application	ith the proposed installation and the submission of
Signature Date/ Phone () 5/ Name of Local Administrative Authority Board of Health, Plumbing Sub-Code Official, Exempt (Reason) Name Phone () 6/ Applicant's Signature Signature Date INSTRUCTIONS - Complete both Page 1 of 2 and obtain the signature / approval of the Public Water System		Title
Board of Health, Plumbing Sub-Code Official, Exempt (Reason) Name Phone () 6/ Applicant's Signature Signature Date INSTRUCTIONS - Complete both Page 1 of 2 and obtain the signature / approval of the Public Water System		
6/ Applicant's Signature Signature Date INSTRUCTIONS - Complete both Page 1 of 2 and obtain the signature / approval of the Public Water System		xempt (Reason)
Signature Date INSTRUCTIONS - Complete both Page 1 of 2 and obtain the signature / approval of the Public Water System	Name	Phone ()
INSTRUCTIONS - Complete both Page 1 of 2 and obtain the signature / approval of the Public Water System	6/ Applicant's Signature	
	INSTRUCTIONS - Complete both Page 1 of 2 and obtain the s	signature / approval of the Public Water System

- and mail to the Department at the above address & Owner of the Public Water System with:

 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.

 A Check made payable to; Treasurer State of New Jersey in the amount of \$150.00 shall accompany the application to the Department.
- A Greek made payable to, free State of New Sersey in the amount of \$150.00 shall accompany the application to the De
- > This Form shall be used to modify an existing Physical Connection Permit.

Physical Connection Permit Number	-WPC	
-----------------------------------	------	--

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

	Service	Backflow Preven	ter Location :	Protec	ted By-Pass / Detect	or Check
1.	Domestic Size	D.C.V.A. Size	At:			
	Fire inch	R.P.Z. inch	Protected By-Pass	Size	Detector Check	_ Size
2.	Domestic Size	D.C.V.A. Size	At:			
	Fire inch	R.P.Z. inch	Protected By-Pass	Size	Detector Check	_ Size
3.	Domestic Size	D.C.V.A. Size	At:			
	Fire inch	R.P.Z. inch	Protected By-Pass	Size	Detector Check	_ Size
4.	Domestic Size	D.C.V.A. Size	At:			
	Fire inch	R.P.Z. inch	Protected By-Pass	Size	Detector Check	_ Size
5.	Domestic Size	D.C.V.A. Size	At:			
	Fire inch	R.P.Z. inch	Protected By-Pass	Size	Detector Check	_ Size
6.	Domestic Size	D.C.V.A. Size	At:			
	Fire inch	R.P.Z. inch	Protected By-Pass	Size	Detector Check	_ Size
7.	Domestic Size	D.C.V.A. Size	At:			
	Fire inch	R.P.Z. inch	Protected By-Pass	Size	Detector Check	_ Size
8.	Domestic Size	D.C.V.A. Size	At:			
	Fire inch	R.P.Z. inch	Protected By-Pass	Size	Detector Check	_ Size
9.	Domestic Size	D.C.V.A. Size	At:			
	Fire inch	R.P.Z. inch	Protected By-Pass	Size	Detector Check	_ Size
10.	Domestic Size	D.C.V.A. Size	At:			
	Fire inch	R.P.Z. inch	Protected By-Pass	Size	Detector Check	_ Size
11.	Domestic Size	D.C.V.A. Size	At:			
	Fire inch	R.P.Z. inch	Protected By-Pass	Size	Detector Check	_ Size
12.	Domestic Size	D.C.V.A. Size	At:			
	Fire inch	R.P.Z. inch	Protected By-Pass	Size	Detector Check	_ Size