

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? \_\_\_\_\_  
\_\_\_\_\_

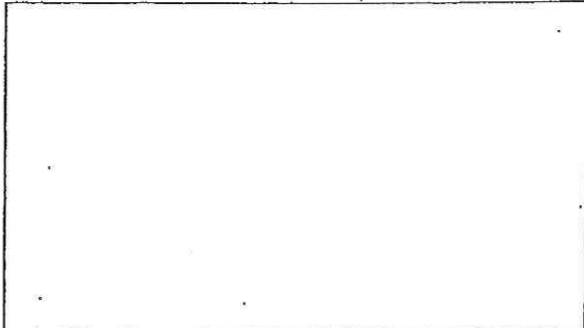
12.    With respect to the Domestic Service, what is the potential for cross connection and subsequent backflow to occur? (Read Definition B at the end of this form before answering this question)

- 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: \_\_\_\_\_