

CHARLOTTE WATER BACKFLOW PREVENTION SERVICE APPLICATION

Information on this form will be used to consider approval of the proposed backflow preventer (BP) installation(s) required by Article V of Chapter 23 in Charlotte City Code for the subject water services. Providing inaccurate information or changes in water-use activities at the site may result in changing the BP installation(s). Inadequate information will necessitate requiring the installation of a reduced pressure principle BP. **If submitting plan drawings to Meck. Co. Code Enforcement for permitting, this form must accompany the plans.** For assistance contact Plan Review section, call 704-336-2997 or 704-432-6008 or 704-432-2794 or 704-432-5163.

PROJECT ADDRESS

Address _____
 City _____ Zip _____
IRRIGATION BACKFLOW PREVENTER
 Project Name & Description (i.e. Brookshire Place- Shopping Center, Doctor's Office)

PROPERTY OWNER

FIRST _____ LAST _____
 COMPANY _____
 STREET _____ PHONE _____
 CITY _____ STATE _____ ZIP _____

LICENSED CONTRACTOR

CONTACT PERSON (S) Chris Reitzel LICENSE TYPE: Plbg. / Fire Utility Irrigation
 COMPANY Reitzel Irrigation, Inc. / Charlotte Backflow PHONE 704-361-2026 LICENSE #: P17218
 STREET 6370 Crayton Road FAX _____
 CITY Mount Pleasant STATE NC ZIP 28124-9148

YES or NO

YES NO ARE TOXIC CHEMICALS USED IN YOUR OPERATION? EXPLAIN: _____

YES NO ALTERNATE WATER SOURCE AVAIL.? SOURCE: _____ USED FOR: _____

DOMESTIC/COMBINATION or POOL SYSTEM

Not Applicable

- Meter Size:** _____ **Check:** New or Existing
- YES or NO
- CHEMICALS ADDED, INJECTED, OR ASPIRATED INTO THE SYSTEM (i.e. SANITIZER, POOL, DECORATIVE FOUNTAIN)
LIST: _____
 - SYSTEM USED TO MIX CHEMICALS
LIST: _____
 - TANKS, LINES OR VESSELS CARRYING SEWAGE, TOXIC OR RADIOACTIVE SUBSTANCES
LIST: _____
 - SEWAGE PUMP, WATER-OPERATED SUMP EJECTOR
 - NONPOTABLE RECIRCULATING WATER SYSTEM (i.e. BOILER, CHILLER, COOLING TOWER, BAPTISMAL POOL)
LIST: _____
 - SERVICE FOR WATER FRONT FACILITIES OF ANY TYPE
 - BOOSTER PUMP OR PRESSURE WASHER
 - ANY PIPING (50) FIFTY FEET ABOVE METER PIPING
NUMBER OF FLOORS IN FACILITY: _____
NUMBER OF UNITS: _____
 - OTHER NON-DOMESTIC WATER-USING EQUIPMENT
LIST: _____
 - TENANT OCCUPANCY IN PART OF THE FACILITY (i.e. ANY LEASED SPACE?)

Complete all items that apply to each water system involved in the backflow preventer installation(s).

FIRE PROTECTION SYSTEM

Not Applicable

- Fire Line Size:** _____ **Check:** New or Existing
- YES or NO **Fire Pump:** Yes or No New or Existing
- SEPARATE METER if no BRANCH SIZE: _____
 - SERVES HYDRANT ONLY
 - FIRE SPRINKLER SYSTEM
 - GLYCOL OR OTHER CHEMICALS ADDED IN PART OF SYSTEM
 - WATER STORAGE TANK OR RESERVOIR
LIST: _____

IRRIGATION SYSTEM

Not Applicable

- Meter Size:** 5/8-3/4 **Check:** New Existing
 Branch off Domestic Line
- Type Connection:** Dedicated Serv. or Residential Split Serv.
- YES or NO
- INJECTION OR ASPIRATION OF CHEMICALS (i.e. FERTILIZER, HERBICIDE, PESTICIDE, ETC.)
SYSTEM USED TO MIX CHEMICALS W/ WATER
 - BOOSTER PUMP
 - WATERFALL, DECORATIVE FOUNTAIN, POND

The undersigned hereby certifies that he/she is either the owner or the authorized agent of the owner and hereby makes application for approval and inspection of the backflow preventer installation (s) described and agrees to comply with all applicable laws regulating the work.

FOR CLTWater USE ONLY: Proj. # _____

DOM: Premise # _____ Banner Tap # _____
 RP DC A/G B/G INSIDE
 Mtr# _____

FIRE: Premise # _____ Banner Tap # _____
 RP DC A/G B/G INSIDE Not Req'd.
 Mtr# _____

IRRIG: Premise # _____ Banner Tap # _____
 RP A/G B/G INSIDE
 Mtr# _____

Plan Apprv. Date: _____ Applic. Date: _____ Assess. Date: _____

INIT. _____ TOPO _____ TAX PAR# _____

 SIGNATURE OF APPLICANT PRINT NAME & PHONE NUMBER DATE