

# **Approval Procedures for City of Sanford (COS)**

## **Backflow Preventer Installation**

**Installations Require Compliance to City of Sanford's Utility Ordinance, Chapter 38, Article IX, "Cross Connection Control" and NC Building and Plumbing Codes.**

PRIOR TO INSTALLING A BACKFLOW PREVENTER, THE DESIGNER AND/OR INSTALLER MUST OBTAIN COS APPROVAL OF THE INSTALLATION PLAN (Designer And Installer Must Be Currently Licensed By The Appropriate State of North Carolina Licensing Board):

Backflow Service Application (BSA) and instructions can be picked up at the Public Works Division, 225 East Weatherspoon Street or Planning and Building Inspections Division, 900 Woodland Avenue or from City of Sanford's Web Site at <http://www.sanfordnc.net>. Click on applications and permits. Print the BSA (Backflow Service Application).

1. Complete a BSA. Be sure to provide all information listed in the form. Failure to do so will delay approval.
2. Submit the completed BSA, along with any required plan information\*, to the appropriate above address for review.

\* **Note:** Some projects may not require drawings for review, but may instead be managed via on-site assistance from the Building Inspector. The designer and/or contractor are responsible for contacting the Planning Division to determine whether or not submittal of plan drawings is required. All locations for backflow preventers require city approval prior to installation.

3. Wait for approval of your BSA and plan before beginning the installation. Approved plan drawings will be stamped as such. Projects managed via site assistance will receive approval notice from the Building Inspector prior to placing the water system in service. Certain exceptions will be allowed for retrofitting projects at existing facilities. The designer and/or installer shall be responsible for obtaining approvals required by all agencies, to include permits and utility service fees.
4. Call the Building Inspector to resolve any problems encountered in the field or to request an inspection for installation approval at (919) 718-4654. Installing backflow preventers in a location and/or manner other than that specified on the plans approved by the City requires approval from the Inspector. Approval by the Building Inspector is required prior to issuance of the Certificate of Occupancy (CO). The City is not responsible for delay of CO issuance when procedures above are not followed.
5. Prior to placing the water system(s) in service, have the backflow preventer(s) tested ASAP and submit a copy of the test report(s) to COS Backflow Prevention Division within 10 days of the Inspector's approval of the installation.

## **Completing the Backflow Prevention Service Application (BSA)**

City of Sanford (COS) requires that a completed Backflow Prevention Service Application (BSA) be provided for all backflow preventer installations. Projects involving plan review require the BSA as one of the documents to be submitted with plans.

When completing the BSA, *it is recommended*, and often necessary, to get more information from others involved in the project, such as the plumbing/mechanical designer, the fire sprinkler system designer, the architect, the owner, and even the occupant. *Complete accurate information is vitally important.*

If more than one of the same type service is involved for one address (for example, two domestic meters), please submit a separate BSA for the second service.

Please make sure that *all* questions are answered for each water service affected by the Backflow Preventer Installation(s) and that *all* other requested information is provided.

Signature of the responsible individual is required. **Note that the backflow prevention requirement is subject to change if the information provided in the BSA is found to be inaccurate or if water-use activities change.**

**REMEMBER:** Backflow Service Application(s) must be approved, permits obtained and service fees paid prior to the installation of subject water service.

Thank you for your cooperation. If you have any questions about this matter, please call the Utilities Connection office at (919) 775-8367.

**CITY OF SANFORD UTILITIES  
BACKFLOW PREVENTION SERVICE APPLICATION**

Information on this form will be used to consider approval of the proposed backflow preventor (BP) installation(s) required by Article IV of Chapter 38 in City of Sanford's Code for Cross Connection Control for the subject water services. 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.

**PROJECT ADDRESS**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Project Name & Description (i.e. Brookshire Place-Shopping Center, Doctor's Office)

**PROPERTY OWNER**

First: \_\_\_\_\_ Last: \_\_\_\_\_ Company: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**LICENSED CONTRACTOR**

Contact Person(s) \_\_\_\_\_ License Number: \_\_\_\_\_ Company: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**COMPLETE ALL ITEMS THAT APPLY TO EACH WATER SYSTEM INVOLVED IN THE BACKFLOW PREVENTER INSTALLATION(S)**

Check 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:** Size: \_\_\_\_\_ Check New  or Existing   
Domestic  Pool  Combination (Domestic and Pool)

Check Yes or No

Yes  No  Chemicals added injected, or aspirated into the system (i.e. sanitizer, pool, decorative fountain)  
List: \_\_\_\_\_

Yes  No  System Used to Mix Chemicals  
List: \_\_\_\_\_

Yes  No  Tanks, Lines or Vessels Carrying Sewage, Toxic or Radioactive Substances  
List: \_\_\_\_\_

Yes  No  Sewage Pump, Water-Operated Sump Ejector

Yes  No  Nonpotable Recirculating Water System (i.e. Boiler, Chiller, Cooling Tower, Baptismal Pool, Whirlpool)  
List: \_\_\_\_\_

Yes  No  Service For Water Front Facilities of Any Type

Yes  No  Booster Pump or Pressure Washer

Yes  No  Any Piping (50) Fifty Feet Above Meter Piping  
Number of Floors In Facility: \_\_\_\_\_  
Number of Units: \_\_\_\_\_

Yes  No  Other Non-Domestic Water-Using Equipment  
List: \_\_\_\_\_

Yes  No  Tenant Occupancy In Part of the Facility (i.e. Any leased space?)

**Fire Protections System:** Size: \_\_\_\_\_ Check New  or Existing

Check Yes or No

Yes  No  Hydrant Only

Yes  No  Fire Sprinkler System

Yes  No  Glycol or Other Chemicals Added in Part of System

Yes  No  Water Storage Tank or Reservoir. List: \_\_\_\_\_

**Irrigation System:** Size: \_\_\_\_\_ Check New  or Existing  RLB (Residential Lawn Branch)

Check Yes or No

Yes  No  Injection or Aspiration of Chemicals (i.e. Fertilizer, Herbicide, Pesticide, Etc.)

Yes  No  System Used to Mix Chemicals W/Water

Yes  No  Booster Pump

Yes  No  Waterfall, Decorative Fountain, Pond

<b>FOR CITY OF SANFORD USE ONLY: Recommended Backflow Preventor</b>											
DOM:	<input type="checkbox"/>	RP	<input type="checkbox"/>	DC	<input type="checkbox"/>	A/G	<input type="checkbox"/>	B/G	<input type="checkbox"/>	INSIDE	<input type="checkbox"/>
FIRE:	<input type="checkbox"/>	RP	<input type="checkbox"/>	DC	<input type="checkbox"/>	A/G	<input type="checkbox"/>	B/G	<input type="checkbox"/>	INSIDE	<input type="checkbox"/> NOT REQD.
IRRIG:	<input type="checkbox"/>	RP	<input type="checkbox"/>	DC	<input type="checkbox"/>	A/G	<input type="checkbox"/>	B/G	<input type="checkbox"/>	INSIDE	
DATE: _____										INIT: _____	

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 installations(s) described and agrees to comply with all applicable laws regulating the work.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name & Phone Number

\_\_\_\_\_  
Date