



Public Utilities Cross Connection Program

Backflow Assessment Form

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cross.connection@raleighnc.gov

Go to www.raleighnc.gov

Search "Cross Connection"

**Property Owner: _____

*Service Address: _____

*Meter #: _____ *Found on utility bill

**Pin: _____ **Found at Wake Gov. Real Estate

Name of current tenant: _____

<p>Office Use Only</p> <p>Required Approved Backflow Assembly</p> <p><input type="checkbox"/> Reduced Pressure</p> <p><input type="checkbox"/> Double Check Valve Assembly</p> <p><input type="checkbox"/> Exemption Granted ___/___/20__</p> <p><input type="checkbox"/> Exemption Denied Service Size: _____</p> <p>Avg. Water Usage: _____ ccf</p>

Please check any of the following that apply:

Description of business:		<input type="checkbox"/> Flex/Leased Space <input type="checkbox"/> Zoned multi-use	<input type="checkbox"/> Property is master metered <input type="checkbox"/> Tenants individually metered <input type="checkbox"/> Multiple tenants on one service line/master meter	<input type="checkbox"/> Multi-family: Three or more dwelling units with one water service
<input type="checkbox"/> Greenhouses, Lawn Care Company, Yard Hydrants, Exterminators, Wells (Private/Irrigation), Cisterns, Auxiliary Water Supplies, In-ground Irrigation System	<input type="checkbox"/> Poultry Processing, Packing House, Dairy, Bottling Plant, Butchers (including Fish and Livestock), Breweries, Metal Plating or Fabrication Facility, Cannery, Dye Works, Battery Manufacturers	<input type="checkbox"/> Pumps/Tanks/Containers/ Warehouses connecting, storing or handling sewage, radioactive, lethal or toxic substances; Chemical Processing Plant; Power Plant, Nuclear Reactor; Storage tank for: reuse, recycled, or roof water; Boilers; Booster Pumps; Pressure Tanks, Steam Connections	<input type="checkbox"/> Hospitals, dental offices, veterinary clinics and other medical facilities that may have x-ray equipment, laboratory, medical washing equipment, autoclaves, aspirators, vacuum pumps (includes psychology & psychiatric offices that administer medications), Pharmacy	<input type="checkbox"/> Morgue, Mortuary, Autopsy Facility, Crematory, Monument Company
<input type="checkbox"/> Car Wash, Automotive Repair/ Body Shop	<input type="checkbox"/> Building with 5 or more stories	<input checked="" type="checkbox"/> Gas Stations and Mini Marts (Soda Machines/Coffee)	<input type="checkbox"/> Restaurant, Bakery, Delicatessen, Food/Drink Preparation, Commercial Kitchen	<input type="checkbox"/> Nail Salon, Spa, Beauty Salon, Barber Shop, Tattoo/Piercing Parlor
<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Water Front Facility	<input type="checkbox"/> Domestic water is make-up water	<input type="checkbox"/> Film Laboratories or Processing
<input type="checkbox"/> Private fire hydrants, Fire sprinkler system with chemicals	<input type="checkbox"/> Commercial Laundry Facility	<input type="checkbox"/> Nursing Home, Day Care Facility	<input type="checkbox"/> Air Conditioning Cooling Towers; Water Cooled Equipment	

Hazard uses listed as according to Article D-Water Quality Protection Section 8-2147 and 8-2148



Licensed Plumber/Professional Engineer/City of Raleigh Certified Tester

Identification of Responsibilities

I hereby state that the information listed on the backflow assessment form and chemical list is correct and complete to the best of my knowledge and is in compliance with all applicable City of Raleigh Public Utilities ordinance, handbook, and NC Plumbing Code except where noted. I understand that falsification of any statement is considered a willful violation and could subject licensed plumber, City of Raleigh Certified Tester and/or professional engineer to civil penalties or fines.

Name of Professional

Address

Signature

(_____)_____-_____
Phone

City

State

Zip Code

Date

PE Seal/Plumbing License#/Certified Tester #

Owner

I hereby state that I have authorized the above noted professional to perform the work specified herein and agree to indemnify to the fullest extent permitted by law, the City of Raleigh, the City of Raleigh Public Utilities and Cross Connection Control Program (hereinafter collectively called “the City”) and their respective officers, representatives, agencies, contractors, servants and employees from and against any and all claims, suits actions, proceedings and losses (“claims and losses”) that may arise from the installation of an approved backflow assembly or the exemption from installing an approved containment backflow assembly after the date of this certification. I understand that falsification of any statement is considered a willful violation which could result in civil penalties and fines. In the future, if the building’s tenants or use changes, I will insure submittal of a new application that reflects the new use.

Name of Property Owner

Address

Printed Name and Signature of Owner

(_____)_____-_____
Phone

City

State

Zip Code

Date

(Owner must be listed on deed registered with Wake County or filed with NC Secretary of State)