DCWASA
Backflow Prevention Form

Information Requirement For Approval of Backflow Preventers for Water Services

Project Location:

    A.   Street Address:_____ Quadrant:_____

    B.   Lot(s): _____Square: _____

    C.   Number of water services:_____ Size of water service(s):_____

    D.   Closest cross street to the project:_____

    E.   Backflow Preventer Information:

	Domestic Service	Fire Service
Backflow Preventer Type __	_____	_____
Manufacturer	_____	_____
Size	_____	_____
Model	_____	_____
ASSE #	_____	_____

Design Firm:_____

    Address : _____

    City:_____ State:_____ Zip Code:_____

    Tel: (   ) _____ Fax: (   ) _____Date Requested:_____

Design Engineer (print)_____**Signature:**_____

Tel: (   ) _____   Fax: (   ) _____ Date:_____

Notes:_____

WASA Approval: (Name)_____ Signature:_____