

State of New Jersey



DEPARTMENT OF ENVIRONMENTAL PROTECTION
Division of Water Supply & Geoscience - Bureau of Water System Engineering
Mail Code 401-03, 401 East State Street – P.O. Box 420, Trenton, New Jersey 08625-0420

Application Form for Initial Physical Connection Permit

1/ Applicant Details

Applicant/Owner/Company Name _____
Permanent Legal Address _____
City/Town _____ State _____ Zip Code _____
Telephone (_____) _____ Fax Number (_____) _____ e-mail _____
Contact Person Name _____ Title _____

2/ Details of Facility

Name of Facility _____
Address of Facility (Street/Road) _____
Municipality _____ County _____
Zip Code _____ Block _____ Lot _____

This Initial Physical Connection Permit application is for:

Proposed backflow prevention device An existing device
 An additional device on an existing permit (Enter existing permit number _____-WPC_____)
Number of devices to be covered by this permit _____

3/ Details of unapproved supply

Source of Unapproved Water: _____
Unapproved Water Used for: _____
 Cross Connection Exists or Public Water & Unapproved Water Exist Within Same Building
If from Well(s): number of wells _____ Well Permit number (for each well) _____

4/ Details of public supply

Public Water Used for: Domestic, Fire Protection, Process Water, Other _____
Name of Public Community Water System _____
Public Water System ID number (PWSID) _____
The Public Community Water Supplier hereby concurs with the proposed installation and the submission of this application
Reviewed by:
Authorized representative: _____ Title _____

Signature _____ Date ____/____/____ Phone (____) _____

5/ Name of Local Administrative Authority

Board of Health, Plumbing Sub-Code Official, Exempt (Reason _____)
Name _____ Phone (____) _____

6/ Applicant's Signature

Signature _____ Date _____

INSTRUCTIONS - Complete both Page 1 of 2 and obtain the signature / approval of the Public Water System and mail to the Department at the above address & Owner of the Public Water System with:

- A **Drawing** showing; the facility layout, surrounding streets, location of unapproved water supply and Public Water Service Connections, location of meters and backflow preventer valve(s) & a schematic of sufficient detail to show the installation of each backflow preventer valve.
- A **Check** made payable to; **Treasurer State of New Jersey** in the amount of **\$150.00** shall accompany the application to the Department.
- This Form shall be used to modify an existing Physical Connection Permit.

Physical Connection Permit Number _____-WPC_____

List the Type, Size, Location of Public Water System Service Connections & Backflow Preventer Valve(s) that you are applying for:

	Service	Backflow Preventer	Location :	Protected By-Pass / Detector Check
1.	<input type="checkbox"/> Domestic Size <input type="checkbox"/> Fire inch _____	<input type="checkbox"/> D.C.V.A. Size <input type="checkbox"/> R.P.Z. inch _____	At: _____	<input type="checkbox"/> Protected By-Pass _____ Size <input type="checkbox"/> Detector Check _____ Size
2.	<input type="checkbox"/> Domestic Size <input type="checkbox"/> Fire inch _____	<input type="checkbox"/> D.C.V.A. Size <input type="checkbox"/> R.P.Z. inch _____	At: _____	<input type="checkbox"/> Protected By-Pass _____ Size <input type="checkbox"/> Detector Check _____ Size
3.	<input type="checkbox"/> Domestic Size <input type="checkbox"/> Fire inch _____	<input type="checkbox"/> D.C.V.A. Size <input type="checkbox"/> R.P.Z. inch _____	At: _____	<input type="checkbox"/> Protected By-Pass _____ Size <input type="checkbox"/> Detector Check _____ Size
4.	<input type="checkbox"/> Domestic Size <input type="checkbox"/> Fire inch _____	<input type="checkbox"/> D.C.V.A. Size <input type="checkbox"/> R.P.Z. inch _____	At: _____	<input type="checkbox"/> Protected By-Pass _____ Size <input type="checkbox"/> Detector Check _____ Size
5.	<input type="checkbox"/> Domestic Size <input type="checkbox"/> Fire inch _____	<input type="checkbox"/> D.C.V.A. Size <input type="checkbox"/> R.P.Z. inch _____	At: _____	<input type="checkbox"/> Protected By-Pass _____ Size <input type="checkbox"/> Detector Check _____ Size
6.	<input type="checkbox"/> Domestic Size <input type="checkbox"/> Fire inch _____	<input type="checkbox"/> D.C.V.A. Size <input type="checkbox"/> R.P.Z. inch _____	At: _____	<input type="checkbox"/> Protected By-Pass _____ Size <input type="checkbox"/> Detector Check _____ Size
7.	<input type="checkbox"/> Domestic Size <input type="checkbox"/> Fire inch _____	<input type="checkbox"/> D.C.V.A. Size <input type="checkbox"/> R.P.Z. inch _____	At: _____	<input type="checkbox"/> Protected By-Pass _____ Size <input type="checkbox"/> Detector Check _____ Size
8.	<input type="checkbox"/> Domestic Size <input type="checkbox"/> Fire inch _____	<input type="checkbox"/> D.C.V.A. Size <input type="checkbox"/> R.P.Z. inch _____	At: _____	<input type="checkbox"/> Protected By-Pass _____ Size <input type="checkbox"/> Detector Check _____ Size
9.	<input type="checkbox"/> Domestic Size <input type="checkbox"/> Fire inch _____	<input type="checkbox"/> D.C.V.A. Size <input type="checkbox"/> R.P.Z. inch _____	At: _____	<input type="checkbox"/> Protected By-Pass _____ Size <input type="checkbox"/> Detector Check _____ Size
10.	<input type="checkbox"/> Domestic Size <input type="checkbox"/> Fire inch _____	<input type="checkbox"/> D.C.V.A. Size <input type="checkbox"/> R.P.Z. inch _____	At: _____	<input type="checkbox"/> Protected By-Pass _____ Size <input type="checkbox"/> Detector Check _____ Size
11.	<input type="checkbox"/> Domestic Size <input type="checkbox"/> Fire inch _____	<input type="checkbox"/> D.C.V.A. Size <input type="checkbox"/> R.P.Z. inch _____	At: _____	<input type="checkbox"/> Protected By-Pass _____ Size <input type="checkbox"/> Detector Check _____ Size
12.	<input type="checkbox"/> Domestic Size <input type="checkbox"/> Fire inch _____	<input type="checkbox"/> D.C.V.A. Size <input type="checkbox"/> R.P.Z. inch _____	At: _____	<input type="checkbox"/> Protected By-Pass _____ Size <input type="checkbox"/> Detector Check _____ Size

If you are applying for more than 12 devices please copy this page, list the additional devices and include with you application.