DC Water
Backflow Prevention Assembly Selection Form

Information Requirement for Approval of Water Services Connection

Project Location:
A. Street Address: _______________________ Quadrant_____

B. Lot(s): _______________________ Square: ____________

C. Number of Water Services: _______________________

Size of Water Service(s): 1.____ 2.____ 3.____

D. Closest cross Street to project: _______________________

E. Backflow Prevention Assembly (BPA) Information

<table>
<thead>
<tr>
<th>Domestic Service</th>
<th>Fire Service</th>
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<tbody>
<tr>
<td>BPA Type</td>
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<tr>
<td>Manufacturer</td>
<td></td>
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<tr>
<td>Size</td>
<td></td>
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<tr>
<td>Model</td>
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<tr>
<td>ASSE #</td>
<td></td>
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</tbody>
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Note: All BPAs must be tested annually and test report submitted to DCWASA Cross-Connection Program Office

Design Firm: _______________________

Address: ____________________________
City: ____________________________ State: _____ Zip Code: ______
Tel: (____)________ Fax: (____)________

Design Engineer (Print)________________ Signature_____________________
Date Requested: ________

________________________________________
DC Water Approval (name)______________ Initial_____

Notes: ____________________________

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