

# 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

	Domestic Service	Fire Service
BPA Type	_____	_____
Manufacturer	_____	_____
Size	_____	_____
Model	_____	_____
ASSE #	_____	_____

**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: \_\_\_\_\_

---

Do not write below this line

DC Water Approval (name) \_\_\_\_\_ Initial \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_