

**Residential****Town of Oak Island  
IRRIGATION METER/SYSTEMS  
APPLICATION**

Location of Project: \_\_\_\_\_

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Section: \_\_\_\_\_ Parcel ID/number: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Property Owner Mailing Address: \_\_\_\_\_

Phone Number: (H) \_\_\_\_\_ (B) \_\_\_\_\_ (C) \_\_\_\_\_

Is structure used as rental property?  Yes  No**Plumbing Contractor:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone Number: (H) \_\_\_\_\_ (B) \_\_\_\_\_ (C) \_\_\_\_\_

License #: \_\_\_\_\_ Cost of RPZ/backflow installation: \$ \_\_\_\_\_

**Well Contractor:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone Number: (H) \_\_\_\_\_ (B) \_\_\_\_\_ (C) \_\_\_\_\_

Cost of well and equipment: \$ \_\_\_\_\_

**Irrigation Contractor:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone Number: (H) \_\_\_\_\_ (B) \_\_\_\_\_ (C) \_\_\_\_\_

License # \_\_\_\_\_ Cost of system \$ \_\_\_\_\_

**General Contractor:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone Number: (H) \_\_\_\_\_ (B) \_\_\_\_\_ (C) \_\_\_\_\_

License # \_\_\_\_\_ Cost of System \$ \_\_\_\_\_ Are installers employees of GC? \_\_\_\_\_

**For Official Use Only**

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Notes or special conditions: \_\_\_\_\_

\_\_\_\_\_  
Development Services Department

4601 E. Oak Island Drive • Oak Island, North Carolina 28465

Phone: (910) 278-5024 • Fax (910) 278-1811 • Website: [www.oakislandnc.com](http://www.oakislandnc.com)

# Town of Oak Island

## Public Utilities Department

### Irrigation Service and Backflow Assembly Installation Procedure

#### **Step1 Payment for Service:**

- A) Pay for Irrigation Service at the Inspections Department located in Town Hall.
- B) Inspections will generate a work order for new irrigation service to be installed.
- C) Requestor shall provide a telephone number where he or she can be reached during the day.  
(i.e., work, home, cell phone)
- D) Customer will need to fill out a water usage questionnaire and return to it to the Public Utilities Department.
- E) If the required RPZ cannot be located at the property line a request for waiver form needs to be filled out and returned to the Public Utilities Department Office for approval.

#### **Step2 Service and Meter Installation**

- F) Public Utilities Department staff will install irrigation service and meter box.
- G) Customer / Contractor is then responsible to install approved backflow assembly and connect to meter box.
- H) Customer then calls Building Inspections Office at (910) 278-5024 or 201-8046 for inspection of device.

**NOTE: All piping between the meter box and the backflow device should remain exposed for inspection prior to meter installation.**

#### **Step3 Backflow Device and Testing**

- I) RPZ Valves shall be tested within five days after installation by a Certified Technician.
- J) Annually the Public Utilities Department will notify customers stating that there backflow assembly device inspection and testing are due.
- K) A Certified Technician list will be available at the Public Utilities Department. Annual Testers will be required to inspect backflow assembly devices within 45 days of notice and return the proper paper work to the Town of Oak Island Public Utilities Department. Required test report and inspection sheets.
- L) Should your assembly fail, you will have 30 days to have a Certified Technician make the repairs to your device and also fill out all required paper work and return to the Public Utilities Department.
- M) If Annual Inspection is not completed within 45 days the Town will contract a Certified Technician at owners expense to perform the mandated testing.

**(Please Call (910.201.8007) - Public Utilities Department - If back flow device is leaking or faulty)**

#### **Approved backflow assembly:**

**Apollo Model RPLF40**

**Wilkins Model 975XL**

**Apollo Model RP40/ RP40N/ RP40Z**

**FEBCO Series 860**

**Apollo Model RP4A**

**WATTS Series 009**

New Installations: After October 2011 rain sensors are required on all automatic irrigation systems.

Existing Systems: Are encouraged but not required to install rain sensors.

#### **CONTACT INFORMATION**

##### **Mailing Address**

Town Of Oak Island  
Public Utilities Department  
ATTN: Backflow Technician  
4601 East Oak Island Drive  
Oak Island, NC 28465

##### **Public Utilities Department Location**

We are located behind Town Hall  
in Beige Building next to basketball court  
Sign States Public Service

Public Utilities Department Superintendent  
Public Utilities Backflow Technician (ORC)  
Public Utilities Administrative Specialist  
Public Utilities Fax Number:

Tray Bivins  
Scott Haas  
Kim Nix

(910)201-8042  
(910)201-8041  
(910)201-8007  
(910)278-7438

office  
office  
office  
fax

**Residential****Town of Oak Island**  
**PUBLIC UTILITIES**  
**Backflow and Cross Connection Questionnaire**

Today's Date \_\_\_\_\_ Parcel ID / Tax ID # \_\_\_\_\_

Property Owner \_\_\_\_\_ Account Number \_\_\_\_\_

Physical Property Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

**Please Indicate If Your Facility Has / Will Have*****(Please check all that apply)***

Home Business Yes No Business Type \_\_\_\_\_

Auxiliary Water System (Well, Pond, Other)  
Fire Sprinklers (Water / Chemical Injection)  
Solar Water Heater Systems  
Utility Sink (with threaded faucet)  
Photo Lab/Darkroom Equipment  
Dialysis Machine

Swimming pool/hot tub  
Water Treatment system (with backwash system)  
Irrigation System  
Irrigation System (with Chemical injection)  
Boat Dock (with potable water available)  
Florida HVAC System

\*Other, IE: Water using equipment/processes located on your property: (use back if necessary)

1. Is your home elevated more than 30ft above your water meter? Yes No
2. Do you have a booster pump or well pump connected to your home? Yes No
3. Do your hose bibs / threaded faucets have an atmospheric vacuum breaker installed? Yes No

**List Backflow Assemblies Serving This Property**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Serial #: \_\_\_\_\_ Size: \_\_\_\_\_ Inch

Location of Assembly: \_\_\_\_\_

Date of Last Test \_\_\_\_\_ Please Forward Test Form To Office

**Questionnaire Must Be Complete or It Will Be Returned**

Signature/Position of Person Completing This Form \_\_\_\_\_