

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: _____

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

Apollo Model RP40/ RP40N/ RP40Z

Apollo Model RP4A

Wilkins Model 975XL

FEBCO Series 860

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 office
(910)201-8041 office
(910)201-8007 office
(910)278-7438 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)	Swimming pool/hot tub
Fire Sprinklers (Water / Chemical Injection)	Water Treatment system (with backwash system)
Solar Water Heater Systems	Irrigation System
Utility Sink (with threaded faucet)	Irrigation System (with Chemical injection)
Photo Lab/Darkroom Equipment	Boat Dock (with potable water available)
Dialysis Machine	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 you 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 _____