



Field Site Application Form

Fill in form completely and attach letter of acknowledgment. Send application to:
Field Evaluation Coordinator, USC FCCCHR Laboratory, 3022 Riverside Drive, Los Angeles, CA 90039

I. Field Test Assembly

Manufacturer _____

Model: _____ ☐ DC ☐ DCDA ☐ DCDA-II ☐ RP ☐ RPDA ☐ RPDA-II ☐ PVB ☐ SVB

Orientation: ☐ H ☐ VU ☐ VD ☐ VUVD ☐ VDVU ☐ VDVD ☐ VUVU ☐ VUH ☐ HVD ☐ OTHER _____

See page 4 for a detailing of orientations

Size: _____ Serial Number (if known) _____

II. Field Site Information

Field site location (i.e. name of company, park, etc.) _____

Field site address: _____

Nearest cross street: _____ GPS coordinates: _____

Map: Thomas Bros. Guide (if known) _____ (If necessary, provide sketch on separate page)

On site contact person: _____ Phone number: _____

Owner name (owner of property or manager): _____

Owner address: _____

Phone number: _____

III. Type of Installation

Description of usage downstream of proposed field site:
(i.e. park irrigation; feeds into pump that irrigates school playground; supplies domestic water for 300 apartments; etc)

If necessary, attach additional drawing/sketch

Field Site Flowing Condition: ☐ Static
☐ Flowing

- ☐ *Designated high flowing (50-100%) of rated flow field site
(flow documentation required).
☐ Flow documentation included

*Per Chapter 10.1.2.1.2 of the Manual of Cross-Connection Control, Tenth Edition; a minimum of one of the field evaluation site shall have flow rates reaching the range of 50-100% of rated flow.

Administrative Authority/Site Info:

Type of protection: ☐ Service/Meter Meter# _____ Service/Accnt.# _____
☐ Internal Device ID# _____

Are there any hazardous materials or chemicals in use downstream from proposed field site?
(i.e., chemical injection pump, aspirator, etc.)

☐ Yes ☐ No

If yes, please describe

IV. Administrative Authority (Water and/or Health Agency) having Cognizance

Name of agency: _____

Address: _____

Contact Person: _____ Title: _____

Phone number: _____ Email: _____

V. Letters of Acknowledgment (download from fccchr.usc.edu/approval, please print on company letterhead)

A. The owner or manager of the property; (attach letter)

B. The water and/or health agency having cognizance: (attach letter)

VI. Applicant Information

To the best of our knowledge, the above proposed field site location is in compliance with Chapter 10.1.2.1.3 “Selection of Field Location” in the Manual of Cross-Connection Control, Tenth Edition.

NOTE: This completed application must be submitted, and the field site deemed acceptable, prior to the installation of the subject backflow prevention assembly.

Manufacturer representative (print name): _____

Title: _____ Email: _____

Phone number: _____ Fax: _____

Signature: _____ Date: _____

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FOR OFFICE USE ONLY

☐ ACCEPTED EVALUATED BY: _____ DATE: _____

☐ REJECTED

Request for Evaluation – Assemblies Backflow Prevention Assembly Orientations

