



# Field Site Application Form

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Instructions: Fill in form completely and attach letters of acknowledgment. Send application to:  
Field Evaluation Coordinator  
FCCC&HR Laboratory  
3022 Riverside Drive  
Los Angeles, CA 90039

PHONE (323) 662-3536 or (213) 740-2032    FAX (323) 665-2055    EMAIL: fccchrlab@usc.edu

## I. Field Test Assembly

Manufacturer \_\_\_\_\_

Model \_\_\_\_\_ (circle) RP   RPDA   DC   DCDA   PVB   SVB   DCDA-II   RPDA-II

Orientation: (See detailing of orientations - page 4 of 4)

H    VU    VD    VUVD    VDVU    VDVD    VUVU    VUH    HVD    Other \_\_\_\_\_

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: \_\_\_\_\_

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## 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.):

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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 Section 10.1.2.1.3 of the 10th Edition Manual; 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 /Acct. # \_\_\_\_\_

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

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

Name of agency: \_\_\_\_\_

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

Phone number: \_\_\_\_\_ EMAIL \_\_\_\_\_

Contact person: \_\_\_\_\_ Title \_\_\_\_\_

## V. Letters of Acknowledgment (See Sample Letter B.1.3 - revised December 2009)

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 test site location is in compliance with Section 10.1.2.1.3 "Selection of Field Locations," in the Manual of Cross-Connection Control, 10th 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: \_\_\_\_\_

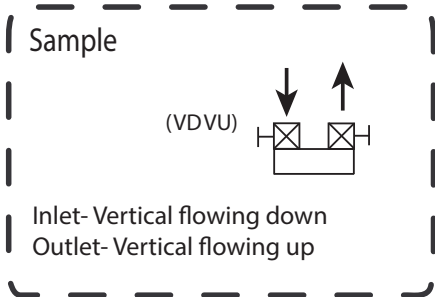
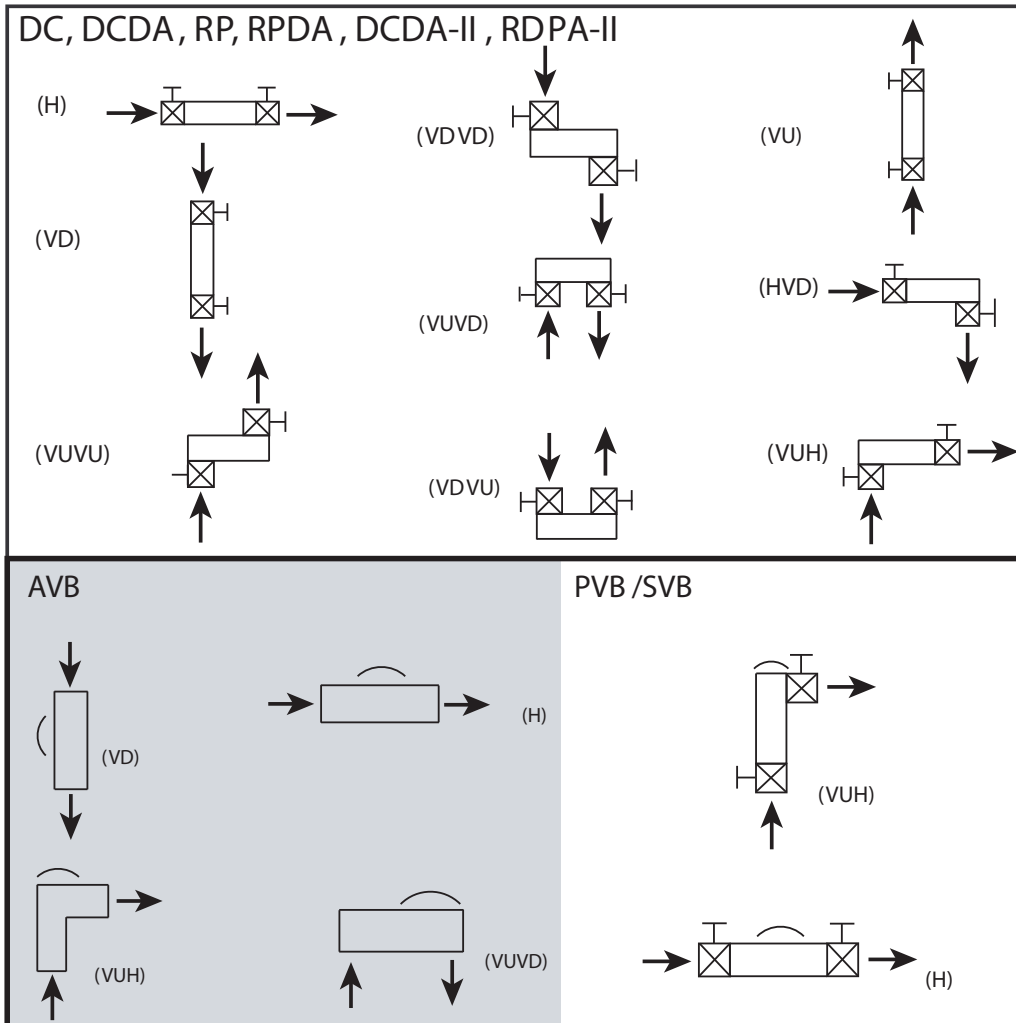
REJECTED

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## Backflow Prevention Assembly Orientations



**Key** (H) Horizontal (D) Down  
(V) Vertical (U) Up

Shutoff Valve

Air inlet Valve

Direction of Flow