

Town of New Castle – Public Works Department
Application for Backflow Prevention Device Permit
(Submit to the Superintendent of Public Works)

Applicant Name: _____

Mailing Address: _____

Physical Address: _____

Phone Number: _____

The undersigned hereby requests a permit to install a backflow prevention device (BFPD) for the following purpose: (check the appropriate application): _____ outside irrigation system; _____ swimming pool; _____ private wharf; _____ independent fire suppression system; _____ other, specify: _____

Contracted Licensed Plumber (if selected/known)

Name: _____

Address: _____

Phone number: _____

Notice to Applicant:

1. A fee of \$40.00 is payable at time of application. The permit is good for five years subject to the terms addressed on the permit itself. It is renewable at five years. It is issued after the first successful test of the device.
2. Devices must be tested at least once per year, typically in June. Depending on the degree of hazard, it may have to be tested twice per year, typically June and December. The Town's contracted testing company, New England Backflow, Inc. may need to be consulted to assess the degree of hazard; their decision is final. Any/All costs, whether for assessment, testing or otherwise, are at owner 's expense. Contact DPW at 603-766-3613 or PublicWorks@newcastlenh.org if you have questions.
3. If you choose to have a second water meter installed at the same time as a BFPD, a separate application for the meter will be required with an additional fee. Visit the Town [website](#) for details.
3. Your plumber will have to apply for a plumbing permit. Contact the building/plumbing inspector, 603-436-6710, x5 or BuildingInspector@newcastlenh.org. Visit the Town website (search: "building inspector") for details.
4. Your plumber is to notify the Superintendent of Public Works and the Plumbing Inspector when the work is ready for inspection.

Signature (property owner): _____ Date _____

Approved (Supr. PW): _____ Date _____

Fee paid: _____