

FIRE LINE TAP

Form - MC4702

Rev 07/28/2016

I confirm the fire line service at this location will be used for fire protection purposes only and in no way be connected with or to any other water lines or water sources. **I understand that a backflow prevention device is required and such device shall be installed in accordance with MAWSS' Policies, Standards and Specifications, a copy of which can be obtained from MAWSS' website (www.mawss.com).**

Please note that all plumbing shall conform to the Plumbing Codes and Fire Codes adopted by the City of Mobile and subject to approval and inspection by the Fire Marshall of the City of Mobile as well as Plumbing Inspections.

The Backflow Prevention Assembly shall be located in the service line at, or as near as possible, the point of delivery but in no case greater than 25 feet from that point, without specific written permission from MAWSS.

Once the backflow preventer installation has been completed, contact our Cross Connection Control Division (694-3463) for MAWSS' initial inspection and device testing. The backflow preventer shall be maintained and tested annually at the user's expense to ensure proper functionality. Test results shall be furnished to MAWSS, annually, if tested by parties other than MAWSS.

All fire lines supplying fire hydrants shall have a Double Detector Check Assembly to monitor water usage. If usage is continuous then a meter shall be installed, at the customer's expense, in line and become a metered billing account.

I confirm that the information below, number of fire hydrants, and/or sprinkler heads, etc. is correct. **I understand that failure to comply in any way may result in loss of service.**

Date: _____ *Permit # FL:* _____

Tap or Service Size: _____ Service Address: _____

Lot: _____ Block: _____ Sub/Development: _____

Number of Fire Hydrants/Sprinkler Heads/Hose Bibs/Stand Pipes, etc: _____

Signature of Owner [] / Contractor []: _____

Name of Contractor: _____

Name of Owner: _____

Owner's Mailing Address: _____

City, State, Zip Code: _____

To Billing: _____ Cost: _____

Route _____ Bill# _____ Entered ____/____/____ By _____