



City of St. Augustine Cross-Connection Control Program Backflow Preventer Installations

Public Works Department
P.O. Box 210
St. Augustine, FL 32085-0210
Phone: 904-825-1040
Fax: 904-209-4286

This document provides general installation requirements, which in no way alleviates the customer and/or installer from reviewing manufacturer's specifications, the Florida Plumbing Code, and/or other City requirements for backflow prevention assemblies.

1. Backflow prevention assemblies must be installed by a licensed plumber. The plumber must obtain a permit from the City of St. Augustine Planning & Building Department and submit assembly specifications for approval prior to installation. Installations must be in accordance with manufacturer instructions, the Florida Plumbing Code, the City of St. Augustine Code of Ordinances, the American Water Works Association Manual M14 – *Recommended Practices for Backflow Prevention and Cross Connection Control* and other applicable federal, state and local laws, rules and regulations.
2. Assemblies must be installed on the customer's property, immediately after the water meter serving that property and shall remain readily accessible for inspection, testing, maintenance and repair.
3. Assemblies must be tested upon installation (and annually thereafter) by a certified backflow prevention assembly tester. The certified tester must tag the assembly as tested and complete the City of St. Augustine Backflow Preventer Test & Maintenance Report, which must then be submitted to the Public Works Department by one of the following ways:

Mail to: City of St. Augustine
Public Works Department
P.O. Box 210
St. Augustine, FL 32085-0210

Drop off: Public Works Department
Lobby B, 4th Floor
City Hall
75 King Street

Fax to: 904-209-4286

4. All costs associated with the installation, maintenance and testing of backflow prevention assemblies are the responsibility of the customer. Utility bills to customers with backflow prevention assemblies include a Cross-Connection Environmental Compliance (CCEC) fee of \$1.75 per month for each assembly. This fee covers the City's costs for inspecting properties for hazards, maintaining compliance records and for reporting to the Florida Department of Environmental Protection.
5. Any installation, testing or repair of a backflow prevention assembly on a fire protection system must be performed by a state licensed fire sprinkler contractor. When fire suppression systems are involved, it is critical that the hydraulics be reviewed prior to installation to ensure the system can function properly.
6. For more information on installation requirements or the City of St. Augustine Cross-Connection Control Program, please contact the Public Works Department at 904-825-1040.



City of St. Augustine
Cross-Connection Control Program
Frequently Asked Questions

Public Works Department
P.O. Box 210
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What is backflow?

Water normally flows from the City's water lines to your home or business. However, when backpressure or backsiphonage conditions occur, the flow of water or other substances can reverse and the water in your home or business can flow back into our community drinking water supply. Without proper protection, our drinking water supply may become contaminated and jeopardize public health.

How can backflow be prevented?

To prevent backflow into our community water supply, we must protect against the actual or physical connections through which contaminants can enter (known as cross-connections). When cross-connections cannot be eliminated, mechanical backflow preventers are used to provide a physical barrier to backflow.

Are there different types of backflow preventers?

Yes, there are several types of backflow preventers that protect against different backflow conditions and different hazard levels. The type of backflow preventer required is based on actual or potential hazards within the customer's premises.

Why do backflow preventers need to be tested every year?

Mechanical backflow prevention assemblies consist of springs and seals, which are subject to fouling and fatigue. Having the backflow assembly tested by a certified backflow prevention assembly tester ensures that it is in working order and is adequately protecting the public water supply. All test reports must be submitted to the City of St. Augustine Public Works Department.

Can I hide or cover the backflow preventer?

There are several approved methods to cover and protect the backflow prevention assembly. Vegetation may be planted near the assembly or approved covers may be placed over them. However, the assembly must remain easily accessible at all times for testing and maintenance.



Typical Reduced Pressure Backflow Assembly



City of St. Augustine
Cross-Connection Control Program
List of Approved Backflow Preventers

Public Works Department
P.O. Box 210
St. Augustine, FL 32085-0210
Phone: 904-825-1040
Fax: 904-209-4286

Updated: May, 2014

REDUCED PRESSURE BACKFLOW ASSEMBLY

3/4-inch through 10-inch commercial services:

Apollo RPLF4A (3/4" – 2")

Apollo RPLF4A (3" – 12")

Febco LF860 (3" – 10")

Watts LF009M2 QT (1" – 2")

Watts LF009M3 QT (3/4")

Zurn Wilkins 375 (3" – 10")

DOUBLE CHECK DETECTOR ASSEMBLY

2-inch through 8-inch fire lines:

Apollo DCLF4A (2") (Water meter must be installed on fire line prior to backflow preventer.)

Apollo DCDALF4A (3" - 12") (Bypass detector check required.)

Notes:

- 1) Meter or Bypass Detector required for all backflow devices.
- 2) All wetted surfaces of pipes, pipe fittings, plumbing fittings, and fixtures used to convey water for potable use must meet the January 4, 2014 "Reduction of Lead in Drinking Water Act" and contain less than 0.25% lead by weight.



CITY OF ST. AUGUSTINE

BACKFLOW PREVENTER TEST & MAINTENANCE REPORT

Fax or mail completed form to:
 City of St. Augustine
 Public Works Department
 P.O. Box 210
 St. Augustine, FL 32085-0210
 Phone: 904-825-1040
 Fax: 904-209-4286

Name of Premises: _____ Account No: _____

Service Address: _____

Mailing Address: _____

Contact Person: _____ Phone No: _____

Type of Service: Process Fire Domestic Irrigation Other: _____

Type of Assembly: _____ Manufacturer: _____

Model: _____ Serial No: _____

Size: _____ Location: _____

Gauge Manuf: _____ Serial No: _____ Date Calibrated/Verified: _____

	Check Valve #1	Check Valve #2	Relief Valve	PVB or SVB
Initial	<input type="checkbox"/> Closed tight at _____ psi <input type="checkbox"/> Leaked	<input type="checkbox"/> Closed tight at _____ psi <input type="checkbox"/> Leaked	<input type="checkbox"/> Opened at _____ psi <input type="checkbox"/> Did not open	<input type="checkbox"/> Air inlet opened at _____ psi <input type="checkbox"/> Did not open <input type="checkbox"/> Check Valve held at _____ psi <input type="checkbox"/> Leaked
Repairs	<input type="checkbox"/> Cleaned only <input type="checkbox"/> Replaced: <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Disc <input type="checkbox"/> O-Rings <input type="checkbox"/> Seat <input type="checkbox"/> Spring <input type="checkbox"/> Stem/Guide <input type="checkbox"/> Retainer <input type="checkbox"/> Lock Nuts <input type="checkbox"/> Other, Describe	<input type="checkbox"/> Cleaned only <input type="checkbox"/> Replaced: <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Disc <input type="checkbox"/> O-Rings <input type="checkbox"/> Seat <input type="checkbox"/> Spring <input type="checkbox"/> Stem/Guide <input type="checkbox"/> Retainer <input type="checkbox"/> Lock Nuts <input type="checkbox"/> Other, Describe	<input type="checkbox"/> Cleaned only <input type="checkbox"/> Replaced: <input type="checkbox"/> Rubber Kit <input type="checkbox"/> RV Assembly <input type="checkbox"/> Disc <input type="checkbox"/> Diaphragm(s) <input type="checkbox"/> Seat <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> O-Rings <input type="checkbox"/> Other, Describe	<input type="checkbox"/> Cleaned only <input type="checkbox"/> Replaced: <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Disc, Air Inlet <input type="checkbox"/> Disc, CV <input type="checkbox"/> Seat, CV <input type="checkbox"/> Spring, Air Inlet <input type="checkbox"/> Spring, CV <input type="checkbox"/> Guide <input type="checkbox"/> Retainer <input type="checkbox"/> O-Rings <input type="checkbox"/> Other, Describe
Final	Closed tight at _____ psi	Closed tight at _____ psi	Opened at _____ psi	Air inlet _____ psi Check valve _____ psi

Remarks: _____

I certify that the data in this report is accurate.

Tester Name (print): _____ Date: _____

Tester Signature: _____ Phone No: _____

Affiliation: _____ Cert No: _____

Tester Company: _____ Address: _____

THIS ASSEMBLY: PASSED FAILED