**PLEASE CONTACT THE CITY OF HUDSON WATER UTILITY AT 715.386.4760 AFTER PRINTING THIS INFORMATION PACKET. WE WOULD LIKE TO REVIEW THIS INFORMATION WITH YOU TO ENSURE THE PROCESS OF INSTALLING A SECOND METER GOES AS SMOOTHLY AS POSSIBLE.**

# Guide for Installation of Backflow Preventers for Irrigation Systems & Installation of Irrigation (Second) Water Meters

## New & Existing Irrigation Systems

Registration & Testing

Wisconsin Uniform Plumbing Code Section requires all pressure & reduced pressure type backflow preventers be registered with the Wisconsin Department of Commerce. More importantly, the Wisconsin Uniform Plumbing Code requires that all backflow preventers be tested by a licensed tester and the results reported to the Wisconsin Department of Commerce and Hudson Water Utility at the following intervals:

1.) At the time of installation.
2.) Anytime repairs or alterations are made to the system.
3.) At least annually.

***PLEASE NOTE: THE WISCONSIN DNR ADMINISTRATIVE CODE & HUDSON MUNICIPAL ORDINANCE AUTHORIZES THE WATER UTILITY TO SHUT OFF A WATER SERVICE FOR FAILURE TO PROPERLY MAINTAIN, REGISTER, OR PERFORM THE REQUIRED TESTING OF BACKFLOW PREVENTERS ASSOCIATED WITH IRRIGATION SYSTEMS. NON-COMPLIANCE IS A PUBLIC HEALTH THREAT TO YOUR HOUSEHOLD AND THE COMMUNITY.***

## Second Meter Installations for Existing Irrigation Systems

Prior to the installation of a second water meter, the homeowner must provide the Hudson Water Utility with a completed Water Meter Set Application. The backflow preventer's Wisconsin Department of Commerce Registration Number and the testing history of the device will be necessary as part of the application. If a registration number can not be provided and/or the testing history is not available, it will be the homeowner's responsibility to register and/or test the device before the second water meter can be installed. Results of testing from a licensed tester and a completed registration form are necessary prior to a second meter being installed.

## Second Meter Installation for Outside Hose Bibs (Faucet)

A second meter can be installed to supply hose bibs used for irrigation purposes. However, only water lines serving exterior hose bibs can be installed downstream of the secondary meter. All domestic water lines must be metered through the primary water meter. All hose bibs must be protected with existing vacuum breakers or have new vacuum breakers installed prior to the installation of a second water meter.

## City of Hudson Contact Information

City of Hudson Water Utility: 715-386-4760
Troy Timm: 715-381-3884

## State of Wisconsin Registration Forms & Assistance

Wisconsin Department of Commerce: www. commerce.state.wi.us
Wisconsin Department of Commerce – La Crosse Office: 608-789-5535
Wisconsin Department of Commerce – Hayward Office: 715-634-4870

**Licensed Backflow Prevention Device Testers**

Mark Buscherfeld – Hurlburt Heating & Plumbing
N6705 State Hwy 25
Durand, WI 54736
715.283.4422 License #230505

Ernest Spinks - OFC Properties, Inc.
993 167th Street
Hammond, WI 54015
715-796-5299 (c) 651.983.4177
License #231999

Ryan Shipley - Countryside Plumbing & Heating
321 Wisconsin Drive
New Richmond, WI 54017
715-246-2660 License # 143465

David Triemert
1069 130th Avenue
New Richmond, WI 54017
715.684.9379 License #833085

Brian Wert Inspection Agency, Inc.
726E Hwy 12 Suite 105
Hudson, WI 54016
715-386-5410

Aaron Hanson – Nature's Touch Irrigation
Old Hwy 35
Hudson, WI 54016
715-381-7015 612-221-1834

**Licensed Plumbers w/ 2nd Meter & Backflow Device Installation Experience**

Mark Brown – Ed Brown Plumbing
328 County Road E
Houlton, WI
715.549.5217 License #224656

Bob Kolashinski – Liberty Plumbing
1080 Prairie Moon Drive
River Falls, WI 54022
715.425.1418 License #7473

Tom Cody - Cody Plumbing
101 Packer Drive Box 10
Roberts, WI 54023
715.749.3354 License #227270

Allen Lewerer – Mr. Rooter Plumbing
994 130th Avenue
New Richmond, WI 54017
715.246.0611 License #5619

Countryside Plumbing & Heating
321 Wisconsin Drive
New Richmond, WI 54017
715.246.2660 License #664713

Todd Sinz – TL Sinz Plumbing
E5609 708th Avenue
Menomonie, WI 54751
715.235.2644 License #139462

Rick Evenson – Evenson Plumbing
2910 Enloe Street
Hudson, WI 54016
715.386.3623 License #225801

David Triemert
1069 130th Avenue
New Richmond, WI 54017
715.684.9379 License #833085

Boldt's Plumbing & Heating
820 Main St
Baldwin, WI 54002
715.386.4445 License #220853

Annual cost for 2nd meter:

$3.75/quarter
$15.00/year

CITY OF HUDSON WATER UTILITY

TROY TIMM
OPERATOR
(715) 381-3884 MOBILE
BACKFLOW TESTER #684049
WI DNR OPERATOR #22834

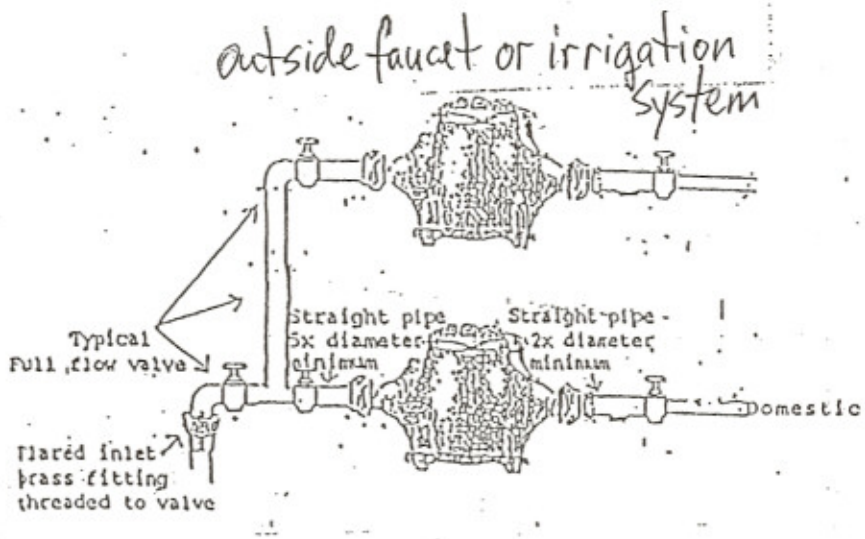
ADMINISTRATIVE OFFICES
CITY HALL
505 THIRD STREET
HUDSON, WI 54016-1694
(715) 386-4760
FAX (715) 386-3385
E-MAIL hudwater@ci.hudson.wi.us

Recommended irrigation rate – ½"/week
This rate irrigates a 5,000 sq. ft. yard with 40,500 gals. for six months.

Amount of water use per year to break even on sewer charge using 2nd meter.

Minimum Meter Charge:

Hudson and North Hudson
700 cu/ft = $15.68
700 cu/ft = 5,236 gals.




**QUARTERLY WATER CHARGE:**

| Meter Size | Water Service | Pub Fire Protection |
|---|---|---|
| 5/8 - inch meter | $10.20 | $19.85 |
| 3/4 - inch meter | $10.20 | $19.85 |
| 1 - inch meter | $24.00 | $49.50 |
| 1 1/4 - inch meter | $30.00 | $75.00 |
| 1 1/2 - inch meter | $42.00 | $100.00 |
| 2 - inch meter | $72.00 | $160.00 |
| 3 - inch meter | $120.00 | $295.00 |

| | Plus Volume Charge |
|---|---|
| First | 5,100 cubic feet used each quarter- $1.53 per 100 cubic feet |
| Next | 195,000 cubic feet used each quarter- $0.96 per 100 cubic feet |
| Over | 200,1000 cubic feet used each quarter- $0.64 per 100 cubic feet |

**QUARTERLY SEWER CHARGE:**

| Meter Size | Sewer Meter |
|---|---|
| 5/8 - inch meter | $5.25 |
| 3/4 - inch meter | $6.00 |
| 1 - inch meter | $6.75 |
| 1 1/4 - inch meter | $7.50 |
| 1 1/2 - inch meter | $8.25 |
| 2 - inch meter | $9.00 |
| 3 - inch meter | $10.00 |

Plus Service Charges-based on volume
$2.40/100 cu. ft. Based on the quantity of water measured.
Sewer main repair & replacement of $0.12/100 cf. included.
Minimum charge $12.00

**PENALTY: 1% added each month on any unpaid balance after the date noted.**

UTILITY BILLS UNPAID AS OF OCTOBER 25 EACH YEAR, PLUS A 10% SURCHARGE, SHALL BE PLACED ON THE PROPERTY OWNER'S TAX STATEMENT.

# City of Hudson
# Water Meter Set Application

Application Date: _____

Application for: Meter Set ____ Water Service: ____ Date Needed: _____

Applicant Name: _____

Address: _____

Phone #: _____

Owner's Name: _____

Service Address: _____

Plumber/Address: _____

Irrigation System
Installer/Address: _____

____ Domestic Service

____ Irrigation System Service

____ New

____ Existing

Backflow Device Registration Number: _____ Type of Device: _____

Test Results: Yes ____ No ____ If yes, date: _____ Provide Copy.

____ Outside Hose Bibs Only (Verify Installed w/Vacuum Breakers)

Size of Service: ____ 3/4 ____ 1" ____ 1 1/2 " ____ 2" ____ 4" ____ 6"

Size of Meter: ____ 5/8" ____ 3/4" ____ 1" ____ 1 1/2" ____ 2" ____ 4"

Notice: No installation of any meter or water service and location of same shall be allowed without prior approval of the Public Water Utility Director or duly authorized representative of the Hudson Public Utilities Commission.

The attached sheet shows a typical meter installation. These guidelines for meter installations shall be adhered to along with Hudson Public Water Utilities Commission Technical Specifications for water main and service construction. All persons now receiving a water supply from the Hudson Public Water Utility, or who may hereafter make application, shall be considered as having agreed to be bound by the rules and regulations as filed with the Public Service Commission of Wisconsin and the Wisconsin Department of Natural Resources.

Signature of Applicant: _____
Date

Approved By: _____
Date

Comments: _____

commerce.wi.gov
Wisconsin Department of Commerce
Safety & Buildings Division
Bureau of Integrated Services

# APPLICATION FOR PLUMBING REVIEW AND CROSS CONNECTION ASSEMBLY REGISTRATION

**-Complete all pages-**

**NOTE**: Personal information you provide may be used for secondary purposes [Privacy Law s. 15.04(1)(m), Stats.]

## GENERAL PLUMBING

For pre-scheduling of plumbing plans, use the electronic online request for plumbing plan appointments found at http://commerce.wi.gov/SB/SB-DivPlanReview.html#. This form is to be used only for mailing or dropping off plans without an appointment, or if you are scheduling a Revision via FAX (see Box 13 for further information). Check our website at http://commerce.wi.gov/SB/SB-DivForms.html for the most current version of this form. We may re-distribute plans to another office if needed to reasonably balance turnaround times. You may monitor the status of your plan at: http:/commerce.wi.gov/SB/SB-DivReviewStatusSearch.html.

Previously Related Transaction # _____

See our website for next available appointment at http://commerce.wi.gov/SB/SB-DivDailyDoc.html

OFFICE USE:
Trans ID:_____
Assigned Reviewer:_____
Assigned Office:_____
Reviewer Start Date*:

**2. Project Information – Fill in all known information**

Project/Site Name_____

Number & Street_____

County _____

( ) City ( ) Village ( ) Town of _____

**3. Mailing Information** **After plans are reviewed, please: (check all that apply)**

___ Call Customer 1, 2, 3 (circle one number)* ___Mail plans to customer 1, 2, 3, (circle one number)* ___ Requesting party will pick up.

*Refers to customer listed below

**4.** Complete the following customer information in the boxes below.

**Designer Information (Customer 1) (Person who stamped the plan)**

First Name Last Name Commerce Customer Number

Company Name

Address

City State Zip + 4 (9 digits)

(Area Code) Phone Number Fax Number

email address

Have you submitted plumbing plans to Safety & Buildings in the last year? ( ) Yes ( ) No

**Contact Person or Other, Please Specify (Customer 3)**_____

First Name Last Name Commerce Customer Number

Company Name

Address

City State Zip + 4 (9 digits)

(Area Code) Phone Number Fax Number

email address

**Owner Information (Customer 2)**

First Name Last Name Commerce Customer Number

Company Name

Address

City State Zip + 4 (9 digits)

(Area Code) Phone Number Fax Number

email address

**Make checks payable to Dept. of Commerce, Attach check here.**

**Total amount due (From Page 3) $_____**
**Minimum Fee $85.00**
**(except for Cross Control Connection Registrations in Non-Health Care - $30.00)**

**Revenue Code 7657**

SBD-6154 (R. 12/2010)

**THIS FORM IS VALID THROUGH January 2012**

**SUBMIT ADDITIONAL PAGE 2 FOR EACH NON-IDENTICAL BUILDING OR TENANT SPACE**

## 5. BUILDING SPECIFIC INFORMATION

( ) New ( )Addition/Alteration ( )Revision to Previously Approved plan where approved construction has not been completed ( )Sovent/Provent must be submitted to the Green Bay office. ( )Multi Purpose Piping must be submitted to the Madison office. ( )Structure is greater or equal to 5 stories in height
( ) Project is Apartment/Condo only ( )Healthcare Related Facility ( )Multiple identical buildings Number of identical buildings being submitted ___
(NOTE: Must be on same site)

**Indicate Building/Tenant Designation for Each Building and/or Tenant Space (Attach Additional Pages if Necessary)**

| Building/Facility Name/Designation | Previous Tenant Name | Building/Facility Address |
|---|---|---|
| | | |

| **Item Description – Indicate items included with this submittal for this building** | **Fee Computations (doubled for installation without approval) (Check appropriate box and enter fee) Calculate the fees separately for each building.** | **Required Fee** |
|---|---|---|
| **Indicate here the total number of interior fixtures, including roof drains and hose bibs being submitted for this building.** **TOTAL #_____** | | |
| **6. BUILDING SPECIFIC SANITARY:** **Select ONE of the following six options and enter the corresponding diameter or Drainage Fixture Units (DFU) and enter fee** | | |
| 1. ( ) Interior **Sanitary Drain & Vent** System and Exterior **Sanitary Building Sewer** | Diameter of sanitary building sewer(s) in inches.____ x $50.00 | |
| 2. ( ) Interior **Sanitary Drain and Vent** system only. | Diameter of sanitary building sewer, in inches, required to serve the building._____x $50 | |
| 3. ( ) Exterior **Sanitary Building Sewer**(s) only. | Diameter of sanitary building sewer(s) in inches.____ x $30.00 | |
| 4. ( ) Interior **Sanitary Drain and Vent** system within an addition or remodeled building. | _____ DFU's new, added or relocated<br>See fee Table 1 on page 4 to convert DFU to a fee | |
| 5. ( ) Multiple exterior **Sanitary Building Sewers** serving the single building, and the interior **Sanitary Drain and Vent system** | _____ DFU's new, added or relocated<br>See fee Table 1 on page 4 to convert DFU to a fee | |
| 6. ( ) Interior **Sanitary Drain and Vent System** with multiple building drains exiting the building, no exterior sanitary building sewers | _____ DFU's new, added or relocated<br>See fee Table 1 on page 4 to convert DFU to a fee | |
| **7. BUILDING SPECIFIC WATER:** **Select ONE of the following six options and enter the corresponding diameter or Gallons Per Minute (GPM) and enter fee** | | |
| 1. ( ) Interior **Water Distribution** system and exterior **Water Service** | Diameter of exterior water service in inches, or if serving a combination domestic and fire sprinkler system, diameter of interior water distribution immediately after the meter or at the building control valve in inches…_____x $50 | |
| 2. ( ) Interior **Water Distribution** system, no exterior water service | Diameter of interior water distribution immediately after the meter or at the building control valve in inches. _____x $50 | |
| 3. ( ) Exterior **Water Service(s)**, no interior Water Distribution system | Diameter of exterior water service in inches.. _____x $30 | |
| 4. ( ) Interior **Water Distribution** system within an addition or remodeled building, no exterior Water Service | _____GPM added or relocated<br>See fee Table 2 on page 4 to convert GPM to a fee | |
| 5. ( ) Multiple **exterior Water Services** serving the single building, and the interior **Water Distribution** system | _____GPM<br>See fee Table 2 on page 4 to convert GPM to a fee | |
| 6. ( ) Interior **Water Distribution** system with multiple services exiting the building, no exterior Water Services | _____GPM<br>See fee Table 2 on page 4 to convert GPM to a fee | |
| **8. Indicate the number of items below included with this submittal.** | | |
| ( ) Grease Interceptor | Number of Grease Interceptors… ____x $85.00, no additional fee if submitted with Sanitary Drain & Vent | |
| ( ) Garage Catch Basin | Number of Garage Catch Basins…____x $85.00, no additional fee if submitted with Sanitary Drain & Vent | |
| ( ) Oil Interceptor | Number of Oil Interceptors…____x $85.00, no additional fee if submitted with Sanitary Drain & Vent | |
| ( ) Car Wash Interceptor | Number of Car Wash Interceptors…____x $85.00, no additional fee if submitted with Sanitary Drain & Vent | |
| ( ) Sanitary Dump Station | Number of Sanitary Dump Stations…____x $85.00, no additional fee if submitted with Sanitary Drain & Vent | |
| ( ) Mixed Wastewater Holding Device | Number of Mixed Wastewater Holding Devices…____x $85.00, no additional fee if submitted with Sanitary Drain & Vent | |
| ( ) Chemical System (Not Eyewash **or emergency showers**) | Number of Chemical Systems…____x $85.00, no additional fee is submitted with Sanitary Drain & Vent | |
| ( ) Cross Connection Control Assemblies in **Health Care Related Facilities to be reviewed (List on Page 5)** | Number of Cross Connection Control Assemblies... _____x$170 | |
| ( ) Request to Register Cross Connection Control Assemblies in **Non-Health Care (List on Page 5)** | Number of Cross Connection Control Assemblies... _____x$30 | |
| ( ) **Site specific commercial water treatment device treating contaminants regulated by NR 809 (submit to Madison only)**<br>( ) **Water Reuse System** - Graywater/ Blackwater/Stormwater (submit to Green Bay) ( ) **Water Reuse System** – Subsurface/ Infiltration(submit to Green Bay only) | $160.00 minimum for each reuse treatment system. (NOTE: Additional fees will be charged at $80/hr if review time exceeds 2 hours.) | |

Page Fee Subtotal _____

_____Number of identical buildings X above Fee Subtotal. Fee Subtotal (carry to bottom of Page 3) _____

| 9. | SITE SPECIFIC INFORMATION: | |
|---|---|---|
| **Check and complete diameter information if included in this submittal** | **Fee Computations (doubled for installation without approval)**<br>**(Check appropriate box and make fee computation)** | **Required Fee** |
| **STORM - All Storm piping is considered site specific.** If the plan includes subsurface infiltration, submit only to Green Bay or Hayward. | | |
| **Indicate total number of exterior fixtures such as storm drain inlets submitted with this application** _____<br><br>Check all that apply<br><br>( ) **Interior storm drain system** with a **clearwater drain system**<br>(If submitting interior storm only, use the roof area to determine the drainage area for fees.)<br><br>( ) **Interior storm drain system** without a clearwater drain system<br>(If submitting interior storm only, use the roof area to determine the drainage area for fees.)<br><br>( ) **Storm Building Sewer**<br><br>( ) **Storm Private Interceptor Main Sewer** | Drainage area **served by the storm plumbing system** is:<br>(Check one and enter corresponding information)<br><br>A. ( ) Less than or equal to 1 acre drainage to the plumbing system with a single discharge point<br>_____ diameter at discharge point in inches X $15/inch | |
| | B. ( ) Less than or equal to 1 acre drainage to the plumbing system with multiple discharge points<br>____Total GPM discharge. See Table 3 on next page.<br>to convert GPM to a fee | |
| | C. ( ) Greater than 1 acre drainage to the plumbing system. Acres_____<br>SeeTable 4 on next page to convert acres to a fee.<br><br>NOTE: Maintenance plan submittal required | |
| ( ) **Storm water and/or clear water Subsurface Infiltration** for Public Building **submitted with or without a storm piping system**<br>Storm System Infiltration volume (gal) _____<br>Select Green Bay or Hayward offices for plans with infiltration and other plumbing systems. | • If this submittal is infiltration WITH storm, indicate $200.00 in the fee column. | |
| | • If submitting infiltration WITHOUT storm, calculate the corresponding fee in A, B, or C above as if you were submitting those elements and enter here_____.<br>Add $200.00 and enter the total fee in the fee column. | |
| ( ) **Clearwater drain system** without an interior storm drain system | $15.00/inch diameter of each clearwater drain system<br>Inches _____ X $15/inch | |
| **SANITARY** | | |
| ( ) Submittal of **Sanitary Private Interceptor Main Sewer**<br>Indicate the number of independent connections to the municipal sewer or POWTS _____ | Sum of largest PIMS diameters in inches.. ___x $30/inch<br>(Compute for each independent system and total.) | |
| **WATER** | | |
| ( ) **Private Water Main**<br>Indicate the number of independent connections to the municipal water main or well pressure tank _____ | Sum of water main diameters in inches..___x $30/inch<br>(Compute for each independent system and total.) | |

**10. If the submittal is for a Manufactured Home Community and/or Campground/ Recreational Vehicle Park, indicate the number of sites and enter fee:**

| Mobile/Manufactured Home Park and/or Campground/Recreational Vehicle Park | Required Fee | Mobile/Manufactured Home Park and/or Campground/Recreational Vehicle Park | Required Fee | |
|---|---|---|---|---|
| ( ) 1-25 Sites | $300.00 | ( ) 51-125 Sites | $400.00 | |
| ( ) 26-50 Sites | $350.00 | ( ) Greater than 125 | $500.00 | |
| **Mobile Home Park and/or Campground/Recreational Vehicle Park submittal includes:** | | | | |

( ) Sanitary Dump Station

( ) Exterior Sanitary Sewer

( ) Sanitary Private Interceptor Main Sewer

( ) Exterior Water Service

( ) Private Water Main

| 11. OTHER FEES | | |
|---|---|---|
| ( ) Plan Approval Extension (1 year maximum) | $120.00 | |
| ( ) Revision to previously approved plans **(list Regulated Object Number(s) from the approval letter that are being revised)** | $85.00 Required – NOTE: Must be scheduled with office that previously reviewed the plans | |
| ( ) Experimental Plumbing System (Submit to Madison Office) | Number of Experimental Plumbing Systems…_____ x $1,000.00 | |
| ( ) Alternate Plumbing System (Submit to Madison Office) | Number of Alternate Plumbing Systems… _____ x $800.00 | |
| | **Subtotal From Page 2 (include subtotals from additional Page 2s if used)** | |
| | **Enter Total Fee Here and at Bottom of First Page** | |

## Table 1

| DRAINAGE FIXTURE UNIT (DFU ) FEE TABLE | | |
|---|---|---|
| **DFU** | **Pipe Diameter** | **Fee (diameter X $50)** |
| 1 | 1 1/4 | $50 |
| 2-3 | 1 1/2 | $65 |
| 4-6 | 2 | $75 |
| 7-20 | 3 | $150 |
| 21-160 | 4 | $200 |
| 161-360 | 5 | $250 |
| 361-620 | 6 | $300 |
| 621-1400 | 8 | $400 |
| 1401-2500 | 10 | $500 |
| 2501-3900 | 12 | $600 |

## Table 2

| WATER DISTRIBUTION FEE TABLE | | | |
|---|---|---|---|
| Comm 82.36 Table 2.64-2 | | | |
| **GPM** | | | **Fee** |
| 1 | to | 6 ..... | $25.00 |
| 7 | to | 12 ..... | $35.00 |
| 13 | to | 21 ..... | $50.00 |
| 22 | to | 31 ..... | $60.00 |
| 32 | to | 46 ..... | $75.00 |
| 47 | to | 77 ..... | $100.00 |
| 78 | to | 119 ..... | $125.00 |
| 120 | to | 170 ..... | $150.00 |
| 171 | to | 298 ..... | $175.00 |

## Table 3

| STORM GALLONS PER MINUTE (GPM) FEE TABLES | | |
|---|---|---|
| **GPM** | **Diameter** | **Fee (diameter X $15/inch)** |
| 1-50 | 3 | $45 |
| 51-115 | 4 | $60 |
| 116-195 | 5 | $75 |
| 196-320 | 6 | $90 |
| 321-700 | 8 | $120 |
| 701-1300 | 10 | $150 |
| 1301-2200 | 12 | $180 |
| 2201-4050 | 15 | $225 |
| 4051-6700 | 18 | $270 |
| 6701-9880 | 21 | $315 |
| 9881-14700 | 24 | $360 |

## Table 4

| STORM AREA FEE TABLE | |
|---|---|
| **Acres (area drained to a plumbing system)** | **Fee** |
| Greater than 1 to 5 | $350 |
| Greater than 5 to 15 | $500 |
| Greater than 15 | $600 |

43,560 sq ft = 1 acre

**12. Agent Municipalities** (See Comm Table 82.20 - 2 for agent plan submittals.) Cities of:

| | | |
|---|---|---|
| Appleton | Janesville* | Milwaukee |
| Eau Claire | Madison | Oshkosh |
| Green Bay | | West Bend* |

NOTE: Plans must be submitted to agent, unless waived by them.
*EXCEPTION: A project in Janesville or West Bend may be submitted to the state or to Janesville or West Bend
Some agents are delegated plan review for infiltration systems. See website at http://commerce.wi.gov/SB/SB-PlumbingAgentMunis.html for the current list.

| | | | | |
|---|---|---|---|---|
| **Madison S&BD**<br>201 W Washington Ave<br>53703<br>PO Box 7162<br>Madison WI 53707-7162<br><br>608-266-3151<br>TTY: Contact Through Relay<br><br>Fax: (for sending questions or additional info to reviewers)<br>608-267-9566 | **Hayward S&BD**<br>10541N Ranch Rd<br>Hayward WI 54843<br><br>715-634-4870<br><br>Fax: (for sending questions or additional info to reviewers)<br>715-634-5150 | **LaCrosse S&BD**.<br>**3824 Creekside La**<br>**Holmen WI 54636**<br><br>608-785-9334<br><br>Fax: (for sending questions or additional info to reviewers)<br>608-785-9330 | **Green Bay S&BD**<br>2331 San Luis Place<br>Green Bay, WI 54304<br><br>920-492-5601<br><br>FAX: (for sending questions or additional<br>info to reviewers)<br>920-492-5604 | **Waukesha S&BD**<br>141 NW Barstow St<br>4th Floor<br>Waukesha WI 53188-3789<br><br>262-548-8600<br><br>Fax: 262-548-8614<br>**The Waukesha office is currently not available for plumbing appointments. Watch the web site for updates.** |

DO NOT SUBMIT THIS PAGE AS PART OF SCHEDULE REQUEST

## 14. CROSS CONNECTION CONTROL ASSEMBLY INFORMATION

All Cross Connection Control (CCC) Assembly registration (except for Health Care and related facilities) and test results can be done online for a reduced fee at http://Commerce.wi.gov/SB.
All CCC Assemblies shown on plan must be registered with this submittal. If the CCC Assembly is already registered prior to review of the plans, indicate the Regulated Object # below.

( ) Check if Healthcare and Related Facilities (see below for definition)
Water Supply Source: Check one ( ) Municipal Water System ( ) Other than municipal, non-community or private water system. See NR 811 and 812 for definitions.

| REGULATED OBJECT # | Assembly Type* | Facility Name | Size | Mfg. | Assembly Model | Serial Number | Specific Location of Assembly | Assembly Is Serving |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

*
PVB Pressure vacuum breaker assembly – ASSE 1020 + CAN/CSA B64.1.2
RP Reduced pressure principle backflow preventer – ASSE 1013 + CAN/CSA B64.4
RPD Reduced pressure detector fire protection backflow preventer assembly – ASSE 1047
SVB Spill resistant vacuum breaker – ASSE 1056 + CAN/CSA B64.1.3

"Health care and related facility" means a hospital, nursing home, community-based residential facility, county home, infirmary, inpatient mental health center, inpatient hospice, ambulatory surgery center, adult daycare center, end stage renal facility, facility for the developmentally disabled, institute for mental disease, urgent care center, clinic or medical office, child caring institution, or school of medicine, surgery or dentistry.

**Note: Be aware that State Plan Review & Approval is separate from Local Permits. Always check with the local municipality and county for their requirements.**

**Per Comm 82.20 (6), one set of approved plans shall be kept at the construction site.**

**15. PLAN SUBMITTAL SHALL INCLUDE THE FOLLOWING IN ACCORD WITH CODE SECTION Comm 82.20.**

Two complete sets of plumbing plans and specifications (including detailed information on types of materials and fixtures) (maximum of five). Make sure your submittal is complete! Incomplete submittals will result in delays or loss of appointment.

Plans shall include:

1. Plot plan showing size and pitch of sanitary and/or storm sewer and water.
2. Floor plan showing horizontal drains, water distribution lines, and all fixtures and equipment to be installed.
3. 30/60° isometric diagrams of the drain, vent and water distribution systems. Indicate water supply and drainage fixture unit loads at each change in pipe diameter.
4. Complete water calculations in accord with s. Comm 82.40 (7).
5. Complete storm drain sizing calculations in accordance with s. Comm 82.36 (5).
6. Remodeling or additions shall include existing loads.
7. Water Quality Management Letter if required by s. Comm 82.20 (4) (b).
8. For storm water plans, submit appropriate architectural roof drainage plans, site grade run off plans and contour lines showing what is drained to the plumbing system. Show all pipe sizes and discharge rates after every inlet.
9. For infiltration systems, submit Soil and Site Evaluation Form SBD-10793.
10. All plans must be properly signed as Comm 82.20 (4)(c). Plans involving more than one sheet must be **BOUND** into sets.
11. For water re-use submittals include information requested in the product approval.
12. Complete sizing calculations for all grease interceptors.

**16. Other Potential Plan Submittals Required For A Project?**

- Petition for Variance – Submit form SBD-9890-X
- Private sewage systems under chapters Comm 81-85
- Buildings under Comm 61-66
- Elevators or Escalators under chapter Comm 18
- Swimming Pools or other Aquatic Centers within a Commercial/Public Facility under chapter Comm 90
- Tank storage of 5,000 gallons or more of flammable or combustible liquids under chapter Comm 10
- Fixtures which require water or waste connections may need product approval.
- There is no state electrical plan review
- UDC permit information and application packet available online at http://commerce.wi.gov/SB/SB- DivForms.html

Contact the Safety & Buildings Division for individual submittal requirements for all of the above.

For licensing of Hotels, Motels, Restaurants, Pools, Campgrounds and Bed & Breakfast establishments contact the WI Environmental Sanitation Section at (608) 266-2835.
The Wisconsin Permit Center at 1-800-435-7287 may be able to help you with other state permit requirements.

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**(13)** CROSS CONNECTION CONTROL REGISTRATION. (a) Registration, as specified in sub. (1) (c), shall be submitted in a format acceptable to the department.

**Note:** The forms required in this chapter are available from the Safety and Buildings Division, P.O. Box 7162, Madison, WI 53707−7162, or at telephone (608) 266−3151 and (608) 264−8777 (TTY), or at the Safety and Buildings' web site at www.commerce.state.wi.us.

(b) The form for registering cross connection control devices and assemblies with the department shall include at least all of the following information:

1. The building or facility name and address where the device or assembly is or will be installed.

2. The location of the cross connection control device or assembly within the building or facility.

3. A description of the cross connection control device or assembly including the size, model number, serial number and manufacturer.

4. The name of the owner or owner's agent submitting the registration form and contact information.

(c) Each registration form submitted shall be accompanied by the appropriate fee in accordance with s. Comm 2.645.

(d) Upon receipt of a completed registration form, the department shall issue written confirmation of registration including a department assigned identification number for each cross connection control device or assembly.

(e) Upon permanent removal or replacement of any reduced pressure principle backflow preventer, reduced pressure fire protection principle backflow preventer, spill resistant vacuum breaker, reduced pressure detector fire protection backflow prevention assembly, or pressure vacuum breaker, the owner shall notify the department in writing using a format acceptable to the department.

**(14)** PENALTIES. Penalties for violations of this chapter shall be assessed in accordance with s. 145.12, Stats.

**History:** Cr. Register, February, 1985, No. 350, eff. 3−1−85; am. (1) (intro.), r. and recr. Tables 82.20−1 and 82.20−2, r. (5), renum. (6) to (12) to be (5) to (11), cr. (5) (intro.) and (12), Register, May, 1988, No. 389, eff. 6−1−88; correction in (1) (b) 1. made under s. 13.93 (2m) (b) 7., Stats., Register, May, 1988, No. 389; am. (4) (c) 2. intro. and 4. a. and b., Register, February, 1991, No. 422, eff. 3−1−91; am. (4) (c) 3.a., Register, August, 1991, No. 428, eff. 9−1−91**;** am. (1) (intro.), (a), (4) (a) to (c) 1., (5) (a), (b) and Tables 82.20−1 and 82.20−2, renum. (4) (d) and (e) to be (4) (d) 1. a. and b. and am. (4) (d) 1. a., cr. (4) (d) 2., Register, February, 1994, No. 458, eff. 3−1−94; correction in (7) made under s. 13.93 (2m) (b) 7., Stats., Register, February, 1994, No. 458**;** corrections made under s. 13.93 (2m) (b) 7., Stats., Register, October, 1996, No. 490; am. Tables 82.20−1, 2, (1) (b) 2., Register, February, 1997, No. 494, eff. 3−1−97**;** correction in (13) made under s. 13.93 (2m) (b) 7., Stats., Register, February, 2000, No. 530; am. Tables 82.20−1 and 82.20−2, r. (4) (b), Register, July, 2000, No. 535, eff. 9−1−00; cr. (4) (e), r. and recr. (11) and (12), am. Table 82.20−1, Register, December, 2000, No. 540, eff. 1−1−01; CR 02−002: am. (1) (intro.) and Tables 82.20−1 and 82.20−2, r. and recr. (1) (a), r. (1) (b) 2. and (4) (d), renum. (1) (b) (intro.), and 1., (4) (c), (e) and (13) to be (1) (b) 1. and 2., (4) (b), (d) and (14) and am. (4) (b) (intro.) and 2. (intro.), cr. (1) (c), (4) (c) and (13) Register April 2003 No. 568, eff. 5−1−03; CR 02−129: am. (title), (1) (intro) and (c), and (13) (e) Register January 2004 No. 577, eff. 2−1−04; CR 04−035: am. Tables 82.20−1 and 82.20−2 Register November 2004 No. 587, eff. 12−1−04; CR 06−119: am. (5) (intro.), (12) (a) 3. and (b) 3. Register July 2007 No. 619, eff. 8−1−07; **CR 08−055: am. (1) (c) (intro.), (4) (b) 2. (intro.), (13) (e), Tables 82.20−1 and 82.20−2 Register February 2009 No. 638, eff. 3−1−09; correction in (3) made under s. 13.92 (4) (b) 7., Stats., Register February 2009 No. 638.**

**Comm 82.21 Testing and inspection. (1)** TESTING OF PLUMBING SYSTEMS. Except as provided in par. (a), all new plumbing and all parts of existing systems which have been altered, extended or repaired shall be tested as specified in sub. (2) to disclose leaks and defects before the plumbing is put into operation.

(a) *Waiver of testing.* 1. The testing of the plumbing shall not be required where the installation does not include the addition, replacement, alteration or relocation of any water distribution, drain or vent piping.

2. a. Field testing the installation of a storm building sewer and a storm private interceptor main sewer is not required.

b. The joints and connections to be employed for storm building sewer piping shall conform with s. Comm 84.40 (1) (a).

(b) *Local inspection.* Where the plumbing is installed in a municipality having a local inspector, the testing of the plumbing shall be done in the presence of a plumbing inspector, except as provided in subd. 1. b.

1. 'Notice of inspection.' a. The plumber responsible for the installation shall notify the plumbing inspector in person, by telephone or in writing when the work is ready for inspection.

b. Testing may be done without the presence of the inspector, if the master plumber responsible for the installation obtains the inspector's permission to provide a written test report in a format acceptable to the inspector.

**Note:** See the appendix for a sample affidavit form.

2. 'Preparations for inspection.' When the installation is ready for inspection, the plumber shall make such arrangements as will enable the plumbing inspector to inspect all parts of the plumbing system. The plumber shall have present the proper apparatus and appliances for making the tests, and shall furnish such assistance as may be necessary in making the inspection.

3. 'Rough−in inspection.' A rough−in inspection shall be made when the plumbing system is roughed−in and before fixtures are set. Except as provided in subd. 1., plumbing work shall not be closed in, concealed, or covered until it has been inspected and approved by the plumbing inspector and permission is granted to do so.

4. 'Final inspection.' a. Upon completion of the plumbing installation and before final approval is given, the plumbing inspector shall inspect the work.

b. Municipalities may require that a final test be conducted in accordance with sub. (2) (h) and that the final test, when required by the municipality, shall be observed by the plumbing inspector.

5. 'Reinspections.' Whenever the plumbing official finds that the work or installation does not pass any initial test or inspection, the necessary corrections shall be made to comply with this chapter. The work or installation shall then be resubmitted for inspection to the plumbing inspector.

(c) *Inspection of one−and 2−family dwellings.* The inspection of plumbing installations for one− and 2−family dwellings shall be in accordance with ss. Comm 20.08 to 20.11.

**(2)** TESTING PROVISIONS. (a) *General.* The testing of plumbing installations shall be conducted in accordance with this paragraph.

1. 'Equipment, material and labor for tests.' All equipment, material and labor required for testing a plumbing system or part thereof shall be furnished by the plumber responsible for the installation.

2. 'Exposure of work.' Except as provided in pars. (b) and (e), all new, altered, extended or replaced plumbing shall be left uncovered and unconcealed until it has been tested. Where the work has been covered or concealed before it is tested, it shall be exposed for testing.

(b) *Sanitary building sewer and sanitary private interceptor main sewer.* A sanitary building sewer and a sanitary private interceptor main sewer shall be tested for leaks and defects with water or air before or after being covered in accordance with either subd. 1. or 2. The test for leaks and defects may be applied to the entire building sewer or private interceptor main sewer or in sections. For the purposes of this subdivision, the testing of a building sewer or private interceptor main sewer is not required to include the manholes serving the sewer.

1. The building sewer or private interceptor main sewer shall be tested by insertion of a test plug at the point of connection with the public sewer. The sewer shall then be filled with water under a head of not less than 10 feet. The water level at the top of the test head of water shall not drop for at least 15 minutes.

2. The air test shall be made by attaching an air compressor testing apparatus to any suitable opening, and, after closing all other inlets and outlets to the system, forcing air into the system until there is a uniform gauge pressure of 3 pounds per square inch. This pressure shall be held without introduction of additional air for a period of at least 15 minutes.

**Unofficial Text (See Printed Volume). Current through date and Register shown on Title Page.**

(c) *Building drain.* The entire building drain with all its branches, receptacles and connections shall be brought so far as practical to the surface or grade of the basement floor and shall be tested with water or air in accordance with par. (g).

(d) *Drain and vent systems.* The piping of a drain and vent systems, including conductors, shall be tested upon completion of the rough piping installation with water or air in accordance with par. (g).

(e) *Private water mains and water services.* Private water mains and water services shall be inspected before being covered. The private water mains and water services shall be tested and proven water tight under water pressure not less than the working pressure under which it is to be used. The water used for testing shall be obtained from a potable source of supply.

**Note:** Standard NFPA 24 for combination water services and combination private water mains may include more stringent requirements for testing.

(f) *Water distribution system.* The piping of a water distribution system shall be tested and proved water tight under a water pressure not less than the working pressure under which it is to be used. The water used for tests shall be obtained from a potable source of supply.

(g) *Test methods for drain and vent systems.* A test for watertightness shall be applied to the entire drain and vent system at one time or to the entire system in sections after the rough piping has been installed in accordance with either subd. 1. or 2.

1. If applied to the entire system, all openings in the piping shall be tightly closed, except the highest opening, and the system shall be filled with water to the point of overflow. If the system is tested in sections, each opening shall be tightly plugged except the highest opening of the section under test, and each section shall be filled with water, but a section shall not be tested with less than a 10 foot head of water. In testing successive sections, at least the upper 10 feet of the next preceding section shall be tested, so that no joint or pipe in the building, except the uppermost 10 feet of the system, is subjected to a test of less than a 10 foot head of water. The water shall be kept in the system or in the portion under test for at least 15 minutes before inspection starts. The system shall then be tight at all points.

2. The air test shall be made by attaching an air compressor testing apparatus to any suitable opening, and, after closing all other inlets and outlets to the system, forcing air into the system until there is a uniform gauge pressure of 5 pounds per square inch or sufficient to balance a column of mercury 10″ in height. This pressure shall be held without introduction of additional air for a period of at least 15 minutes.

(h) *Final test.* Where required by the local plumbing inspector, after the plumbing fixtures have been installed and the traps filled with water, the connections shall be tested and proved gas and watertight by either one of the methods specified in subd. 1. or 2.

1. The smoke test shall be made by introducing a pungent, thick smoke, produced by one or more smoke machines, into the completed system. When the smoke appears at stack openings on the roof, the openings shall be closed and a pressure equivalent to a one inch water column shall be built and maintained for the period of the inspection.

2. The air test shall be made by attaching a gauge to any suitable opening and, after closing all other inlets and outlets in the system, adding air into the system until a pressure equivalent to a one inch water column exists. The pressure shall remain constant for at least a 5−minute test period without the introduction of additional air.

**History:** Cr. Register, February, 1985, No. 350, eff. 3−1−85; r. and recr. (1) (d) 5., am. (1) (d) 7. intro., Register, May, 1988, No. 389, eff. 6−1−88; correction in (1) (c) made under s. 13.93 (2m) (b) 7., Stats., Register, May, 1988, No. 389**;** renum. (1) (a) and (2) (b) to (i) to be (1) (a) 1. and (2) (a) to (h), r. (2) (a), cr. (1) (a) 2. and (3), r. and recr. (1) (d) 1. (intro.), am. (1) (d) 2. (intro.), Register, February, 1994, No. 458, eff. 3−1−94**;** am. (3) (b) 3., Register, October, 1996, No. 490, eff. 11−1−96; am. (3), Register, February, 1997, No. 494, eff. 3−1−97; r. and recr. (2) (a) and (3), cr. Table 82.21−1, Register, December, 2000, No. 540, eff. 1−1−01; CR 02−002: r. and recr. (1) (b) 4. b. and (2) (d), am. (1) (d) 8. b. Register April 2003 No. 568, eff. 5−1−03; CR 04−035: am. Table 82.21−1 Register November 2004 No. 587, eff. 12−1−04; **CR 08−055: am. (title) and (1) (intro.), r. and recr. (1) (b) 1. b., r. (2) and Table 82.21−1, renum. (1) (d) and (3) to be (2) and Comm 82.22 (9) Register February 2009 No. 638, eff. 3−1−09; corrections in (1) (b) 4. b., (2) (a) 2., (b) (intro.), (c), (d), (g) (intro.) and (h) (intro.) made under s. 13.92 (4) (b) 7., Stats., Register February 2009 No. 638.**

**Comm 82.22 Maintenance and repairs. (1)** GENERAL. (a) All plumbing systems, both existing and new, and all parts thereof, shall be maintained in a safe and sanitary condition.

(b) All devices or safeguards that are required by this chapter shall be maintained in good working order.

(c) The owner shall maintain plumbing systems.

**(2)** EXISTING SYSTEMS. (a) Except as specified in par. (b), any existing plumbing system may remain and maintenance continue if the maintenance is in accordance with the original system design and any of the following:

1. The plumbing system was installed in accordance with the code in effect at the time of installation.

2. The plumbing system conforms to the present code.

(b) When a hazard to life, health or property exists or is created by an existing system, that system shall be repaired or replaced.

**Note:** A cross connection is considered a health hazard by the department.

(c) Existing sewers and water services may only be connected to new buildings when determined by examination and test to conform to the requirements of this chapter.

**(3)** FIXTURES REPLACED. (a) When a fixture, appliance or section of pipe is replaced, the replacement fixture, appliance or pipe shall conform to the provisions of this chapter.

(b) Where the existing drain or vent piping does not conform to the current provisions of this chapter, the department may require the new fixtures to be provided with deep seal traps.

**(4)** PLUMBING REUSED. (a) 1. Except as provided in par. (b) plumbing materials, fixtures or devices removed and found to be in good condition may be reused if such reuse is approved by the department or a local plumbing inspector.

2. The owner of the building or facility in which the reused materials are to be installed shall provide written consent.

(b) Water supply piping materials may only be reused when the intended use involves an equal or higher degree of hazard than the previous use as specified in Table 82.70–1.

**(5)** REPAIRS. All repairs to fixtures, devices or piping shall be completed in conformance with the provisions of this chapter, except repair clamps or bands may be used for emergency situations.

**(6)** DEMOLITION OF STRUCTURES. When a structure is demolished or removed, all sanitary sewer, storm sewer and water supply connections shall be sealed and plugged in a safe manner.

**(7)** DEAD ENDS. If a dead end is created in the removal of any part of a drain system, all openings in the drain system shall be properly sealed.

**(8)** TESTING OF CROSS CONNECTION CONTROL ASSEMBLIES. (a) The performance testing requirements of this subsection apply to all cross connection control assemblies regardless of date of installation.

**Note:** For further clarification see Table 82.22–1.

(b) 1. A performance test shall be conducted for the assemblies listed in Table 82.22–1 at all of the following intervals:

a. At the time of installation.

b. Immediately after repairs or alterations to the assembly have occurred.

c. At least annually.

2. The performance test shall be conducted using the appropriate test standard for the assembly as specified in Table 82.22–1.

3. A cross connection assembly performance test shall be conducted by an individual registered by the department in accordance with s. Comm 5.99.

commerce.wi.gov
Wisconsin Department of Commerce

# Cross Connection Control Performance Test

Safety and Buildings Division
P.O. Box 7302
Madison, WI 53707-7302
Fax: (608) 267-9723
TTY: (608) 264-8777
http://www.commerce.wi.gov
http://www.wisconsin.gov

**Regulated Object Number**: _____ _____ _____ _____ _____ _____ _____ _____

Personal information you provide may be used for secondary purposes [Privacy Law, s.1504 (1)(m)].

## OWNER INFORMATION

**Please print clearly in ballpoint pen.**

| | |
|---|---|
| Owner Name | Street Address |
| City State Zip Code | Owner's Contact Person / Telephone Number ( ) |

## FACILITY INFORMATION

| | | |
|---|---|---|
| Facility Name | Street Address | |
| City Zip Code | County | |
| Assembly Location | Assembly is Serving | |
| Manufacturer | Model | Serial Number |

**Size** _____ **Assembly Type** ( ) **RP** ( ) **RP Detector** ( ) **PVB** ( ) **SRVB**

**Water Supply Source: Check One ( ) Municipal Water System ( ) Other than municipal, non-community or private water system. See NR 811 and 812 for definitions.**

**INITIAL TEST**

| RP relief valve | 1ST check | 2nd check |
|---|---|---|
| Opened at _____ PSID | ☐ Closed tight | ☐ Closed tight |
| ☐ Did not open | ☐ Leaked | ☐ Leaked |
| | Static _____ PSID | Static _____ PSID |

**FINAL TEST**

| | | |
|---|---|---|
| Opened at _____ PSID | ☐ Closed tight | ☐ Closed tight |
| | Static _____ PSID | Static _____ PSID |

**DETECTOR BYPASS ASSEMBLY INITIAL TEST**

| RP relief valve | 1ST check | 2nd check |
|---|---|---|
| Opened at _____ PSID | ☐ Closed tight | ☐ Closed tight |
| ☐ Did not open | ☐ Leaked | ☐ Leaked |
| | Static _____ PSID | Static _____ PSID |

**DETECTOR BYPASS ASSEMBLY FINAL TEST**

| | | |
|---|---|---|
| Opened at _____ PSID | ☐ Closed tight | ☐ Closed tight |
| | Static _____ PSID | Static _____ PSID |

**PVB/SRVB INITIAL TEST**

| Air inlet valve | Check valve |
|---|---|
| Opened at _____PSID | ☐ Closed tight |
| ☐ Did not open | ☐ Leaked |
| | Static _____ PSID |

**PVB/SRVB FINAL TEST**

| Air inlet valve | Check Valve |
|---|---|
| Opened at _____PSID | ☐ Closed tight |
| | Static _____ PSID |

**ASSEMBLIES IN FIRE PROTECTION SYSTEMS** Note: Include hose stream demand where applicable

Forward Flow Test

Designed flow rate_____GPM Actual flow rate _____GPM

Indicating Control Valves

☐ No. one control valve open ☐ No. two control valve open Valve supervision: ☐ Tamper switch ☐ Locked

Part (s) Replaced/Comments _____

I HEREBY CERTIFY THE TEST RESULTS ARE TRUE AND THE TEST WAS CONDUCTED BY ME PERSONALLY.

Tester Name (print) _____ Registration No. _____ Time of Day _____

Tester Signature _____ Phone No. _____ Date _____