



4398 Pua Loke Street  
Lihue, Kauai, Hawaii 96766

**NEW/RENEWAL APPLICATION FOR AGRICULTURAL RATE**

In accordance with the provisions of Department of Water (Rules and Regulations, Part 4, Fixing Rates for the Furnishing of Water Service in the County of Kauai). I hereby apply for the Agricultural Rate for all water drawn through the below described water service.

Customer Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_ Residence Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Premise Location \_\_\_\_\_ No. of Dwelling Served \_\_\_\_\_

Area Under Cultivation \_\_\_\_\_

\*\*\*Estimated Year Gross Sales \_\_\_\_\_

\*\*\*Please attach one (1) copy of your current General Excise/Use Tax Return Form G-45 and General Excise Tax License.

\*\*\*General Excise Tax License I.D. \_\_\_\_\_

I certified that I actively engaged on a commercial basis in:  Agriculture  Stock Raising  Dairy Farming

I have met the installation, testing and certification requirements of Reduce Backflow Prevention Assembly (BFPA). (See attachment 1)

I understand that if this application is approved, the Agricultural Rate will continue in effect for the remainder this fiscal year unless I cease being actively engaged on a commercial basis in agriculture, stock raising or dairy farming. Application for Agricultural Rate shall be renewed annually and should be submitted no later than June 30<sup>th</sup> of each fiscal year. The agricultural rate will be cancelled if application is not renewed.

The Department of Water reserves the right to limit to restrict water flow to agricultural uses in the event of water shortages or in the event water service to domestic users is disrupted or lowered because of agricultural water use.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF SERVICE HOLDER

**(FOR DOW USE ONLY)**

Inspected: \_\_\_\_\_

Application No. \_\_\_\_\_

Approval Recommended:  YES  NO

Justification: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved  Denied

\_\_\_\_\_  
INVESTIGATOR

\_\_\_\_\_  
BILLING SUPERVISOR

\_\_\_\_\_  
DATE

## ATTACHMENT 1

### Application for Agricultural Water Rates Reduce Pressure Backflow Prevention Assemble (BFPA), October 2010

The following information will apply to the applicant who is applying for or is renewing their application for the agricultural water rate from the Department of Water (DOW). The process for the installation and test certification of a backflow preventer assemble that is located at the DOW water meter service is described as follows:

In order to provide proper sanitary protection to the DOW's water supply, the installation of a "BFPA" will prevent the backflow or the undesirable reversal of flow of water back into the Department's portable water system and protect the County's drinking water system from *potential* contamination from the consumer side of the meter.

Backflow is the undesirable reversal of flow of water into the DOW's system which an occur thru back siphonage and back pressure situations. Back siphonage could be caused by a reduction of system pressure (i.e. broken mainlines, fire hydrants usage, etc.) and back pressure situations could occur when the consumers water pressure is higher than the Department's supply pressure (i.e. consumer on-site pump, irrigation systems, etc.).

As identified in the DOW's Rules and Regulations, in order for consumers to qualify for the agricultural charge and rate, they must have and engagement of business in agriculture, stock raising or dairy farming on a commercial basis and shall have a DOW approved reduced pressure backflow prevention assembly "BFPA" installed on the consumers' side of the meter with a current inspection certificate. The DOW's "Water System Standards" also require the installation of "BFPA" for all agricultural activities.

Procedures to install and test a "BFPA" include the following:

- Applicant prepares and received DOW approval of construction drawings for the installation of the "BFPA" and constructs the "BFPA".
- Applicant hires a certified "BFPA" tester who must test the "BFPA" and provide a certification of test results to the DOW for review and approval.

Upon completion of the requirements above, the DOW shall approve the "BFPA" condition for receiving the Department Agricultural Water Rate.

Once the "BFPA" is constructed and properly installed, the "BFPA" must be tested yearly by a certified "BFP" tester. The completed test certification shall be submitted to the DOW and will satisfy the "BFPA" condition for annual renewal of the Department Agricultural Water Rate.

Please contact Mr. Keith Konishi, DOW's Engineering Support Technician at (808) 245-5421 for more details on the "BFPA" construction drawings or Ms. Analyn Flores at (808) 245-5428 for more information on the agricultural rate.



# BACKFLOW PREVENTION ASSEMBLY TEST REPORT

## Kauai Department Of Water

Assembly ID	Facility Name		
Acct Number	Meter #		<b>Test Report Due:</b>
<b>Service Address</b>			Schedule Code
			Assembly Info (Replacement/Correction)
Equip Location		SN	<input type="checkbox"/>
TMK	Containment	Mfr	<input type="checkbox"/>
Contact Name	Ph	Type	<input type="checkbox"/>
Map Page	#2	Size	<input type="checkbox"/>
			Model <input type="checkbox"/>
			Install Date
			Permit Num
<input type="checkbox"/> Confinement	<input type="checkbox"/> Freeze Protection	Hazard Type	Haz. Level

Line pressure at time of test: \_\_\_\_\_

### REPORT OF TEST RESULTS

Approved BFP

	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB	Shut Off Valves		
<b>Initial Test</b>	<input type="checkbox"/> Held at _____ PSID	<input type="checkbox"/> Held at _____ PSID	<input type="checkbox"/> Opened at _____ PSID	<input type="checkbox"/> Air Inlet Opened at _____ PSID	Closed Tight	#1 <input type="checkbox"/>	#2 <input type="checkbox"/>
	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight		<input type="checkbox"/> Did not Open		Leaked	<input type="checkbox"/>
<b>Pass</b>	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Did Not Open	<input type="checkbox"/> Check Held at _____ PSID		<input type="checkbox"/>	<input type="checkbox"/>
<b>Fail</b>	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked		<input type="checkbox"/> Leaked		<input type="checkbox"/>	<input type="checkbox"/>
<b>REPAIR</b>	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED	CLEANED REPLACED REPAIR	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> O-Ring(s) <input type="checkbox"/> Module <input type="checkbox"/> Rubber Kit <input type="checkbox"/> _____	<input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> O-Ring(s) <input type="checkbox"/> Module <input type="checkbox"/> Rubber Kit <input type="checkbox"/> _____	<input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Diaphragm <input type="checkbox"/> Seat <input type="checkbox"/> O-Ring(s) <input type="checkbox"/> Module <input type="checkbox"/> Rubber Kit <input type="checkbox"/> _____	<input type="checkbox"/> Air Inlet Disc <input type="checkbox"/> Air Inlet Spring <input type="checkbox"/> Check Disc <input type="checkbox"/> Check Spring <input type="checkbox"/> Float <input type="checkbox"/> Diaphragm <input type="checkbox"/> Rubber Kit <input type="checkbox"/> _____	Other	<input type="checkbox"/>	<input type="checkbox"/>
Other/Notes: _____							
<b>Final Test</b>	_____ PSID	_____ PSID	<input type="checkbox"/> Opened at _____ PSID	Air Inlet _____ PSID	Closed Tight	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	_____ PSID	CK Valve _____ PSID	<b>Pass</b>	<input type="checkbox"/>	

**THE ABOVE REPORT IS CERTIFIED TO BE TRUE:**

**Owner's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ 1A

Initial Test By	Certificate	Date:	Gauge Num	Time In	Time Out	Company	Phone
Final Test By							
Repair By							