

Variance for Non-Residential Backflow Preventer & Bypass Piping

Variance applications for Non-Residential water service 3/4" and 1" can be submitted to request a "Variance" to Title 17 LMC for installing a single Backflow preventer, without bypass piping.

Installations of this type will be required to be shut down during the backflow preventer testing, maintenance, and any replacement procedures. This is an issue that will be addressed in the LMC during the next update. Bypass piping will still be required for all Non-Residential water Services 1 1/2" and larger.

Title 17 LMC 17.18.090 (c) Requires bypass piping around the backflow preventer for all Non-Residential water services. **(b)** The bypass also requires equal protection with a backflow preventer.

Submittal of the "Variance" for 3/4" and 1" water service cross connection control requirements should include the following:

1. *Service line address*
2. *Service line size*
3. *Owner's Name*
4. *Owner's Street Address*
5. *Owner's Town* 6. *Owner's State* 7. *Owner's Zip Code*
8. *Owner's phone number* 9. *Owner's email address if available.*
10. *Plumber's name*
11. *Plumber's Address*
12. *Plumber's town* 13. *Plumber's State* 14. *Plumber's Zip Code*
15. *Plumber's phone number* 16. *Plumber's email address if available*
16. *Signatures from both Owner and Plumber on "Application for Variance".*
17. *Date of "Variance submittal"* 18. *Building Permit Number*

Variance reason shall state that the owner is applying for a Variance to LMC Title 17.18.090 (c), eliminating the requirement for the 2nd backflow preventer including bypass piping adjacent to the water meter, as well as the service address does not require a continuous supply of water and can be shut down for maintenance and testing.

The Variance application will be reviewed by Lincoln Water System for the Director's Approval.



Variance for Dual 3/4" and 1" Backflow Preventers Non-Residential

Service Address: _____ Service Size: _____

Owner's Name: _____

Owner's Address: _____

_____, _____ Zip Code
City State

Phone Number email address

Plumber's Name: _____

Plumber's Address: _____

_____, _____ Zip Code
City State

Phone Number email address

Reason: _____

Date Submitted Building Permit Number

Owner's Signature Plumber's Signature

Date Received City of Lincoln Representative

Comments: _____

Date Approved Signature