CITY AND COUNTY OF SAN FRANCISCO
PUBLIC UTILITIES COMMISSION
WATER QUALITY DIVISION

BACKFLOW PREVENTION SURVEY FORM

San Francisco Water Power Sewer
Services of the San Francisco Public Utilities Commission

REASON FOR APPLICATION _____ DATE _____

CUSTOMER NAME _____

SERVICE ADDRESS _____ ZIP CODE _____

CROSS STREET _____ PHONE _____

MAILING ADDRESS _____

EMAIL _____

COMMERCIAL ☐ Yes ☐ No RESIDENTIAL ☐ Yes ☐ No WATERFRONT ☐ Yes ☐ No

NEW CONSTRUCTION ☐ Yes ☐ No REMODEL ☐ Yes ☐ No REPLUMB ☐ Yes ☐ No

For All Services: You must install one or more approved backflow preventers (backflow prevention assembly or air gap) within 25 feet of the water service point of connection. Backflow prevention assemblies must be on the current list maintained by the University of Southern California Foundation for Cross-Connection Control and Hydraulic Research. Assemblies must be installed in the approved configuration and may not be modified in any way. After you have installed a backflow preventer, you must call Water Quality Division (WQD) at (650) 652-3199 to schedule an **initial inspection**. A water service line and meter will not be provided until the backflow preventer has passed inspection. Within 48 hours of receiving water service, you must contact WQD for a **final inspection** and have backflow prevention assemblies tested. Note that fire service meters, which are installed on a bypass line attached to a backflow prevention assembly, are the property of the San Francisco Public Utilities Commission (SFPUC). A fee of at least $1,628 will be charged if this meter is removed by anyone other than SFPUC. (Authority: California Code of Regulations, Title 17, Section 7604; San Francisco Health Code, Article 12A; San Francisco Rules and Regulations, Section G)

The Owner's, Contractor's, and/or the responsible agent's signature is required for approval.

I_____AM THE OWNER/RESPONSIBLE AGENT FOR THE PROPERTY AT THE ABOVE STREET ADDRESS AND I HAVE READ THE ABOVE AND I AGREE TO THESE TERMS.

OWNER'S/RESPONSIBLE AGENT'S SIGNATURE _____DATE____/____/____

CONTRACTOR'S SIGNATURE _____DATE____/____/____

PLEASE CHECK BOX IF KNOWN; IF ANY HAZARD TYPE IS UNKNOWN, LEAVE BLANK

Unusual Plumbing

Dual plumbing	☐ Yes	☐ No
Below-grade water storage tank	☐ Yes	☐ No
Above-grade water storage tank	☐ Yes	☐ No
Intricate plumbing/piping	☐ Yes	☐ No
Multiple standard service connections	☐ Yes	☐ No

Auxiliary Water Supply

Recycled water provided by the SFPUC	☐ Yes	☐ No
Rainwater	☐ Yes	☐ No
Graywater	☐ Yes	☐ No
Black water	☐ Yes	☐ No
Groundwater	☐ Yes	☐ No
Foundation drainage water	☐ Yes	☐ No
Other (specify)	☐ Yes	☐ No

Residential/Commercial

Heating other than forced air	☐ Yes	☐ No
Hydronic heating/radiant heat	☐ Yes	☐ No
Dedicated irrigation system	☐ Yes	☐ No
Swimming pool	☐ Yes	☐ No
Decorative fountain/pond	☐ Yes	☐ No
Car wash	☐ Yes	☐ No
Film processing laboratory	☐ Yes	☐ No
Laundry/dye works	☐ Yes	☐ No
Sewage/septic system	☐ Yes	☐ No
Recreational vehicle dump station	☐ Yes	☐ No
Marina facilities	☐ Yes	☐ No
Other (specify)	☐ Yes	☐ No

Food Service/Restaurant/Bar

Food processing	☐ Yes	☐ No
Soda dispenser	☐ Yes	☐ No

Industrial Activities

Dual Plumbing	☐ Yes	☐ No
Below-grade water storage tank	☐ Yes	☐ No
Above-grade water storage tank	☐ Yes	☐ No
Intricate plumbing piping	☐ Yes	☐ No
Multiple standard service connections	☐ Yes	☐ No

Medical/Educational

Medical facilities/hospital	☐ Yes	☐ No
X-ray medical speciality	☐ Yes	☐ No
Dental office/laboratory	☐ Yes	☐ No
Laboratory/lab equipment	☐ Yes	☐ No
Animal clinic	☐ Yes	☐ No

Misellaneous

Restricted entry to property	☐ Yes	☐ No
Morgue/mortuary/aspirator	☐ Yes	☐ No
Dog groom	☐ Yes	☐ No

FOR DOMESTIC OR COMBINATION FIRE SERVICE, ANSWER QUESTIONS BELOW

CONTRACTOR _____ PHONE _____

CONTACT PERSON _____ PHONE _____

MAILING ADDRESS _____

EMAIL _____ WILL FIRE SPRINKLERS USE A "T" OFF DOMESTIC ☐ Yes ☐ No

SERVICE SIZE _____

USE OF BUILDING _____ HOW MANY STORIES _____

HIGHEST PT. OF BUILDING IS EQUAL TO OR GREATER THAN 40 FT ABOVE THE WATER METER ☐ Yes ☐ No

DEDICATED IRRIGATION SERVICE

CONTRACTOR _____ PHONE _____

CONTACT PERSON _____ PHONE _____

SERVICE SIZE _____

MAILING ADDRESS _____

EMAIL _____

RECYCLED/RECLAIMED WATER FOR IRRIGATION ☐ Yes ☐ No

DEDICATED FIRE SERVICE

CONTRACTOR _____ PHONE _____

CONTACT PERSON _____ PHONE _____

MAILING ADDRESS _____

EMAIL _____

SERVICE SIZE _____ FIRE DEPARTMENT CONNECTION ☐ Yes ☐ No

SFFD APPROVAL REQUIRED. IS IT ATTACHED? ☐ Yes ☐ No CHEMICAL ADDITIVES ☐ Yes ☐ No

WITH RECLAIMED WATER SYSTEM ☐ Yes ☐ No

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FOR WQD USE ONLY

BACKFLOW APPROVAL

FIRE SERVICE ☐ Yes ☐ No

DOMESTIC SERVICE ☐ Yes ☐ No

COMBINATION ☐ Yes ☐ No

IRRIGATION SERVICE ☐ Yes ☐ No

RECYCLED/RECLAIMED SERVICE ☐ Yes ☐ No

SPOKE TO: _____ DATE _____

APPROVED BY: _____ DATE _____

COMMENTS

For Office Use Only	Application Accepted by:	Date:

SERVICE ADDRESS: