



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



BACKFLOW PREVENTION SURVEY FORM

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 \$1,584 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 Yes No
 SERVICE SIZE _____ DOMESTIC
 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

**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: _____
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SERVICE ADDRESS: