



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 \$1,460 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

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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: