

BACKFLOW PREVENTION CHECKLIST

To Be Completed by Applicant

I certify that the following information is correct to the best of my knowledge.

Signature & Title _____

Date _____

Project Information

Project Type: Single Family Multi-Family Commercial Public Irrigation only Other:

Project Status: New Development Existing Development - Remodel and/or Change in Use

Applicant Name (print): _____

Contact Phone #: _____

Project Site Address: _____

Assessors Parcel #: _____

Project Area (sq.ft.): _____

of Units: _____

of Meters: _____

Section 1 - Complete for All Project Types (e.g., residential, commercial, public, etc.)

**Indicate if the following equipment or conditions currently exist on-site or are planned (for new development or changes to existing development):*

Backflow Prevention Device?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Groundwater well?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Auxiliary water supply (e.g., storage tanks for fire protection, rainwater or stormwater collection; creek, pond or other surface water diversions, etc.)? If yes, please provide details:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Booster pump?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Irrigation system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Graywater system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Sewage ejector pump? (used to lift sewage to a higher elevation)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Radiant or solar water heating system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Will an existing Soquel Creek Water District service connection be used to supply water to the project during construction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure

Section 2 - Complete for Commercial and Public Projects Only

**Provide a detailed description of the commercial or public project, including the type of activity(s) to be conducted at the facility or site (e.g., retail store, restaurant, office space for insurance agency, dry cleaner, construction meters, medical/dental offices, etc.).*

To Be Completed by Soquel Creek Water District

Date Approved: _____

Meter Serial Number(s): _____

Comments: _____