



990 East Mission Road
Fallbrook, California 92028
(760) 728-1125
Fax (760) 728-6029

BACKFLOW PREVENTION QUESTIONNAIRE

Must be completed by applicant for new meter application, transfer of ownership (owner or tenant) or change in user code before application can be further processed. **Failure to complete this form will result in a backflow device installed by the District at the owners expense.**

Date: _____

Name: _____ Telephone #: _____

Site Address: _____

	YES	NO
1. Will any chemicals considered toxic (such as insecticides) or hazardous materials be introduced into your system, or do you use or plan to use a fertilizer injection system?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have a well?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have a elevated storage tank, private reservoir, or pond?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have a booster pump or recirculating pump?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you use your water system to treat or medicate your livestock?	<input type="checkbox"/>	<input type="checkbox"/>
6. Will a dairy, chemical processing plant, hospital, nursery, mortuary, laundry, veterinarian, dental, medical office, green belt irrigation, home healthcare, or assisted living be served by this meter?	<input type="checkbox"/>	<input type="checkbox"/>
7. Will a commercial, industrial, restaurant or strip mall building be served by this meter?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you have a sewage treatment plant?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you have a fire sprinkler system?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you plan to install a fire sprinkler system?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you plan to irrigate agriculture crops and use agriculture water?	<input type="checkbox"/>	<input type="checkbox"/>

Printed Name: _____

Signature: _____ Date: _____

FOR FPUD USE ONLY

Account #: _____ Meter #: _____ RP DC FDC

Completed questionnaire to be submitted for review to Dept. 5

Reviewed by: _____