

WORK SCHEDULE FOR BACKFLOW REPLACEMENT

Cross Connection Control Division

This form **MUST** be received in the Cross Connection Control office at the start of the work week, prior to any work being performed within the ACWD service area (Fremont, Newark or Union City).

Email completed form to: Backflow@acwd.com

Fax 510.687.1156

WORK SCHEDULE FOR WEEK OF: _____

Company Name _____

Company Backflow Tester _____

Backflow Tester Certificate # _____

Mobile Phone # _____

Email Address _____

ACWD Backflow Tester _____

Service Address _____

Meter # _____

Backflow# _____ B.F. Size _____

Date of Replacement _____

Time for ACWD to Shut Down Water meter _____

Time for ACWD to turn Water Meter back on _____

New Installation being done in accordance with ACWD Backflow Standard:

BP 108 **BP 208** **BP 308**

Field Meeting with ACWD Backflow Tester _____

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California Code Of Regulations, Public Health Title 17 and the Alameda County Water

District Ordinance No. 1999-01