CITY OF HOLLISTER

CLEAR FORM

ENGINEERING DIVISION (PW) • 339 Fifth Street • Hollister, California
Phone: (831) 636-4340 • www.hollister.ca.gov

WATER SERVICE CONNECTION APPLICATION

CITY USE ONLY

PERMIT NO.: _____ **APPROVED BY:** _____ **DATE INSPECTED:** _____

FEES:

WATER MTR. CONNECTION FEE 620-1 000-440062 $_____
WATER MTR. IMPACT FEES (COMM, INDUST OR RESIDENTIAL) 621 -1 000-440095 , 96 OR 97 $_____
TOTAL $_____

DATE RECEIVED: _____
CC. OR CK#: _____
EMPLOYEE: _____

AMOUNT RECVD $ _____
RECEIPT#: _____

APPLICANT INFORMATION: Complete all fields

NAME: _____ EMAIL: _____
MAILING ADDRESS: _____ PHONE: _____
_____ CELL: _____
SERVICE LOCATION: _____

CONTRACTOR INFORMATION: Complete all fields **Check if Same as Above** ☐

CONTRACTOR NAME: _____ EMAIL: _____
ADDRESS: _____ PHONE: _____
_____
CONTRACTOR LICENSE: _____

METER INFORMATION

TYPE OF REQUEST: New Water Service☐ Upgrade☐ Temporary Service☐
TYPE OF USE: Residential☐ Multi-Family☐ Commercial☐ Industrial☐ Irrigation☐ Other:_____
REQUESTED METER SIZE: 1"☐ 2"☐ 4"☐ 6"☐ 8"☐ 10"☐ Other:_____
BACKFLOW PREVENTION: Yes☐ No☐ (Required if Multi-Family, Commercial, Industrial, Irrigation, or Other)
NOTE: Backflow Tests shall be email to engineering@hollister.ca.gov

Meter Size (in.)	Lay Length (in.)
1	10 3/4
2	17
4	14 or 20
6	18 or 24
8	20
10	26

UTILITY DIVISION USE ONLY

SERVICE ORDER COMPLETED DATE: _____ ACCOUNT #: _____ METER #: _____
MXU: _____ SEQ #: _____

TYPICAL CITY STANDARDS

1. ALL WORK MUS T BE TO CITY OF HOLLISTER STANDARD SPECIFICATIONS AND DETAILS.
2. WORK MUST BE INSPECTED BY THE CITY OF HOLLISTER PRIOR TO INSTALLATION.
3. ALL WATER SERVICE INSTALLATIONS INCLUDE METER BOX AND MUST BE MARKED WITH A 3" STAMPED "W" ON FACE OF CURB.
4. MINIMUM 1" WATER SERVICE WITH 1" CORPORATION STOP, FORD, MUELLER, OR JONES WITH STANDARD IP THREADS X PACK JOINT CORP STOP (MUELLER P15008 OR FORD F1001--4). ALL BRASS FITTING AND COUNTER-CLOCKWISE CORPORATION STOP SHALL BE LEAD FREE.
5. ALL WATER SERVICES SHALL HAVE A HAND TAMPED SAND BEDDING 6" BENEATH THE TUBING AND SHALL HAVE 12" MINIMUM CLEARANCE ON EACH SIDE AND 12" MIN. SAND COVER.
6. ALL WATER SERVICES SHALL BE POLYETHYLENE CTS SOR 9 (ASTM 2666) TUBING. ALL TUBING CONNECTIONS SHALL BE COMPRESSION TYPE: FORD, "PACK JOINT" OR APPROVED EQUAL.
7. WATER METER BOX SHALL BE PRE-CORED CHRISTY B-16 WITH FIBER LYTE LID AND WITH METER READING DOOR AND PREDRILLED HOLE FOR METER READING ERT (ENCODER RECEIVER TRANSMITTER).
8. A MINIMUM SEPARATION OF 1'-0" BETWEEN WATER SERVICES, JOINTS AND PIPE BELLS REQUIRED ON COMMON TRENCH WITH MULTIPLE SERVICES AND TO BE INSTALLED. MINIMUM 6" CLEARANCE BETWEEN TRENCH WALL & WATER SERVICE.
9. ALL TUBING TO FITTING CONNECTIONS SHALL INCLUDE STAINLESS STEEL INSERTS.
10. MINIMUM 6 INCH AB BACKFILL MATERIAL COMPACTED TO 90% RELATIVE COMPACTION, WITH 6" MINIMUM CLEAR TO BOTTOM OF METER.
11. WATER METER SIZES APPROVED BY CITY OF HOLLISTER ARE:
    1", 2", 4", 6", 8" AND 10"
12. GATE VALVE SHALL BE FORD, MULLER, AND JONES, OR APPROVED EQUAL
13. INSTALL INSULATED STRANDED WIRE GAUGE #10 TO ALL WATER SERVICES.
14. WATER METER RADIO READ LID SHALL COMPLY WITH CITY OF HOLLISTER STANDARDS.
15. NO WATER SERVICE IN FIRE HYDRANT TRENCH ALLOWED.
16. NO WATER METER BOX INSTALLED IN DRAINAGE SWALE.
17. FOR A COMPLETE LIST OF STANDARDS PLEASE VISIT: https://hollister.ca.gov/government/city-departments/engineering/engineering-standards/

ACKNOWLEDGEMENT & SIGNATURE

PLEASE READ ALL REQUIREMENTS CAREFULLY.
CALL (831) 235-7394 AT LEAST 48 HOURS PRIOR TO INSPECTION.

APPLICANT/PERMITTEE AGREES TO PERFORM ALL WORK IN ACCORDANCE WITH CITY OF HOLLISTER STANDARDS AND SPECIAL REMARKS INCLUDED ON THIS PERMIT.

APPLICANT/CONTRACTOR NAME	SIGNATURE	DATE

REMIT TO: CITY OF HOLLISTER 339 FIFTH ST. HOLLISTER, CA 95023 EMAIL TO: ENGINEERING@HOLLISTER.CA.GOV
PLEASE REFERENCE: **"WATER SERVICE CONNECTION"** AND THE **LOCATION** *

City of Hollister **Cross-Connection Water Service Survey**

Note: For each water service connection (potable water, irrigation, fire service, etc.) a separate cross-connection water service survey must be completed.

1. Applicant Information

Site Name (if applicable):	Site Address:	
Contact Person:	Contact Phone #:	
Contact Person Address:	City:	State:

2. Site Description

☐ Industrial ☐ Commercial ☐ Municipal ☐ Institutional Other:

Location of Water Service Into Site (e.g. major road name, cardinal direction, etc):

Water Service Account #: Size of Service Line (inch):

Type of Service: ☐ Potable ☐ Irrigation ☐ Fire Protection

Does the connection have any of the following? (check all that apply)

- ☐ Central Heating Boiler
- ☐ Cooling Tower Supply
- ☐ Air Conditioning Condenser Make-up
- ☐ Process Water Make-up
- ☐ Medical/Dental Equipment
- ☐ Laboratory Equipment/Sinks
- ☐ Food Service
- ☐ Concrete Mixing
- ☐ Irrigation
- ☐ Food Processing
- ☐ Nursery/Garden Center
- ☐ K-12 School or College
- ☐ Assisted Living Center/Nursing Home
- ☐ Hospital
- ☐ Automotive/Vehicle Services
- ☐ Funeral Home/Embalming Services
- ☐ Morgue/Autopsy Services
- ☐ Vehicle Washing
- ☐ Water Processing (RO, DI, Etc)
- ☐ Fire Protection/Sprinkler System (not looped)
- ☐ Other: _____

3. Backflow Prevential Assembly Information

Complete if backflow is already present on service connection otherwise skip to certification.

Meter # (if applicable):		
BPA SN:	BPA Model:	BPA Size:
BPA Type: ☐ DC ☐ RP ☐ PVB ☐ Other:		

3a. Backflow Prevential Assembly Bypass Information

Complete if the backflow device has a bypass assembly is already present on service connection otherwise skip to certification.

Meter # (if applicable):		
BPA SN:	BPA Model:	BPA Size:
BPA Type: ☐ DC ☐ RP ☐ PVB ☐ Other:		

4. Applicant Certification

I the below signed certify that all of the above information has been entered truthfully to the best of my knowledge.

Print Name	Signature	Date

5. Cross-Connection Survey (**to be completed by City staff only**)

Cross-Connection Specialist Information

Name:	Phone #:	Certification #:	Expiration Date:

Hazard Assessment

The water service connection on this form, based on the information received, is determined to be a hazard of the following degree:

☐ High Hazard ☐ Low Hazard ☐ No hazard

Based on the hazard determination above the following must take place:

☐ No further assessment is needed as the connection is either a "no hazard" or "low hazard" or has sufficient protection in place to prevent backflow.

☐ A future in depth hazard assessment must take place. City staff will schedule and conduct this inspection.

Cross-Connection Specialist Certification

I certify that this cross-connection hazard assessment accurately reflects the overall risk posted by the consumer's plumbing system to the distribution system.

Cross-Connectional Specialist Signature	Date

CITY OF HOLLISTER BACKFLOW PREVENTION ASSEMBLY TEST REPORT

PUBLIC WORKS DEPARTMENT; ENVIRONMENTAL PROGRAMS DIVISION
1321 South Street, Hollister, CA 95023 ● (831) 636-4377 ● Backflow@Hollister.ca.gov

Name of Premise: _____ Owner of Property: _____

Service Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Phone: _____

Location of Assembly: _____

New Installation ☐ Existing ☐ Replacement ☐ | DC ☐ RP ☐ PVB ☐ Other: _____

Make of Assembly: _____ Model: _____ Serial No: _____ Size: _____

Service No: _____ Meter No: _____ Account No: _____

INITIAL TEST	DCVA/RPBA	DCVA/RPBA	Relief Valve	PVBA
Pass: ☐	Check Valve #1	Check Valve #2		Air Inlet
Fail: ☐	Leaked: ☐	Leaked: ☐	Did not open ☐	Opened at:___ PSID
Date: _____	Closed Tight: ☐	Closed Tight: ☐		Did not open ☐
	Held At_____PSID	Held At_____PSID	Opened at____ PSID	
REPAIRS	Cleaned: ☐	Cleaned: ☐	Cleaned: ☐	CHECK VALVE
Date: _____	Replaced: ☐	Replaced: ☐	Replaced: ☐	Held at:_____ PSID
				Leaked: ☐
FINAL TEST				Air Inlet:_____ PSID
Pass: ☐	Closed Tight: ☐	Closed Tight: ☐	Opened at:	Check Valve:
Fail: ☐	Held at:_____PSID	Held at:_____PSID	_____PSID	_____PSID

Tester Signature: _____

Air Gap Inspection: Required minimum air gap separation provided? Yes ☐ No ☐

Remarks: _____

_____

_____

Backflow Company: _____ Tester Name: _____

Address: _____ Email: _____

Certification No: _____ Expiration Date: _____ Test Kit No: _____