

**Backflow Prevention Assembly—Permit**

**City of Cave Junction**

PO Box 1396 — 222 Lister St, Cave Junction OR 97523  
(541) 592-2156

**This form must be approved by the City of Cave Junction before installation of a Backflow Prevention Assembly.**

Date: \_\_\_\_\_ Permit No.: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Property Owner (if different from applicant): \_\_\_\_\_ Consent: Yes - No

Owners Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Property Location: \_\_\_\_\_ Zoned: \_\_\_\_\_

Assessor's Map: \_\_\_\_\_ Tax Lot: \_\_\_\_\_ Sq. Footage: \_\_\_\_\_

Development Request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Attach an 8½ x 11” plot plan showing location of Backflow Prevention Assemblies. Include all structures, fences, water service lines, septic systems, wells and the proposed system being installed.**

*The undersigned agrees to comply with the installation requirements of Municipal Code Title 13 of the City of Cave Junction and understands that a Final Inspection is required for this permit to be valid and that there will be a \$25.00 fee charged for the Final Inspection testing.*

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Received by:** \_\_\_\_\_ **Amount:** \_\_\_\_\_ **Recpt#:** \_\_\_\_\_ **Date Paid:** \_\_\_\_\_ **Cash/Check**

**Cross Connection:**

**13.04.060 (B) Backflow Prevention Requirements:** Backflow Prevention Assemblies shall be installed on each service line of a customers system at or near property line or at “Point Of Use” in a facility being served, in all cases wherever any of the following conditions exist:

1. There is an existing auxiliary water supply which is, or could be, connected to potable water piping.
2. Where there is piping conveying liquid other than potable water and where that piping is installed and operated in a manner which could cause a cross connection.
3. There are cross connections or intricate plumbing which make it impractical to ascertain whether or not a cross connection exists.
4. In a case where there has been a history of repeating the same or similar cross connection or backflow, even though these have been removed or disconnected.
5. Where there is plumbing over two stories in height or any plumbing system that is greater than or equal to thirty feet above the water main from which it is served.
6. Where fire hydrants or “Stand-alone Fire Suppression Systems” are connected to the potable domestic water service within the property being served.
7. Where a single water service is used to supply three or more dwellings.
8. Where the water meter serving the property is one and one half inch or larger.
9. Where there is a “Backflow” or “Backsiphonage” potential.

For Office Use Only— Facility Survey	
Type of Hazard: _____	Degree of Hazard _____
Minimum Protection Required: _____	
Recommended Protection: _____	Placement: ___ POD ___ POU
Comments: _____	
_____	
_____	
Initial Inspection by: _____	Date: _____

For Office Use Only—Final Inspection	
Assembly Installation date: _____	Type: _____
Make: _____ Model: _____	Size: _____ Serial#: _____
Location: _____	
Comments: _____	
_____	
_____	
Final Inspection by: _____	Date: _____