New Domestic Water Service Activation Checklist

Project: __________________________________________________________

Project manager: ______________________ General contractor: ______________________

*Service activation shall be completed by Water Shop supervisor.*

1. Confirm that exterior system piping has been tested and inspected by Stanford
   Initial: _______ Date: _______

2. Confirm that back flow preventor has been inspected and tested by Water Shop
   Initial: _______ Date: _______

3. Confirm that interior system has been flushed and tested, and inspected by Plumbing Shop
   Initial: _______ Date: _______

4. Obtain written bacteriological test report, and attach copy
   Initial: _______ Date: _______

5. Confirm that system has been inspected and signed off by County
   Initial: _______ Date: _______

6. Verify meter type and accuracy.
   Initial: _______ Date: _______

7. Confirm that meter operates correctly upon service activation and 48 hours after activation
   Initial: _______ Date: _______

Comments:

Service activated: Date: _______

Time: _______

By: ______________________

Deliver completed checklist to Utilities Division Manager.

c: Stanford Project Manager
   Energy Analyst
   Water and Environmental Quality Manager