

CITY OF FALLS CHURCH,  
CITY OF FALLS CHURCH VIRGINIA  
DEPARTMENT OF PUBLIC WORKS

# SUBMISSION CHECKLIST

**PILOT PROGRAM APPLICATION  
REQUEST FOR 50% COST REIMBURSEMENT  
INSTALLATION OF SEWAGE BACKFLOW PREVENTION EQUIPMENT**

- Completed Application**
- Receipt(s) for cost of installation** \_\_\_\_\_
- Building Inspector Approval**  
*Final inspection* \_\_\_\_\_
- W-9, signed and dated** \_\_\_\_\_
- Documentation of Prior Issues** \_\_\_\_\_
  - *Cleaning expenses*
  - *Reports filed with City of Falls Church*
  - *Other documentation of prior issues*
- Documentation of Elimination of Illicit Discharges** \_\_\_\_\_
  - *Photograph of downspout/Sump Pump Discharge*
  - *Contractor Certification*
  - *NOTE: all downspout/Sump Pump Discharges must either be “daylighted” via a visible discharge or a pop-up emitter*

CITY OF FALLS CHURCH, VIRGINIA  
DEPARTMENT OF PUBLIC WORKS

**PILOT PROGRAM APPLICATION**  
**REQUEST FOR 50% COST REIMBURSEMENT**  
**INSTALLATION OF SEWAGE BACKFLOW PREVENTION EQUIPMENT**

**PROPERTY OWNER(S)**

NAME(S) \_\_\_\_\_ DATE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS OF PROPERTY \_\_\_\_\_  
Number Street Name

Falls Church, VA \_\_\_\_\_

PROPERTY HAS BASEMENT YES NO Zip Code

TOTAL COST PAID FOR INSTALLATION \$ \_\_\_\_\_

(Attach copy of paid in full, itemized invoice/receipt)

(Reimbursement amount shall not to exceed 50% cost of total installation cost **OR** \$2000, whichever is less)

**ADDRESS OF OWNER(S) – IF DIFFERENT THAN ABOVE (FOR CHECK REMITTANCE)**

Number Street

City State Zip Code

**INSTALLER**

NAME \_\_\_\_\_ BUSINESS \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Number Street

City State Zip Code

STATE LICENSE NO. \_\_\_\_\_ CITY BUSINESS NO. \_\_\_\_\_

CITY PLUMBING PERMIT NO. \_\_\_\_\_ DATE OBTAINED \_\_\_\_\_

DATE OF APPROVED FINAL INSPECTIONS \_\_\_\_\_  
Plumbing Inspector DPW Engineering  
(backflow valve) (downspouts & sump pump)

PROPERTY OWNER CERTIFICATION AND RELEASE

I (we) certify under penalty of law that I (we) have paid in full for the installation of backflow prevention equipment for the above named property. As a condition of accepting the reimbursement allowance, I (we), if requested by the City, will permit the City to verify said installation without delay, prior to receiving the reimbursement allowance. Further, as a condition of accepting the reimbursement allowance, I (we) agree to accept full responsibility for operation and maintenance of said backflow prevention equipment; and hold the City harmless from any damages due to discharge of sewage and/or rain and ground water into or on the above property prior to or after installation of said backflow prevention equipment. I (we) certify that all discovered sump pumps, downspouts, and foundation drains have been disconnected from the sanitary lateral and agree to hold the City harmless from flooding due to any unknown or missed connections. I (we) also agree to transfer this certification and release to future owners of the above property.

SIGNED: \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_ DATE \_\_\_\_\_

CERTIFICATION OF INSTALLER

I certify under penalty of law that I have installed backflow prevention equipment and verified all illicit connections have been removed from the sanitary lateral at the above listed property on \_\_\_\_\_, and have been paid in full for same.

SIGNED: \_\_\_\_\_ DATE \_\_\_\_\_

**OFFICE USE ONLY**

DATE RECEIVED \_\_\_\_\_

WAS INSTALLATION VERIFIED BY SITE VISIT?  YES  NO

REIMBURSEMENT ALLOWANCE APPROVED  BY \_\_\_\_\_

REIMBURSEMENT ALLOWANCE NOT APPROVED  BY \_\_\_\_\_

REASON FOR DISAPPROVAL \_\_\_\_\_

WAS APPLICANT SENT NOTICE AND REASONS FOR DISAPPROVAL?  YES  NO

DATE NOTICE SENT \_\_\_\_\_ BY \_\_\_\_\_

*Attach copy of disapproval notice to application.*

ACCOUNT: \_\_\_\_\_

APPROVAL DATE \_\_\_\_\_ CHECK NO. \_\_\_\_\_

AMOUNT OF CHECK \_\_\_\_\_ DATE SENT \_\_\_\_\_