

Contract Meter
 Removed
 Existing
 New
 Replacement



Fort Worth Water Department
Cross Connection Control
920 Fournier St.
Fort Worth, TX 76102
(817) 392-8375

Serial Number _____
 Replaces SN# _____
 Mapsco _____
 Contact Name _____

PWS ID: # 2 2 0 0 0 1 2

Assembly Location Information

Facility Name: _____ CIS Location ID: _____
 Service Address: _____ Zip: _____ Phone: _____

Mailing Information

Mailing Name: _____
 Address 1: _____
 City: _____ ST: _____ Zip: _____ Phone: () - _____

Assembly Information

PVB
 SVB
 DC
 DCDA
 RP
 RPDA
 Air Gap
 Other

Size: _____ Mfg: _____ Model: _____
 Assy Location: _____
 Hazard Type: _____ Meter #: _____
 Water Turn Off Authorization: (print) _____ Time: _____

Is the Assembly installed in accordance with manufacturer's recommendations and/or local codes? Yes No

Test Date	Reduced Pressure Principal Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	Check Valve #1	Check Valve #2		Opened at _____ PSID	Held at _____ PSID
Initial Test	Held at _____ PSID	Held at _____ PSID	Opened at _____ PSID	<input type="checkbox"/> Did Not Open	<input type="checkbox"/> Leaked
<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input type="checkbox"/> Did Not Open		
Repairs and Materials Used					
Final Test / Date	Held at _____ PSID	Held at _____ PSID	Opened at _____ PSID	Opened at _____ PSID	Held at _____ PSID
<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight			

Test Gauge Used: Manufacturer/Model: _____ SN: _____ Calibration Date: _____
 Remarks: _____

The above is certified to be true at the time of testing, as required by ordinance # 12274, Section 12.5-549:

Certified Tester (print): _____ Company Name: _____
 Certified Tester (Signature): _____ Company Address: _____
 Certified Tester #: BP City: _____
 Service Restored: Yes No State: _____ Zip code: _____
 Phone #: _____

The backflow prevention assembly detailed above has been tested and maintained as required by TCEQ regulations and is certified to be operating within acceptable parameters. Return the original test sheet to the City of Fort Worth within 10 days.