Fort Worth Water Department
Cross Connection Control
Contract Meter Backflow Information

Contractor Name: _____

Contact Name: _____ Contact Phone: _____

Mailing Address: _____

Meter Number#:_____

Location/Address of Meter: _____

Proposed Use: _____

☐ Truck Mounted: Year _____ Model _____ License Number_____

Type of Backflow Protection:

☐ **Air Gap** - ***Note**: A **clear/legible** picture of Air Gap must be attached.

☐ **Double Check Valve Assembly** (D.C.V.A.) **Non-Hazardous Use Only, Ex. (Restrooms, hand sinks)**

☐ **Reduced Pressure Zone Assembly** (R.P.Z.A.) **Health or High Hazard Applications**

Backflow Prevention Assembly Information;

Serial Number#: _____

Size: _____ Manufacturer:_____ Model :_____

All Assemblies shall be tested upon **installation, relocation** or **repair**

Return the original test sheet to the City of Fort Worth Water Department within 10 days

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