

### **Instructions for Completing City of Tallahassee**

### **Backflow Prevention Assembly Test & Maintenance Report**

### Cross-Connection: 850-891-1248

# All fields must be completed in accordance with the following instructions in order for test to be accepted. Please contact Cross-Connection with any questions.

Please note that NO faxes will be accepted. Original tests shall be delivered to the office of Cross-Connection Control 4505-A Springhill Rd. Tallahassee, Fl 32305

Before a Certificate of Occupancy is given the test must be received and approved

### 1. Assembly/Tag Number

- a. **If Existing?:** A backflow device assembly number will be located on the tag which will be attached to the backflow device
  - Example: (94-02-006-RP; 94-02-006-DC; 94-02-006-DDCA; 94-02-006-DDCB; 94-02-006-PVB; 003406; [05000; 94-02-006-DDCA – tag's current number must include all letters and digits, including zeroes])
- b. If New?: Please write in the word "New"
- c. If Missing?: If backflow assembly number cannot be located, please write in the word "Missing"

### 2. Water Meter Number

- a. The number is located on the water meter, this number **<u>shall be verified</u>** by the tester for each backflow device test performed.
- 3. COT Permit Number (Required If This Is A New/Replaced Installation)
  - a. For all new/replaced backflow assemblies a number is assigned by Growth Management.

#### 4. Inlet Pressure

a. Acquired by tester from number 1 or 2 test cock

#### 5. Customer

a. Owner/Tennant/Property Manager

## 6. Street Address (Premises)

a. Physical address assigned to the water meter for this backflow assembly

## 7. Mailing Address

a. This is the address of the customer/responsible parties who obtained the backflow assembly test

### 8. Location of Assembly

a. Description of the physical location of the backflow assembly device being tested (Example: NW Corner, Middle of Yard, In Room/Closet)

### 9. Device

a. Is it Existing, New, or Replaced?

## 10. Point of Use

a. To the best of your knowledge, is this device for Domestic, Fire, or Irrigation uses?

## 11. Type of Assembly

**a.** RP; DC; DCDA circle (main or bypass); PVB; RPDA circle (main or bypass)

### 12. Size

a. Located on backflow device

### 13. Manufacturer

a. Located on backflow device

### 14. Model

a. Located on backflow device

### 15. Serial Number

a. Located on backflow device

### 16. Installed To Specs?

a. Has the device been installed in accordance with the construction standards of the City of Tallahassee Cross-Connection Manual? [Yes or No]

## 17. Riser Material/ Clearance (Inches)

- a. What type of pipe material is the device installed with/on
  - i. (Example: Copper, Galvanized, Ductile Iron)
- b. Distance from the lowest point of the backflow assembly to the final grade

## 18. --- Placed Here Will Be A Matrix Of Test Results---

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a. All corresponding fields **<u>MUST</u>** be filled-out

## 19. Comments

- a. Any comments regarding variances, or to explain details regarding the test or the condition of the backflow assembly and surroundings
  - i. Example: "observed leaks", "device is turned-off", etc.

## **Certification Statement**

b. Read and understand the certification statement prior to completing remainder of the form

## 20. Tester (Signature)

a. <u>Print</u> and <u>Sign</u> the name of the tester

### 21. Certification Number

a. This is your assigned Backflow Prevention Tester certificate number

### 22. Date

a. Date the test was **performed** 

### 23. Time

a. Time of day when test was performed

### 24. Tester Telephone Number

a. Working and up-to-date telephone number of the tester

### 25. Tester Email

a. Working and up-to-date email address of the **tester**; this is **optional** (\*)

### 26. Repaired By:

a. Name of company who performed any repairs, if known

### 27. Gauge Serial #

a. Serial Number printed on testing gauge

## 28. Calibration Date

a. Date of most recent calibration of testing device

### 29. Assembly Installed By:

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a. Name of company who installed device, if known

### **30.** Phone Number

a. Phone # of the installer, if known

## 31. This Assembly: Passed? Failed?

a. The form must be checked either "passed" or "failed"

