



BACKFLOW INVENTORY and INSPECTION FORM

CONTACT INFORMATION

Date:			
Business Name:			
Location Address:			
Business Contact:		Contact Number:	Business:
			Cell:
			Other:

INSTALLATION INFORMATION

Installation Date:				
Installation Type:	Check Appropriate Box	New <input type="checkbox"/>	Replacement <input type="checkbox"/>	
Device Type (required):		DCA <input type="checkbox"/>	RPA <input type="checkbox"/>	
Size:				
Serial Number:				
Manufacturer:				
Model Number:				
Physical Location of Device: (Description)				
Type of Process/Service: (Description)				

Appropriate Device must be installed for the Type of Process/Service rendered

Installed by:		Contact Number:	Business:
			Cell:
Type of Business:		Contractor License:	

NOTE:

- 1) Refer to Backflow Ordinance for Proper Installation Requirements.
- 2) Backflow Device must be tested before Inspection.
- 3) "Inventory" and "Test and Maintenance" forms must be submitted to the Public Works Director before water service is activated.

PWF OFFICE USE ONLY:

Inspected by:	
Date:	
Comments:	