



BACKFLOW PACKET

Town of Fairview

372 Town Place

Fairview Texas 75069

Phone: 972.886.4209

Fax: 972.548.0268

Inspection Line: 972.886.4250

inspections@fairviewtexas.org

permits@fairviewtexas.org



Contractor Registration Application
(Select Only One Type Per Application)

Contractor Type:

- | | |
|---|--|
| <input type="checkbox"/> General Contractor | If renewal check here: <input type="checkbox"/> |
| <input type="checkbox"/> Swimming Pool | Cost for these contractors: |
| <input type="checkbox"/> Fence | \$50.00 New |
| <input type="checkbox"/> Irrigation | \$25.00 Renewal |
| <input type="checkbox"/> Sign | |

Contractor Type:

- | | |
|---|---|
| <input type="checkbox"/> Plumbing | <u>There is no charge for these contractor types</u>
Expiration based on License/Certificate expiration date |
| <input type="checkbox"/> Fire Alarm | |
| <input type="checkbox"/> Fire Sprinkler (Suppression) | |
| <input type="checkbox"/> Mechanical | |
| <input type="checkbox"/> Backflow/Septic | |
| <input type="checkbox"/> Electrical | If renewal check here: <input type="checkbox"/> |

Company Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ **Email:** _____ @ _____

Master/CEO Responsible for Supervision: _____

License/Certificate # _____ **Expiration Date:** _____

Driver's License # _____ **Expiration Date:** _____

I understand and agree that the above named shall be responsible for continuous supervision of all installation of all installations and repairs performed in the Town of Fairview under the above-named contractor and should such Master Licensee no longer be employed, no further work shall be performed until registration has been provided to the Building Inspections Department naming a new Master License holder. I will request all necessary inspections by the Town of Fairview to ensure compliance with all city regulations applicable for the proposed work.

Contractor's Signature: _____ **Date:** _____

*******Include a copy of your driver's license, master's license and/or certificate AND liability COI with the Town of Fairview identified as the Insured for processing**

******* Email information to: permits@fairviewtexas.org**

Information not received thru permits@fairviewtexas.org will not be processed.



Inspection Request

Inspection hours are from 8:00am-4:00 pm Monday – Friday. To request your inspection please call the Inspection Request line at 972-886-4250 or at inspections@fairviewtexas.org before 4:00 PM to receive your inspection the next business day. If you call in your inspection on Saturday or Sunday you will not receive your inspection until Tuesday.

Please provide:

1. Your name
2. The address where work is to be inspected. Suite Numbers. Lock Box code and instructions to the inspector if needed for entry. Example: “Access hatch is in electrical room on north side of building “or “Homeowner will meet you between 11am and 1pm”
3. Call back telephone number/ onsite contact if required.
4. Permit number
5. Type of inspection
6. Time you are requesting the inspection to take place.
7. If you are requesting an RVI inspection, please have all photos uploaded to your permit prior to calling for RVI inspection.

Please note: When calling for inspections, the inspection will be scheduled for the next business day. If you need same day inspection, we must receive it by 8:00am or it will be assigned the next business day.

Emergency Inspections may be called in at anytime and will incur a \$75.00 inspection fee and must be paid prior to inspection. Emergency inspections on weekends will incur a \$150 inspection fee and you must call 469.628.4913. Please leave detailed voice mail and return contact number.



Town of Fairview Permits & Inspections

372 Town Place

Fairview, TX. 75069

Backflow Tester Registration

Backflow assembly testers must annually register with the regulatory authority, provide proof of TCEQ certification, maintain testing equipment in proper working condition/ calibration, provide proof of backflow gauge accuracy certificate, and pay any required annual, nonrefundable, tester registration fee. Registration may be reviewed and revoked by the Town of Fairview if it is determined that the tester has:

- (1) Falsely, incompletely, or inaccurately reported assembly reports;
- (2) Used inaccurate gauges;
- (3) Used improper testing procedures; or
- (4) Created a threat to public health or the environment.

The following information is required to register with the Town of Fairview Permits & Inspections as a Backflow Tester.

Please print or type the following information

Registrant Information

Last Name: _____

First Name: _____

BPAT#: _____ BPAT Expiration: _____

Fireline Tester? Y / N *If yes, must attach letter stating permanent employee as well as registration with State Fire Marshall's office. Registrant's will not be listed as fire line testers without this information.

Business Association Information

Name of Company: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Ph#: _____ Fax# _____

Cell or other alternative ph#: _____

Equipment Information

Make/Model: _____ Serial#: _____

Calibration Expiration: _____

Make/Model: _____ Serial#: _____

Calibration Expiration: _____

Make/Model: _____ Serial#: _____

Calibration Expiration: _____

Applicant must attach proof of valid TCEQ license as well as valid equipment calibration certificate.

NOTE: **USE ONLY** The Town of Fairview **BACKFLOW TEST & MAINTENANCE REPORT** . If we receive any other test form other than from the Town of Fairview's report form, we will fail the test, notify you and ask you to submit the approval form within 3 days of receiving the fail test report form. Please refer to Town of Fairview website for approved form.

Signature of Registrant

Date

Form must be returned to: permits@fairviewtexas.org

Town of Fairview
372 Town Place Fairview Texas 75069



TOWN OF FAIRVIEW BACKFLOW TEST AND MAINTENANCE REPORT

TOWN OF FAIRVIEW PERMITS AND
INSPECTIONS

372 TOWN PLACE
FAIRVIEW, TEXAS
75069

The following form must be completed for each assembly tested. A signed and dated original must be submitted to the public water supplier for recordkeeping *purposes:

NAME OF PWS:	TOWN OF FAIRVIEW
PWS ID#:	# 0430034
PWS MAILING ADDRESS:	372 TOWN PLACE FAIRVIEW TX 75069
PWS CONTACT PERSON:	DYLAN TAWWATER
ADDRESS OF SERVICE:	
SERVICE METER#	

The backflow prevention assembly detailed below has been tested and maintained as required by commission regulations and is certified to be operating within acceptable parameters.

- TYPE OF ASSEMBLY:**
- | | |
|--|--|
| <input type="checkbox"/> Reduced Pressure Principle [RPBA] | <input type="checkbox"/> Reduced Pressure Principle-Detector [RPBA-D] |
| <input type="checkbox"/> Double Check Valve [DCVA] | <input type="checkbox"/> Double Check-Detector [DCVA-D] |
| <input type="checkbox"/> Pressure Vacuum Breaker [PVB] | <input type="checkbox"/> Spill-Resistant Pressure Vacuum Breaker [PVB-D] |

- BPA Serves:** DOMESTIC FIRELINE IRRIGATION NEW DEVICE
 EXISTING DEVICE REPLACEMENT OF _____

Is the assembly installed in accordance with manufacturer recommendations and/or local codes? Yes No
 Is the assembly installed on a non-potable water supply (auxiliary)? Yes No

Manufacturer:	Size:
Model Number:	Located At:
Serial Number:	Serves:

TEST RESULT PASS <input type="checkbox"/> FAIL <input type="checkbox"/>	Reduced Pressure Principle Assembly			PVB & SVB	
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	1 st Check	2 nd Check			
Initial Test: Date: Time:	Held at ___ psid Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Held at ___ psid Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened at ___ psid Did not open <input type="checkbox"/>	Opened at ___ psid Did not open <input type="checkbox"/> Did it fully open (Yes <input type="checkbox"/> / No <input type="checkbox"/>	Held at ___ psid Leaked <input type="checkbox"/>
Repairs and Materials Used**					
Test After Repair: Date: Time:	Held at ___ psid Closed Tight <input type="checkbox"/>	Held at ___ psid Closed Tight <input type="checkbox"/>	Opened at ___ psid	Opened at ___ psid	Held at ___ psid

Differential Pressure Gauge Used:	Potable: <input type="checkbox"/>	Non-Potable: <input type="checkbox"/>
Make/Model:	SN:	Date tested for accuracy:
Remarks:		

The above is certified to be true at the time of testing.

Firm Name:	Certified Tester Name (Print/Type):	
Firm Address:	Certified Tester Name (Signature):	
Firm Phone #	BPAT License#	License Expiration Date:

* TEST RECORDS MUST BE KEPT FOR AT LEAST THREE YEARS [30 tac 290.46(b)]
 **USE ONLY MANUFACTURE'S REPLACEMENT PARTS