

Initial Inspection \_\_\_\_ Re-Inspection \_\_\_\_

Permit # FS \_\_\_\_\_

FU \_\_\_\_\_

PP \_\_\_\_\_



### BACKFLOW INSPECTION REQUEST FORM

Date Requested: \_\_\_\_\_

Time Requested: \_\_\_\_\_ AM/PM

Installer Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Testing Company: \_\_\_\_\_

Tester: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Facility: \_\_\_\_\_ Mapsco \_\_\_\_\_

Assembly Physical Address: \_\_\_\_\_

Facility Mailing Address: \_\_\_\_\_

- Dedicated Fire Line \_\_\_\_ Combination \_\_\_\_ Anti-Freeze Loop \_\_\_\_
- Vault? Y / N      Depth: \_\_\_\_ ft
- Permanently attached ladder? Y / N
- Plugs (vault - threaded, non-ferrous, finger tight, no sealant) in all test ports? Y / N
- Type of Assembly Used: DCDA \_\_\_\_ DCVA \_\_\_\_ RPDA \_\_\_\_ RPZA \_\_\_\_

Assembly	Bypass Assembly	Bypass Meter
Size _____	Size _____	Size _____
Make _____	Make _____	Brand _____
Model _____	Model _____	S/N _____
S/N _____	S/N _____	Reading _____

Give Detailed Location of Assembly and Original Paperwork: \_\_\_\_\_

**CITY INSPECTION INFORMATION** -- Approved? Y / N      Technician Initials: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM

Reason for RED Tag: \_\_\_\_\_

Location of GREEN Tag: \_\_\_\_\_

**Fax completed form to (817) 392-8834 to schedule inspection**