



Backflow Assembly Test and/or Maintenance Report

City of Hudson Oaks
150 North Oakridge Drive
Hudson Oaks, TX 76087
Phone: 817-596-4899

Name of PWS: City of Hudson Oaks
PWS #: LOR-1840006

(This form must be completed for each backflow assembly tested)

OWNER AND/OR PERSON IN CONTROL OF INFORMATION

NAME OF FACILITY: _____ PHONE #: _____
 CONTACT NAME: _____ FAX #: _____
 ADDRESS OF BACKFLOW ASSEMBLY: _____
 LOCATION OF BACKFLOW ASSEMBLY: _____

(DESCRIBE WHERE BACKFLOW DEVICE IS ON THE PROPERTY)

NEW STRUCTURE _____ EXISTING STRUCTURE _____ REPLACEMENT/REPAIR _____ (CHECK ONE)
 COMMERCIAL _____ DOMESTIC _____ IRRIGATION _____ FIRE LINE _____ OTHER _____ (CHECK APPLICABLE)

TYPE OF ASSEMBLY

REDUCED PRESSURE DOUBLE CHECK PRESSURE VACUUM ATMOSPHERIC VACUUM
 REDUCED PRESSURE DETECTOR DOUBLE CHECK DETECTOR

MANUFACTURER _____ MODEL # _____

SERIAL # _____ SIZE _____

	Reduced Pressure Principle Assembly Double Check Valve Assembly		Relief Valve	Pressure Vacuum Breaker	
	1st Check	2nd Check		Air Inlet	Check Valve
Initial Test	DC-Closed Tight RP _____ psid Leaked	Closed Tight Leaked	Opened at _____ psid	Opened at _____ psid Did not Open	_____ psid Leaked
Repairs and Materials Used					
Test After Repairs	DC-Closed Tight RP _____ psid	Closed Tight	Opened at _____ psid	Opened at _____ psid	_____ psid

TEST GAUGE INFORMATION:

MANUFACTURER _____ MODEL # _____ SERIAL # _____

DATE GAUGE LAST CALIBRATED _____

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

Signature of Tester: _____

Tester #: _____

Company Name: _____

Phone #: _____

Address: _____

Permit #: _____



Residential Permit Application

City of Hudson Oaks
150 North Oakridge Drive
Hudson Oaks, TX 76087
Phone: 817-596-4899

Building Permit Number: _____		Valuation: _____	
Project Address: _____		Zoning District: _____	
Lot: _____	Block: _____	Subdivision: _____	
Project Description:	NEW SFR <input type="checkbox"/>	SFR REMODEL/ADDITION <input type="checkbox"/>	SPECIFY OTHER: _____
	PLUMBING <input type="checkbox"/>	MECHANICAL <input type="checkbox"/>	ELECTRICAL <input type="checkbox"/>
	ACCESSORY BUILDING <input type="checkbox"/>	LAWN IRRIGATION <input type="checkbox"/>	SWIMMING POOL <input type="checkbox"/> FENCE <input type="checkbox"/>
Description of Work:			
Area Square Feet:	Covered _____		
Living: _____	Garage: _____	Porch: _____	Total: _____ Number of stories: _____
Electric Provider: _____	SEPTIC <input type="checkbox"/>	SANITARY SEWER <input type="checkbox"/>	

Owner Information:			
Name: _____		Contact Person: _____	
Address: _____			
Phone Number: _____	Fax Number: _____	Mobile Number: _____	

General Contractor	Contact Person	Phone Number	Contractor License Number <input type="checkbox"/>
Mechanical Contractor	Contact Person	Phone Number	Contractor License Number <input type="checkbox"/>
Electrical Contractor	Contact Person	Phone Number	Contractor License Number <input type="checkbox"/>
Plumber/Irrigator	Contact Person	Phone Number	Contractor License Number <input type="checkbox"/>

It shall be unlawful to use or occupy or permit the use or occupancy of any building or premises created, erected, changed, converted or altered or enlarged in its use or structure until a Certificate of Occupancy shall have been issued by the administrative official. A permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. All permits require final inspection.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Applicant: _____ Date: _____

OFFICE USE ONLY:

Approved by: _____	Date Approved: _____
--------------------	----------------------

Plan Review Fee: _____	Total Permit Fee: _____
Building Permit Fee: _____	Issued Date: _____
Impact Fee: _____	Issued By: _____
	BV Project # _____