

Backflow Tester Application/Policy

Backflow Tester Policy

Location of Cross Connection Control Office

The City of Avondale Cross Connection Control Program is within the Regulatory Compliance Department. Test forms, tester certification, equipment calibration forms, or other related correspondence shall be emailed or sent to:

Avondale Backflow
Cross Connection Program
399 E. Lower Buckeye Rd.
Avondale, AZ 85323

Email: backflow@avondaleaz.gov

Permits Requirements for Backflow installations

The City of Avondale requires backflow installation permits for all new installation of backflow assemblies. Permits must be obtained Development and Engineering at Services Department located at 11465 W. Civic Center Dr. For inspection of backflow install and underground piping please contact the engineering field inspector at 623-333-4200 to schedule.

Tester Certification

Testers are required to have a current tester certification, calibration report, Avondale business license, and liability insurance for test reports to be accepted. Failure to maintain required documentation updated will result in the tester and or company removal from the list of recognized testers.

If you have any questions please contact:

Avondale Backflow
623.333.4405
backflow@avondaleaz.gov

Certified Tester Information Application/Update

Please fill out this form and provide copies of the following information to update our files for our certified testers list. **(Please complete one form for each tester.)**

Employer:

Company Name: _____

Address: _____

City/State/Zip: _____

Phone/Fax: _____

Email: _____

Insurance Coverage: *(provide copy of insurance)*

Company Name: _____

Amount of Coverage: _____

Policy #: _____

City of Avondale Tax I.D. Number: *(provide copy of Avondale business license)*

I.D. Number: _____

Test Equipment:

Make Model Serial Number Calibration Date

(Please provide copies of each test gauge calibration)

Certified Tester:

Name: _____

Email Address: _____

Address: _____

City/State/Zip: _____

Phone/Fax: _____

Certification Agency: _____

Certification Number: _____

Certification Expires: _____

(Please provide copies of the tester's certification)

I have read and understand the Certified Tester Policy and will follow policy rules when testing in the City of Avondale.

Signature: _____ **Date:** _____