FAIRVIEW WATER DISTRICT

403 Marolf Loop Road
Tillamook, OR 97141

(503) 842-4333

Backflow Assembly Testing Authorization

Property Owner/Customer:_____
Service Address: _____
Mailing Address (if different): _____
Telephone: _____
Email: _____
Assembly Location: _____
Assembly Type/Description (if known): _____

The undersigned requests that Fairview Water District perform or arrange for the required testing of the backflow assembly located at the service address identified above.

1. DISTRICT TESTING SERVICE

   The District offers backflow assembly testing as an optional service for assemblies it is required to track and report under Oregon Revised Statutes ORS 448.278 and ORS 448.279, and Oregon Administrative Rules OAR 333-061-0070 and OAR 333-061-0071. Testing will be performed by a properly certified person assigned or authorized by the District in accordance with applicable legal requirements and District procedures. Any person performing testing through this program is acting on behalf of the District.

   Participation is voluntary, and the property owner may choose another certified backflow assembly tester at any time. When another tester is selected, the property owner remains responsible for ensuring that testing is completed by the applicable reporting deadline and that a complete report is submitted to the District.

2. ACCESS AUTHORIZATION

   The undersigned agrees to provide safe and reasonable access and authorizes District personnel to enter the portion of the property necessary to locate, inspect, and test the backflow prevention assembly. Entry into an occupied building or secured area requires the undersigned's consent at the time of entry.

3. FEES

   The applicable testing fee will be billed by the District following completion of the test and is due within 30 days of the billing date. This fee applies to the initial test and does not guarantee that the assembly will pass.

   Current Testing Fee: $50.00 per assembly

   Testing fees are subject to change. For any future testing performed under a continuing authorization, the undersigned agrees to pay the fee in effect at the time of testing.

4. TESTING RESULTS AND RETESTING

   The District will document the test results and report the information as required by state cross-connection control requirements.

If the assembly fails, cannot be tested, is inaccessible, is damaged, or appears to be improperly installed, the District may discontinue the test and notify the undersigned. The undersigned is responsible for arranging and paying for any necessary repairs or corrective work.

An assembly that fails an initial test must be repaired or replaced and retested within the time required by the District or applicable law. A separate fee will be charged for each additional visit or retest.

Testing may require a temporary interruption of water service. The undersigned is responsible for protecting equipment or other uses that may be affected. The District will exercise reasonable care but is not responsible for effects resulting from an interruption necessary to perform the test.

5. OWNER RESPONSIBILITIES AND LIMITATIONS

The District is not responsible for preexisting conditions involving privately owned plumbing or backflow prevention equipment. If testing cannot be performed safely or without risk of damage, the District may postpone the test until the condition is corrected.

The undersigned is responsible for maintaining the assembly, providing access, completing any required repairs or replacement, meeting applicable testing deadlines, and paying all related costs. The assembly remains the responsibility of the undersigned.

6. AUTHORIZATION

This agreement authorizes testing only and does not include repair or installation work. Any such work must be separately authorized by the undersigned and performed by a person legally qualified. The undersigned agrees to notify the District as soon as reasonable possible if access will not be available at the scheduled time.

Choose one:

_____ I authorize the District to perform the required test for the current testing period only.

_____ I authorize the District to perform required testing in future testing periods until I revoke this authorization in writing or the District discontinues the service.

By signing below, I request and authorize the District to perform the test, agree to provide access, and accept responsibility for applicable fees, repairs, and retesting. The undersigned represents that they are the property owner or are authorized to act on the property owner's behalf.

Property Owner/Authorized Representative:

_____

Printed Name

_____ _____

Signature Date

Relationship to Property Owner (if not owner): _____