

Backflow prevention

APPLICATION FOR THE REMOVAL OF A BACKFLOW PREVENTION DEVICE FROM THE BACKFLOW REGISTER

Occupier or property owner details

Name of Property Owner (Block Letters):

Company name:

Company address:

Location of service and meter details

Lot No:

Street address:

Suburb/Town:

Water Meter No:

Water Meter Size:

Hazard details

Details of Previous Hazard Backflow Device was Installed For:

Previous Hazard Rating:

High Medium Low

Revised Hazard Details for type of Device Installed:

Revised Hazard Rating:

High Medium Low

Details of backflow device removed

Type of Device Installed: (tick appropriate box)

Boundary Protection

Zone Protection

Fire Service

Low Pressure Valve

DUCV (non-testable)

SCV (fire service)

Manufacturer:

Yes No

DCV (testable)

RPZD

Break Tank

Model No:

Size:

Serial No:

Date Removed:

 / /

Strainer Installed: Yes No

Certifier details and Certification

Name (Block Letters):

Business name:

Plumber Licence No:

I certify that I have inspected the above property and the hazards on the property are revised appropriately above. The device listed has subsequently been removed from service and should be removed from the register. Where required, a separate notice of installation has been submitted for this site to cover the revised hazard rating.

Signature of Certifier:

Date:

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Send to us

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