

Backflow prevention

NOTICE OF INSTALLATION

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

Hazards Identified and Details of Hazards:

Hazard Rating:

 High Medium Low

 High Medium Low

 High Medium Low

Backflow device details

Type of Device Installed: (tick appropriate box)

Boundary Protection

Zone Protection

Fire Service

Low Pressure Valve

DUCV (non-testable)

SCVT

Manufacturer:

Yes No

DCV (testable)

RPZD

Break Tank

Model No:

Size:

Serial No:

Date Installed:

 / /

Strainer Installed: Yes No

Certifier details and Certification

Name (Block Letters):

Business name:

Plumber Licence No:

I certify that I have installed this backflow prevention device at the property indicated on this "Notice Of Installation". The device is correct for the hazard identified.

Signature of Certifier:

Date:

 / /

Send to us

Email Backflowprevention@powerwater.com.au
Postal PO Box 37471, Winnellie, NT 0821
Phone 1800 245 092

September 2020 | D2020/336786