



Backflow Preventer Use/Operation Permit

All backflow assemblies are required to be tested within 10 days of installation.

Permit Number _____ Date Issued _____

Name of Owner/Operator _____

Property Owner _____

Address of Backflow Preventer Assembly _____

Hazard Code: High _____ Low _____ Reason _____ Test Frequency **ANNUAL**

Type of Application: Dom _____ Irr _____ Res _____ Com _____ Agri _____ Fire System _____ Other _____

Type of Backflow Preventer: RP _____ DCVA _____ PVB _____ Other _____

Manufacturer of Assembly _____ Model _____ Serial # _____ Size _____

Physical Location of Assembly _____ Installation Date _____

Name & Address of Installer/ Plumber _____

License Number _____ Expiration Date _____

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Important!

This permit authorizes the use of an approved backflow prevention assembly(s) on the above stated property by the designated owner/operator/agent. Owner/operator is responsible for proper function and maintenance of said assembly(s) at all times, including required testing and repair by State authorized tester and/or repair persons.