TOWN OF MARBLEHEAD

Water and Sewer Commission

Backflow Device Registration Data Sheet

This form is to register Irrigation Systems with a Reduced Pressure Zone (RPZ) Backflow Device only.

OWNER INFORMATION

Owner’s Name ____________________________________________

Owners’ Address _________________________________ __________________________ _
Street / P.O Box City / Town State Zip

PROPERTY INFORMATION

Property Location ______________________________________________________

Street Address ______________________________________________________

[ ] Owner Occupied [ ] Rental Property [ ] Other __________________________

DEVICE INFORMATION

Manufacturer _______________________________ Model Number _______________________________

[ ] Reduced Pressure Zone Backflow Preventer [ N/A ] Double Check Valve

Size ______________________ Hot or Cold Water Unit ________________________________

Location of Device(s) ______________________________________________________

Bypass Arrangement: [ ] Yes [ ] No

NOTE: Owner is to have Device tested at least annually by a Certified Backflow Prevention Device Tester and must submit test results to Marblehead Water and Sewer Commission within 48 hours of the test. Please refer to the Marblehead Water and Sewer Commission’s Cross-Connection Control sheet available on the water department’s web page or at the Commission office for backflow device testing requirements.