



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.