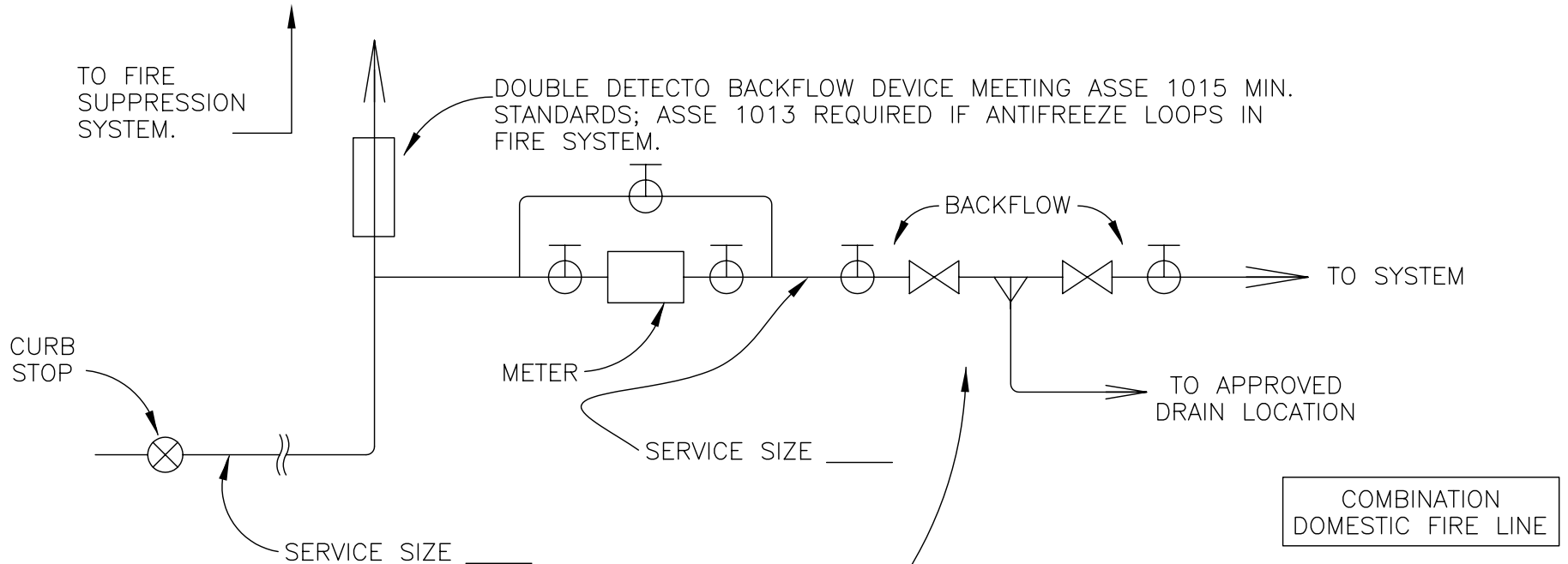


# MONTGOMERY COUNTY WATER SERVICES BACK FLOW DEVICE INSTALLATION



ASSE 1013
SIZE:
MIN. 6" OFF NEAREST WALL
MIN. 12" OFF FLOOR
MANUFACTURER:

Fax # For Back Flow Dwg. (781-2686)

Plumber & Phone # _____
Facility Name _____
Facility Address _____
City or Township _____ Zip _____
Model # _____
Manufacturer _____
Location of Back Flow Device in the Facility _____
New Construction _____ Existing _____
ASSE # _____
Tester Name and # _____

\* BACKFLOW DEVICE TO BE INSTALLED IMMEDIATELY AFTER THE SERVICE VALVE INSIDE THE BUILDING, IN AN ACCESSIBLE LOCATION.

\*\* ALL BACKFLOW DEVICES USED MUST BE ON OEPA MOST CURRENT LIST OF APPROVED BACKFLOW PREVENTION DEVICES.