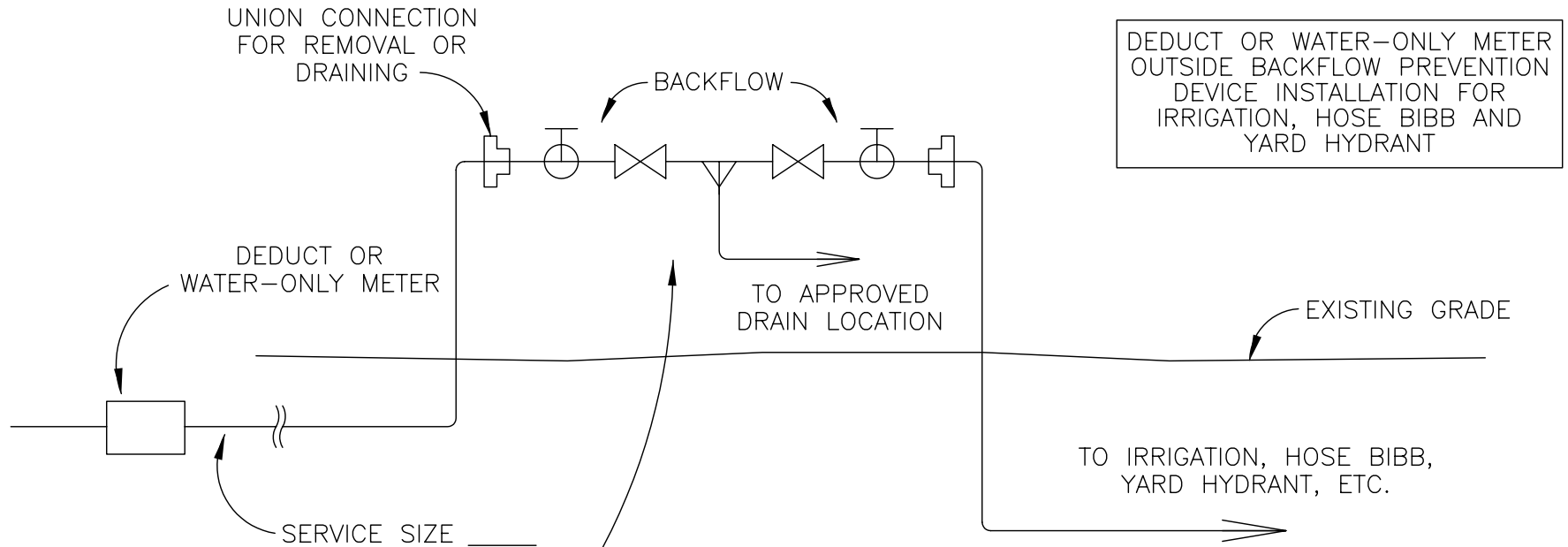


MONTGOMERY COUNTY WATER SERVICES BACK FLOW DEVICE INSTALLATION



15099

ASSE 1013	
SIZE: _____	MODEL #: _____
MANUFACTURER: _____	

* BACKFLOW DEVICE TO BE INSTALLED IMMEDIATELY AFTER THE METER, IN AN AREA NOT SUBJECT TO FLOODING.

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

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 # _____

