



Permit No: _____

NEW IRRIGATION CONTAINMENT BACKFLOW DEVICE INSTALLATION APPLICATION

FACILITY INFORMATION

Facility Name _____
Facility Use _____
Facility Address _____
City, State, Zip Code _____
Phone _____ Fax _____
Email _____

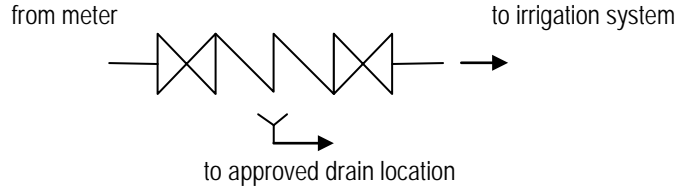
BACKFLOW PREVENTER INFORMATION

Size _____
Manufacturer & Model No. _____
Location of Device(s) _____
Number of Devices Single Tandem
Meter Location Pit/Vault Inside Building

PLUMBER INFORMATION

Company Name _____
Contact Name _____
Address _____
City, State, Zip Code _____
Phone _____ Fax _____
Email _____

Device must be installed immediately after the meter aboveground or inside the building in an accessible location per the manufacturer's recommendations. Device must conform to the standards required by the Ohio EPA, Montgomery County Water Service, and the *Ohio Plumbing Code*.



Date _____
Printed Name _____
Signature _____

Note:
Reduced pressure zone - ASSE 1013 device is required. Backflow Preventer Test Reports for "New" installations can be emailed to backflow@mcoho.org

This area used by:

**Montgomery County
Water Services**

Date Plan(s) Received: _____

Date Reviewed: _____

Approved:

Rejected:

Additional Data Required:

Comments: _____

Reviewed By: _____