1723 Falling Creek Rd.
Bedford, VA 24523
(540) 586-7679, ext. 158
backflow@bedfordwater.com

Backflow Prevention Device Registration Form

Company Name: _____

Contact Name: _____

Street Address: _____

_____

Mailing Address: _____

_____

Email Address: _____

Phone: _____

Device Information

Make: _____

Model: _____

Size: _____

Serial Number: _____

Installation Date: _____

Device Location: _____

BRWA Account Number Associated with this Device: _____

Testing of the registered backflow device is due within 30 days of the water service start date

* Testing shall be conducted by an individual who has been certified by the Virginia Department of Professional and Occupational Regulation (DPOR), and testing must be conducted on an annual basis. *

*If a backflow prevention assembly is not installed, tested, and maintained following the Cross Connection Control and Backflow Prevention Program, the BRWA may discontinue or refuse water services.

*If there are multiple backflow prevention devices at this location please submit a separate form for each device.

By signing below, the signor verifies that the information reported in this form is true, accurate and complete.

_____ _____

Signature Date

_____ _____

Name Printed Title

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