

Application Number

Date Received



Water Supply Backflow Prevention

Application for Registration / Inspection

☐ Initial Registration Form *(fee applicable)*

☐ Annual Renewal Inspection Form *(no fee applicable)*

1. DESCRIPTION OF LAND

Unit/Street No.

Street Name

Suburb

Lot No.

Section

DP / SP No.

2. LICENSEE DETAILS *(Owner of property)*

Full Name

Company Name

Position Title

Address Details

Telephone
(Mobile)

Business

Other

Email Address

3. LICENSED INSTALLER / ACCREDITED CERTIFIER *(Plumber Details)*

Full Name

Address Details

Telephone
(Mobile)

Business

Other

Email Address

Plumber's
Licence No:

Accreditation
Certificate No:

4. PARTICULARS – Main Containment for Domestic or Fire Backflow Prevention Device

Please include details of water use or Industry and exact location and number of testable devices.

Type of Device

Location of
Device

Model Number

**PLEASE ATTACH A COPY of a completed Backflow
Prevention Device – Inspection & Maintenance Report**

Serial Number

5. PRIVACY & PERSONAL INFORMATION

Information on this form is collected by Council for administrative and assessment purposes. It will be used by Council staff for the purpose of processing your application. This application form and any supporting documents you provide may be made available for public access under the *Government Information (Public Access) Act 2009*.

6. APPLICANT'S DECLARATION

I the undersigned, declare that the details provided to Central Coast Council are, to the best of my knowledge, true and correct.

Signature

Date

Backflow Prevention Device Inspection and Maintenance Report

Please complete using BLOCK LETTERS

ONE DEVICE PER FORM

BFD No. _____

Owner/occupier:				Authorised tester's name:				
Address:				Address:				
Suburb:		Postcode:		Suburb:		Postcode:		
Contact:		Phone:		License No:		Phone:		
Contact's title:				Test kit serial number:				
Date of test:		Business type:		Test kit calibration date:				
Permission received to turn off water? Yes <input type="checkbox"/> No <input type="checkbox"/> Initial Test <input type="checkbox"/> Annual Test <input type="checkbox"/>								
Device details and test results: (please tick the appropriate box)								
<input type="checkbox"/> Containment protection <input type="checkbox"/> Zone protection <input type="checkbox"/> Individual protection								
Location of device:						Main Meter No:		
Make of device:			Size (mm):		Model No:		Serial No:	
Device type	Reduced pressure zone device					<input type="checkbox"/> Strainer installed		
	Double check valve					<input type="checkbox"/> Strainer cleaned		
Test Results	Check valve No 1	Check valve No 2	Downstream isolation valve	Relief valve	Pressure type vacuum breaker			
	<input type="checkbox"/> Closed tight	<input type="checkbox"/> Closed tight	<input type="checkbox"/> Closed tight	<input type="checkbox"/> Opened at	Check valve		Air inlet	
	<input type="checkbox"/> Closed tight	<input type="checkbox"/> Closed tight	<input type="checkbox"/> Closed tight	<input type="checkbox"/> Opened at	<input type="checkbox"/> Closed tight	<input type="checkbox"/> Opened at		
	_____ kPa	_____ kPa	_____ kPa	_____ kPa	_____ kPa	_____ kPa		
	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Did not open	<input type="checkbox"/> Leaked	<input type="checkbox"/> Did not open		
Reason for failure	<input type="checkbox"/> Improper location <input type="checkbox"/> Improper assembly <input type="checkbox"/> Abnormal seat wear / damage <input type="checkbox"/> Sticking seizing parts <input type="checkbox"/> Spring wear / damage <input type="checkbox"/> Blocked / kinked sensing line <input type="checkbox"/> Sand / grit foreign material <input type="checkbox"/> Other, please specify _____							
	Re-test after maintenance	<input type="checkbox"/> Closed tight	<input type="checkbox"/> Closed tight	<input type="checkbox"/> Closed tight	<input type="checkbox"/> Closed tight	<input type="checkbox"/> Opened at	<input type="checkbox"/> Opened at	
		_____ kPa	_____ kPa	_____ kPa	_____ kPa	_____ kPa	_____ kPa	
	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Did not open		
Single check valve testable SCVT/SCDAT	Upstream isolation valve	Downstream isolation valve	Main check valve	By Pass dual check valve	SCDAT pressure difference			
	<input type="checkbox"/> Closed tight	<input type="checkbox"/> Closed tight	<input type="checkbox"/> Closed tight	<input type="checkbox"/> Closed tight	_____ kPa			
	_____ kPa	_____ kPa	_____ kPa	_____ kPa	Fire Service Meter No: (if applicable)			
	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	Serial No:			
Isolating valves padlocks fitted Yes <input type="checkbox"/> No <input type="checkbox"/>				Device test results: Pass <input type="checkbox"/> Fail <input type="checkbox"/>				
Installation complies with AS/NZS 3500.1 Yes <input type="checkbox"/> No <input type="checkbox"/>				Date of repair scheduled: (where applicable)				
Authorised tester's remarks:								
Authorised tester's signature:						Date:		