

Woodfin Sanitary Water and Sewer District Backflow Prevention Device Certificate

Instructions: *This form must be completed in full – incomplete forms are invalid!* For any field that does not apply, please mark “n/a” in the area provided. For repairs, please include a brief description of problem as well as parts and procedure necessary for repair in the space provided for “additional information”. **Willful falsification of this form may result in disconnection of water services, revocation of certified status, and other penalties and fees as set forth in the District’s Cross-Connection Policy.** Send completed forms to: **Woodfin Sanitary Water and Sewer District, Cross-Connection Program, P.O. Box 8452, Asheville, NC 28814 or fax to (828) 253-5590.**

Reason for Completion:

New Installation Testing of Device Repair of Device

Name and Mailing Address of Owner: _____

Service Address of Installation: _____

Type of Device Installed:

Double Check Valve (DCVA) Reduced Pressure Principle (RP or RPZ) Air Gap (AG)
 Double Check Detector (DCDA) Reduced Pressure Principle Detector (RPDA) Vac. Breaker

Manufacturer, Model #, Serial #: _____

Type and Size of Assembly: _____

Date of Install/Test/Repair: _____

Installation/Test/Repair Company: _____

Test Results: Passed Failed

Additional Information or Notes: _____

Signature of Person Completing Form

Date