

This Backflow Requirement Evaluation Form Must Be Completed and Returned

Return form to: Town of Pittsboro
Address: PO Box 185
 Pittsboro, IN 46167
Email: cyork@townofpittsboro.org
Fax: 317-892-4159

Please respond to all the questions below. If you answer "YES" to any of the questions then you are required by Indiana law to have a backflow preventer installed, maintained & tested on your water service line.

Please list backflow prevention devices that you may already have located on your premise. Only a backflow tester registered with Indiana is qualified to test these devices.

Name _____
Address _____

	Yes	No
Is there a lawn irrigation system installed and connected to the customer service line? Make/Model: _____ Type/Serial #: _____	<input type="checkbox"/>	<input type="checkbox"/>
Is there a Fire Sprinkler Service installed and connected to the customer service line? Make/Model: _____ Type/Serial #: _____	<input type="checkbox"/>	<input type="checkbox"/>
Is there a Private Well physically located on your premise? Make/Model: _____ Type/Serial #: _____	<input type="checkbox"/>	<input type="checkbox"/>
If you have a Private Well, is it physically connected to your customer service line or into the facility? <small>This is a prohibited connection. Is your facility listed by 327 Indiana Administrative Code 8-10 as a facility that requires a backflow prevention device?</small>	<input type="checkbox"/>	<input type="checkbox"/>
Briefly describe the facility's commercial and/or industrial uses. 		
Signature required of responsible party:	Date:	
Signature required of a Licensed Plumber/or Registered Backflow Tester:	Date:	