



Please return completed form to:  
Email: [env.comp@cswrgroup.com](mailto:env.comp@cswrgroup.com)  
Mail: 1630 Des Peres Road, Suite 140  
Des Peres, MO 63131

## Backflow Prevention Residential Form

### Public Water Supply Name

Utility provider: \_\_\_\_\_

### Contact Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Backflow Required Information

Does this property require a backflow prevention device?:  Yes  No

If yes, please indicate the which type of backflow device:

- AG- Air-Gap
- AVB – Atmospheric Vacuum Breaker
- DCVA – Double Check Valve Assembly
- PVB – Pressure Vacuum Breaker
- RPBA – Reduced Pressure Backflow Assembly

Backflow device make and model: \_\_\_\_\_

Backflow prevention device serial number: \_\_\_\_\_

Date of last test result: \_\_\_\_\_

Result of last test:  Pass  Fail