



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

Backflow Prevention Device Form

Public Water Supply Name

Utility provider: _____

Contact Information

Business Name (if applicable): _____

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 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 hazard: _____

Backflow device make and model: _____

Backflow prevention device serial number: _____

Date of last test result: _____

Result of last test: ☐ Pass ☐ Fail