



## Backflow Registration

Postal Address: Locked Bag 155 Coffs Harbour NSW 2450  
Phone (02) 6648 4000; Fax (02) 66484 199; Email: [coffs.council@chcc.nsw.gov.au](mailto:coffs.council@chcc.nsw.gov.au)  
DX 7559; ABN 79 126 214 487  
Administration Building: 2 Castle St Coffs Harbour

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

Post Code: \_\_\_\_\_

Owner: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Water use or Industry: \_\_\_\_\_

Hazard Rating: \_\_\_\_\_

Device Type: \_\_\_\_\_ Manufacturer: \_\_\_\_\_

Model No: \_\_\_\_\_ Size (mm): \_\_\_\_\_ Serial No \_\_\_\_\_

Plumber / Installer: \_\_\_\_\_ Licence No: \_\_\_\_\_

Installation Date: \_\_\_\_\_ No. of Devices on Property: \_\_\_\_\_

Initial Test Date: \_\_\_\_\_ Certified Tester: \_\_\_\_\_  
(Testable Devices Only, Results to be forwarded to Council) (Testable Devices Only)

Exact location of Device:  
\_\_\_\_\_  
\_\_\_\_\_

Remarks or location sketch:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*All work to be carried out in accordance with the NSW Code of Practice, Plumbing & Drainage.  
Backflow installation & testing to be in accordance with AS3500.1 & AS2845*

***NOTE : This form to be returned to council before water can be turned on***

All information for this agreement is being voluntarily collected for the process your application. Your information would comprise part of a public register related to this purpose. The information will be kept by Council and will be disposed of in accordance with the Local Government Disposal Authority. You are entitled to review your personal information at any time by contacting Council.

Office Use Only

Approval File No: \_\_\_\_\_ Date: \_\_\_\_\_

Entered on Database: \_\_\_\_\_ Test Results received: \_\_\_\_\_ Yes / No