



UNDERGROUND SPRINKLER SYSTEM BACKFLOW CERTIFICATION FORM

Test Date:	Pass	-	Fail
Retest Date:	Pass	-	Fail

Registration/Cross Connection Control #: _____

Test Address: _____

Plumbing Permit #: _____

Date of Installation: _____

Backflow Device/ Manufacturer Model & Serial #: _____

Device Type: _____ Size: _____ Location of Device: _____

Test Kit Calibration Report: Y - N

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- All Backflow tests must be performed by a Licensed Backflow Tester with an active license and listed on Massachusetts State List: [web page:] <http://www.mass.gov/dep/brp/dws/files/cclist.pdf>
 - Testers device must have a recent copy of Test Kit Calibration Report.
 - All tests must be reported to Holliston Water Department within one week of testing.
 - Failure notices will be mailed to homeowner. Device must be repaired within 15 working days. Subject to termination of service and/or fines up to \$25,000. 310 CMR 22.22 All Testers must be pre approved by town.
 - All Backflow Devices will be assigned a Cross Connection number by the Town of Holliston Water Department.
 - All Backflow Devices require a plumbing Permit.
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Backflow Tester's Name: _____
(PLEASE PRINT)

Backflow Tester's License #: _____ Expires: _____

Backflow Tester's Signature: _____ Date: _____

Cross Connection Co-ordinator Signature: _____ Date: _____

WATER DEPARTMENT
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