Charleston Water System

INSPECTION REQUEST FORM

BACKFLOW PREVENTION ASSEMBLY INSTALLATION AND REPLACEMENT

To: Charleston Water System
Cross-Connection Control Department
FAX: 843-579-6852
EMAIL: backflow@charlestoncpw.com
INSPECTION REQUEST LINE: 843-727-6981

Date: _____

# of Sheets (including cover) _____

Attn: _____

From:

Company Name: _____

Contact Name: _____

Phone #: _____

Fax #: _____

Email Address: _____

Complete all information and submit inspection request within two (2) days of work being performed. If old backflow information is available, please include in the comment section for replacements. This request form can be faxed or emailed, or you may call it in on the Inspection Request Line. Make only one contact. Do not duplicate requests. Inspections can be verified after 3 days of request.

	1	2	3
Customer Name:			
Account Number:			
Address:			
Make:			
Model #:			
Size:			
Serial #:			
Backflow Location on Property			
Serves???: (Dom / Irrig / F/S)			
Meter #:			
Installed by:			
Comments / Old Bkfp Info if available:			