



City of Sutherlin

Public Works Department
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BACKFLOW DEVICE INSTALLATION APPLICATION

Responsible Party/Property Owner:

Name: _____

Address: _____

Phone: _____

Commercial: _____ Residential: _____

Address where device is to be installed: _____

Type of device required: Double Check Valve Assembly (DCVA)
 Reduced Pressure (RP)
 Other _____

Device installed by: _____

Test Completed by: (Must have a State License)

Name: _____ Cert#: _____

Notice: Until permit is completed and signed by the City Inspector or representative, no water shall be used through this device except for testing of the system for which the device is installed. The test must be performed by a State Certified tester registered with the City of Sutherlin. Installation specs for each device will also be required.