



HAMPTON TOWNSHIP MUNICIPAL AUTHORITY

P.O. Box 66

3101 McCully Road
Allison Park, PA 15101

Phone: 412-486-4867
Fax: 412-486-4345

Backflow Prevent Device Installation Record

Name _____

Service Address _____

Account Number Domestic _____
Fire Line _____

Description _____

| | SIZE | MANUF. | TYPE | MODEL # | SERIAL # |
|------------|------|--------|------|---------|----------|
| Domestic | | | | | |
| Fire | | | | | |
| Detector | | | | | |
| Irrigation | | | | | |
| Other | | | | | |

Date Installed _____

Location In Building _____

Meter Number Dom. _____
Fire Detector _____

Remote Number Dom. _____
Fire Detector _____

Other Pertinent Information _____

- NN- Backflow Device
- N- Check Valve
- ★ Gate Valve
- O Meter
- Flow
- W- Water
- F- Fire Line
- S- Sprinkler
- (Wet or Dry)
- Ⓟ PR Pressure Regulator

DEVICE DETAIL SKETCH