



ORANGE WATER AND SEWER AUTHORITY

A public, non-profit agency providing water, sewer and reclaimed water services to the Carrboro-Chapel Hill community.

Application to Become an OWASA Approved Backflow Tester

Please, include me on the OWASA Approved Certified Backflow Testers List. I want to help test, maintain, and/or install backflow devices. Here are my contact details:

First Name _____ Last Name _____

Name of Current Employer _____

Street Address _____

City _____ State _____ Zip _____

Cell Phone _____ Office Phone _____

Email Address _____ I am a licensed plumber? Yes No

Name of Certifying School: _____

Certification# _____ Certification Expiration Date _____

By signing this application, I agree to read, understand, and comply with the OWASA [Backflow Ordinance](#), and [Backflow/Cross Connection Control manual](#) found at www.owasa.org.

I agree to maintain an up-to-date certification, and an accurately calibrated backflow test kit, or be removed from the Tester list. I will email my valid test kit calibration annually, to OWASA staff at customerinquiries@owasa.org. OWASA has my permission to publicize my contact details on the OWASA website or by other means.

I agree to inform OWASA Customer Service department at 919-537-4343, when my contact information changes within 30 days. I will be removed from OWASA's list of Testers within 30 days, if I cannot be reached. *If I am no longer employed by the employer on this application, I must re-apply for inclusion on the OWASA Approved Certified Testers List before I can submit test reports to OWASA.*

Signature _____

Return the following with this application:

- Copy of Current Tester Certification from qualifying school
- Copy of Test Kit Certification
- Test Kit Serial# _____ Test Kit Calibration Date: _____

OWASA Customer Service will follow up with you by email within five (5) business days, to let you know if you are approved, and included on the next approved tester list.

Office use: Received on: _____ 20 ____
Approve and follow-up by (initials): _____ Date: _____ 20 ____