

# 2025/26 Registration for Properties with Backflow Prevention Devices (BPD) and/or Thermostatic Mixing Valve (TMV) for Registration Audit

**Lodge Applications** at Ballina Shire Council • 40 Cherry Street Ballina (Mon-Fri 8.15am to 4.30pm)  
**mail** PO Box 450 Ballina 2478 • **e** council@ballina.nsw.gov.au • **t** 1300 864 444 • **w** ballina.nsw.gov.au

Please forward a completed copy of this form along with copies of all reports of the devices tested to Council's Water Quality and Trade Waste Officer. If the property owner/manager declines to sign the form please ensure that you as the testing plumber sign and submit to Council with the associated reports.

## Property Subject to Audit

- ☐ Health Care Facility
- ☐ Tourist
- ☐ Residential
- ☐ Other

## Applicant Details

Establishment Name

Address

Mobile

Email

## Device Details

Device Type/s:

- ☐ Backflow
- ☐ Thermostatic Mixing Valve
- ☐ Both

Number of Backflow Devices

Number of Backflow Devices PASSED

Number of Backflow Devices FAILED

Number of Thermostatic Mixing Valve Devices

Number of TMV Devices PASSED

Number of TMV Devices FAILED

## Declaration

I declare that I am a NSW Licensed plumber, authorized and qualified to work on BPD's/TMV's, and that the devices tested by me meet the requirements of; *Hosplan Code of Practice for TMV's in Health Care Facilities*, *manufactures requirements*, and the *Australian Plumbing Code and Associated Plumbing Standards*. I have informed the property owner/manager of any issues with the devices tested in accordance with the *NSW Plumbing and Drainage Act 2011, No. 59*.

Name of Licensed Plumber

NSW Lic No.

Mobile Number

Email

Signature

Date

☐

Initial/Commission Test

☐

Standard Test

☐

Annual Test

☐

Re-Test

☐

Audit Service

**Copies of service and commissioning reports must be attached to this form.**

### If any devices have failed:

I, as the property owner/manager subject to this audit, declare that these failing devices will be repaired and or replaced within seven(7) days from the date of this declaration, and that measures have been put in place to ensure the safety of: persons on the property, and Ballina Shire Council's reticulated water supply.

Name of Owner/Manager

Signature

Date

## Privacy Notice

The completed Registration Form for Properties with Backflow Prevention Devices (BPD) and/or Thermostatic Mixing Valve (TMV) for Registration Audit contains personal information which is being collected for the purpose of processing this application and to enable Council to perform any other duty or task under any relevant legislation. The information will be processed by the Civil Services Division of Ballina Shire Council and may be made available to public enquiries under the Government Information (Public Access) Act. The information will be stored in Council's electronic document management system.

### Office Use Only

2025/26 Fee \$112 (No GST # 6)  
WO: 04000.0210.0235

Amount paid \$

Receipt Number

Date received