

ISOLATION DEVICE ()
CONTAINMENT DEVICE ()

NEW INSTALLATION ()
ANNUAL RE-CERTIFICATION ()

**CITY OF SPRINGBORO
WATER DEPARTMENT**

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Springboro, Ohio 45066
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BACKFLOW PREVENTER TEST REPORT

FACILITY NAME _____ CONTACT PERSON _____
ADDRESS OF DEVICE _____ ADDRESS _____
CITY OR TOWNSHIP _____ TELEPHONE NO.: _____

BACKFLOW PREVENTER INFORMATION

SIZE _____ MAKE _____ MODEL _____ SERIAL NO. _____
LOCATION OF DEVICE _____
ON PREMISES _____

TEST INFORMATION

1. REDUCED PRESSURE BACKFLOW PREVENTER (ASSE 1013)

	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve
Test Before Repair	Leaked () Closed Tight ()	Leaked () Closed Tight ()	Opened at _____ psi Reduced Pressure
Describe Repairs			
Materials Used			
Final Test	Closed Tight ()	Closed Tight ()	Opened at _____ psi Reduced Pressure

2. DOUBLE CHECK VALVE ASSEMBLY (ASSE 1015)
(Use check Valve No. 1 and Check Valve No. 2 Tests Only)

3. PRESSURE TYPE VACUUM BREAKERS (ASSE 1020)
Air Inlet Opened at _____ psi.

REPAIRS: _____
DEVICE APPEARS FUNCTIONAL () YES () NO

BY: _____ TESTER'S INITIALS _____ DATE _____

PLUMBING COMPANY _____

TESTER CERTIFICATION NUMBER _____