

ISOLATION DEVICE ( )  
CONTAINMENT DEVICE ( )

NEW INSTALLATION ( )  
ANNUAL RE-CERTIFICATION ( )

# SPRINGBORO WATER DEPARTMENT

Fax 937-748-0815

## BACKFLOW PREVENTER TEST REPORT

FACILITY NAME \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_

ADDRESS OF DEVICE \_\_\_\_\_ CITY OR TOWNSHIP \_\_\_\_\_

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: \_\_\_\_\_ DEVICES APPEARS FUNCTIONAL

BY: \_\_\_\_\_ TESTER'S INITIALS \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_  
PLUMBING COMPANY

\_\_\_\_\_  
TESTER CERTIFICATE NUMBER

