

**CLARK COUNTY TEST AND MAINTENANCE REPORT
BACKFLOW PREVENTION DEVICES FOR ALL OF CLARK COUNTY**

SEND REPORT(S) TO: 529 E HOME RD, SPRINGFIELD, OH 45503, ATTN: REGINA CAHILL

For questions or comments, please contact Regina Cahill at 937-390-5600 ext 251 or rcahill@ccchd.com

COST \$10.00 PER DEVICE

OWNER: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ TYPE OF DEVICE: R.P. _____ D.C. _____ P.V.B. _____

MAKE: _____ MODEL: _____ SERIAL #: _____ SIZE: _____

EXACT LOCATION: _____

OWNER'S CERTIFICATION:

I HEREBY CERTIFY THAT THE ABOVE BACKFLOW PREVENTION ASSEMBLY HAS BEEN IN CONSTANT USE AT THIS LOCATION DURING THE ENTIRE PRESCRIBED INTERVAL BETWEEN TEST PERIODS AND DURING THAT PERIOD THIS ASSEMBLY WAS NOT BYPASSED, MADE INOPERATIVE OR REMOVED WITHOUT PROPER AUTHORIZATION. ALL DEFECTS FOUND DURING THE OPERATION PERIOD OR DURING TESTS OF THE ASSEMBLY WERE SATISFACTORILY CORRECTED WITHOUT DELAY. I FURTHER CERTIFY THAT I HAVE THE RESPONSIBILITY AND AUTHORITY TO INSURE THE ABOVE.

OWNER/AGENT SIGNATURE: _____ TITLE: _____ DATE: _____

TEST REPORT

| | #1015 | | #1013 | | | #1020 | |
|---------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|-----------------------------|---|---|
| | DOUBLE CHECK VALVE | | REDUCED PRESSURE PRINCIPLE | | | PRESSURE VACUUM BREAKER | |
| | CHECK VALVE #1 | CHECK VALVE #2 | CHECK VALVE #1 | CHECK VALVE #2 | RELIEF VALVE | AIR INLET VALVE | CHECK VALVE |
| INITIAL TEST | CLOSED TIGHT _____ LEAKED _____ | CLOSED TIGHT _____ LEAKED _____ | CLOSED TIGHT _____ LEAKED _____ | CLOSED TIGHT _____ LEAKED _____ | OPENED AT _____ p.s.i.d. | OPENED AT _____ p.s.i.d. DID NOT OPEN _____ | CLOSED TIGHT AT _____ p.s.i.d. LEAKED _____ |
| REPAIRS AND MATERIAL USED | | | | | | | |
| TEST AFTER REPAIR | CLOSED TIGHT _____ | CLOSED TIGHT _____ | CLOSED TIGHT _____ | CLOSED TIGHT _____ | OPENED AT _____ p.s.i.d. | OPENED AT _____ p.s.i.d. | CLOSED TIGHT AT _____ p.s.i.d. |

BACKFLOW: **PASSED** _____ **FAILED** _____

TEST CERTIFICATION: I CERTIFY THAT THE FOREGOING TEST REPORT IS CORRECT.

TEST SIGNATURE _____ CERT # _____ TEST DATE: _____

EMPLOYER: _____ ADDRESS: _____

CITY: _____ STATE: OHIO ZIP: _____

PHONE: _____ FAX: _____