



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

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.	CLOSED TIGHT AT _____ p.s.i.d.
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: _____

TESTERS SEND REPORTS TO: 529 E HOME RD, SPRINGFIELD, OHIO 45503 WITH \$10 FILING FEE