

ISOLATION DEVICE ()
CONTAINMENT DEVICE ()

NEW INSTALLATION ()
ANNUAL RE-CERTIFICATION ()

CITY OF SPRINGBORO WATER DEPARTMENT

320 West Central Avenue
Springboro, OH 45066
1-937-748-4360
1-937-748-0815 fax
utilities@cityofspringboro.com

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 (<input type="checkbox"/>) Closed Tight (<input type="checkbox"/>) | Leaked (<input type="checkbox"/>) Closed Tight (<input type="checkbox"/>) | Opened at _____ psi Reduced Pressure |
| Describe Repairs | | | |
| Materials Used | | | |
| Final Test | Closed Tight (<input type="checkbox"/>) | Closed Tight (<input type="checkbox"/>) | 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