

ISOLATION DEVICE ( )  
CONTAINMENT DEVICE ( )

NEW INSTALLATION ( )  
ANNUAL RE-CERTIFICATION ( )

**CITY OF SPRINGBORO  
WATER DEPARTMENT**

320 West Central Avenue  
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1-937-748-0815 fax  
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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 ( )<br>Closed Tight ( ) | Leaked ( )<br>Closed Tight ( ) | Opened at _____psi<br>Reduced Pressure |
| Describe Repairs   |                                |                                |  |
| Materials Used     |                                |                                |  |
| Final Test         | Closed Tight ( )               | Closed Tight ( )               | Opened at _____psi<br>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