

CITY OF MARYSVILLE
BACKFLOW PREVENTION ASSEMBLY TEST REPORT

City Office Use Only:

Please return form to: City of Marysville, Division of Water
 Public Service Center
 455 N. Maple Street
 Marysville, Oh 43040

Questions: 937-644-9858 (Distribution Office)

Customer and Property Information

PROPERTY ADDRESS: _____

BUSINESS NAME OR PROPERTY OWNER: _____

CONTACT PERSON: _____ PHONE # _____ FAX: _____

Device Information

NEW INSTALLATION EXISTING REPLACEMENT OLD ASSEMBLY SERIAL NUMBER: _____

TYPE OF ASSEMBLY (CIRCLE ONE) RP DC DDC OTHER (SPECIFY) _____

MAKE OF ASSEMBLY: _____ MODEL: _____ SIZE: _____ SERIAL NO.: _____

What hazard is being isolated? (i.e. boiler, irrigation, complete building): _____

Describe location of assembly: _____

Line Pressure at time of test: _____ PSI Drop across check valve #1 _____ PSID

	Double Check Valve Assembly & Reduced Pressure Zone Assembly		
	Check # 1	Check # 2	Differential Pressure Relief Valve
Initial Test	DC or RP -Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> RP- _____ PSID	DC or RP -Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened at _____ PSID Did not open. <input type="checkbox"/>
Repairs and Materials Used			
Final Test	DC or RP -Closed Tight <input type="checkbox"/> RP- _____ PSID	DC or RP -Closed Tight <input type="checkbox"/>	Opened at _____ PSID

Certified Tester Information

I CERTIFY THAT I HAVE TESTED THE ABOVE ASSEMBLY AND THAT IT MEETS MANUFACTURER'S REQUIREMENTS.

TESTERS NAME : _____ (PRINTED) CERT. NO. _____ EXP. DATE _____
 OF LICENSE _____

TESTER'S SIGNATURE: _____ DATE: _____

TESTER'S COMPANY NAME: _____ PHONE: _____

TESTER ADDRESS: _____ CITY/STATE/ZIP: _____

COMMENTS: _____