

# Division of Water Backflow Inspection and Test Report

455 N. Maple Street  
Marysville, OH 43040

City Office Use Only

Phone: (937) 644-9858 Fax: (937) 642-0179

PWS ID: 8000314

## Assembly Location and Property Information

Facility Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Service Address: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

## ASSEMBLY INFORMATION

PVB  SVB  DC  DCDA  RPZ  RPDA  AIR GAP  OTHER

Size: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Serial #: \_\_\_\_\_

Hazard Type: Complete Building: \_\_\_\_\_ Irrigation: \_\_\_\_\_ Boiler: \_\_\_\_\_ Other: \_\_\_\_\_

Equipment Location: \_\_\_\_\_

If Replacement Device old Serial #: \_\_\_\_\_

Test Date	Reduced Pressure Principal Assembly			Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
Initial Test <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Check Valve #1	Check Valve #2	Relief Valve	Opened at _____ PSID	Held at _____ PSID
	Held at _____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Held at _____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Opened at _____ PSID <input type="checkbox"/> Did Not Open	<input type="checkbox"/> Did not Open	<input type="checkbox"/> Leaked
Repairs and materials used					
Final Test <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Held at _____ PSID Closed Tight	Held at _____ PSID Closed Tight	Opened at _____ PSID	Opened at _____ PSID	Held at _____ PSID

Remarks/Comments:

The above is certified to be true at the time of testing:

Tester Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ Contact #: \_\_\_\_\_

Certified Tester #: \_\_\_\_\_ License Expiration Date: \_\_\_\_\_