

WARREN COUNTY WATER AND SEWER DEPARTMENT

BACKFLOW PREVENTION DEVICE TEST REPORT

**Attach
ticket tape
with test
results
here.**

Account No: _____

Mail to:
P.O. Box 530
Lebanon, Ohio 45036
Phone: (513) 695-1377

The following form must be completed along with a \$25 processing fee for each assembly tested. A signed and dated original must be submitted to the Water Department for public records purposes. Ticket tape test results must be included and attached to the form.

- | | |
|--|---|
| <input type="checkbox"/> Domestic Service
<input type="checkbox"/> Landscape Service
<input type="checkbox"/> Fire Protection Service

<input type="checkbox"/> New Device
<input type="checkbox"/> Existing Device | <input type="checkbox"/> Reduced Pressure Principle Backflow Preventer (ASSE 1013)
<input type="checkbox"/> Reduced Pressure Principle Detector Check (ASSE 1047)
<input type="checkbox"/> Double Check Backflow Prevention Assembly (ASSE 1015)
<input type="checkbox"/> Double Check Detector Check Assembly (ASSE 1048) |
|--|---|

Owner/Company Where Device is Located: _____

Address: _____ City: _____ State: _____ Zip: _____

Address of Device: _____ City: _____ State: _____

Manufacturer: _____ Model: _____ Size: _____

Serial No# _____ Date Installed (If known): _____

Exact Location of Device _____

ASSE 1013 & 1047 REDUCED PRESSURE PRINCIPLE ASSEMBLY

ASSE1015 & 1048 DOUBLE CHECK ASSEMBLY

Line Pressure _____ psi	Check Valve #1	Relief Valve	Check Valve #2	Outlet/Shut Off Valve
Initial Test	Pressure Differential _____ psi Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Opening Pressure _____ psi Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Leaked <input type="checkbox"/> Sealed Tight <input type="checkbox"/>	Leaked <input type="checkbox"/> Drip-Tight <input type="checkbox"/>
Repairs & Materials Used				
Final Test	Pressure Differential _____ psi Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Opening Pressure _____ psi Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Leaked <input type="checkbox"/> Sealed Tight <input type="checkbox"/>	Leaked <input type="checkbox"/> Drip-Tight <input type="checkbox"/>

Line Pressure _____ psi	Check Valve #1	Check Valve #2	Outlet/Shut Off Valve
Initial Test	Pressure Loss _____ psi Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Pressure Loss _____ psi Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Leaked <input type="checkbox"/> Drip-Tight <input type="checkbox"/>
Repairs & Materials Used			
Final Test	Pressure Loss _____ psi Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Pressure Loss _____ psi Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Leaked <input type="checkbox"/> Drip-Tight <input type="checkbox"/>

CERTIFICATION (Tester)

I hereby certify the above data to be correct, the above backflow prevention device is in proper working condition, and there is no indication, and that I have no knowledge or suspicion, that this device has been bypassed, made inoperative, removed, or compromised.

Tester: (signature): _____ State of Ohio Cert. No: _____

Tester: (print): _____ Phone # _____ Date: _____

Company Name: _____

Company Address: _____ City: _____ State: _____ Zip: _____

Date of test equipment Calibration: _____ Calibration performed by: _____

NOTES OR COMMENTS: