

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 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 include and attached to the form.

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

Name of Owner of Device: _____

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

Address of Device: _____ City: _____ State: _____

Make and Model: _____ Size: _____

Serial No# _____ Date Installed: _____

Exact Location of Device _____

ASSE 1013 & 1047 REDUCED PRESSURE PRINCIPLE ASSEMBLY

ASSE1015 & 1048 DOUBLE CHECK ASSEMBLY

	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"/>

	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 and that the above backflow prevention device is in proper working condition.

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

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

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

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

CERTIFICATION (Owner of Device)

I hereby certify that the above backflow prevention device has been in constant use at this location during the entire prescribed interval between test periods and during that period this device was not bypassed, made inoperative or removed without proper authorization. All defects found during the operation period or during tests of device were satisfactorily corrected without delay.

I further certify that I have the responsibility and authority to insure the above.

Owner/Officer (signature): _____ Title: _____

Owner/Officer (print): _____ Date: _____