

# 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<br><input type="checkbox"/> Landscape Service<br><input type="checkbox"/> Fire Protection Service | <input type="checkbox"/> Reduced Pressure Principle Backflow Preventer (ASSE 1013)<br><input type="checkbox"/> Reduced Pressure Principle Detector Check (ASSE 1047)<br><input type="checkbox"/> Double Check Backflow Prevention Assembly (ASSE 1015)<br><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 (If know): \_\_\_\_\_

Exact Location of Device \_\_\_\_\_

**ASSE 1013 & 1047 REDUCED PRESSURE PRINCIPLE ASSEMBLY**

**ASSE1015 & 1048 DOUBLE CHECK ASSEMBLY**

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

| Line Pressure<br>_____ psi | Check Valve #1   | Check Valve #2   | Outlet/Shut Off Valve  |
|----------------------------|--|--|--|
| Initial Test               | Pressure Loss<br>_____ psi<br>Pass <input type="checkbox"/><br>Fail <input type="checkbox"/> | Pressure Loss<br>_____ psi<br>Pass <input type="checkbox"/><br>Fail <input type="checkbox"/> | Leaked <input type="checkbox"/><br>Drip-Tight <input type="checkbox"/> |
| Repairs & Materials Used   |  |  |  |
| Final Test                 | Pressure Loss<br>_____ psi<br>Pass <input type="checkbox"/><br>Fail <input type="checkbox"/> | Pressure Loss<br>_____ psi<br>Pass <input type="checkbox"/><br>Fail <input type="checkbox"/> | Leaked <input type="checkbox"/><br>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/Property Manager/Tenant (signature): \_\_\_\_\_ Title: \_\_\_\_\_

Owner/Property Manager/Tenant (print): \_\_\_\_\_ Date: \_\_\_\_\_