

VILLAGE OF LODI
WATER DEPARTMENT/DEVELOPMENT DEPARTMENT

TEST AND MAINTENANCE REPORT- BACKFLOW PREVENTION DEVICE

Facility Name: _____ Phone Number: _____

Address: _____ Test Date: _____

BACKFLOW PREVENTION ASSEMBLY INFORMATION RP DC Other _____

Make: _____ Model: _____ Size: _____ Serial Number: _____

TEST TYPE ANNUAL FAILURE New Install (Date) _____
 Replaces: Type _____ Serial Number _____

INSTALLATION TYPE: Containment Isolation

SYSTEM TYPE: Domestic Fire Lawn Irrigation Boiler Other _____

LOCATION: Basement First Floor Outside Vault Other (Describe) _____

TEST RESULTS: Passed Failed

Line Pressure: _____ psi	Check Valve No. 1	Check Valve No. 2	Relief Valve
Test before repair	<input type="checkbox"/> Leaked psid <input type="checkbox"/> Closed tight _____	<input type="checkbox"/> Leaked psid <input type="checkbox"/> Closed tight _____	Opened at _____ psid
Described repair materials used:			
Final Test	Closed tight _____	Closed tight _____	Opened at _____ psid

Certification- Tester I hereby certify that I have personally tested the above backflow prevention assembly, that the assembly is in proper operating condition and that the above data is correct.

Tester (Signature): _____ Ohio Cert. No: _____

Tester (Print): _____ Cert. Expires: _____

Company Name: _____ Phone: _____

Certification- Facility I hereby certify that the above backflow prevention assembly has been in constant use at this location during the entire prescribed interval between test periods and during that period this assembly was not bypassed, made inoperative or removed without proper authorization. All defects found during the operation period or during tests of assembly 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: _____

FORWARD ORIGINAL TEST REPORT TO: VILLAGE OF LODI WATER DEPARTMENT,
P.O. Box 95, Lodi OH 44254 (330) 948-1214 or fax (330) 948-3017 ✓