

CITY OF PAINESVILLE WATER DEPARTMENT BACKFLOW REPORT
P.O. BOX 601, 7 RICHMOND STREET, PAINESVILLE, OHIO 44077

Facility Name: _____ Address: _____
 Contact Person: _____ Phone No: _____

Assembly Information

Installation Information

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

Containment	Isolation
Meter Pit ()	Basement () Floor No:
Penthouse ()	Boiler Room () Room Number:
Mechanical Room ()	Protection Provided _____

Initial Test	Double Check Assembly			Reduced Pressure Assembly			Pressure Vacuum Breaker		
	Outlet Valve	_____ psid	Pass () Fail ()	1st Check Valve	_____ psid	Pass () Fail ()	Air Inlet Valve	_____ psig	Pass () Fail ()
1st Check Valve	_____ psid	Pass () Fail ()	Relief Valve	_____ psid	Pass () Fail ()	Check Valve	_____ psig	Pass () Fail ()	
2nd Check Valve	_____ psid	Pass () Fail ()	2nd Check Valve	_____ psid	Pass () Fail ()				
			Outlet Valve		Fail ()				

Repairs & Materials Used			
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Re-Test After Repairs Date	Double Check Assembly			Reduced Pressure Assembly			Pressure Vacuum Breaker		
	Outlet Valve	_____ psid	Pass () Fail ()	1st Check Valve	_____ psid	Pass () Fail ()	Air Inlet Valve	_____ psig	Pass () Fail ()
1st Check Valve	_____ psid	Pass () Fail ()	Relief Valve	_____ psid	Pass () Fail ()	Check Valve	_____ psig	Pass () Fail ()	
2nd Check Valve	_____ psid	Pass () Fail ()	2nd Check Valve	_____ psid	Pass () Fail ()				
			Outlet Valve		Fail ()				

TESTER CERTIFICATION: *I certify that the above data is correct and that the backflow prevention device is in proper working condition*

Tester Name (Printed) _____ Signature _____ Phone No. _____
 Company Name _____ Cert No. _____ Contractor No. _____ Date _____

FACILITY

CERTIFICATION

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

Owner/Officer (Printed) _____ Signature _____ Phone No. _____
 Title: _____ Date: _____

Return Copy to: City of Painesville Water Department
 7 Richmond St, P.O. Box 601
 Painesville, Ohio 44077-0601
 Attn: Todd Livengood
 or email
 tlivengood@painesville.com

For Complications With:
 Devices, Water or Sprinklers
 Contact the Water Department 440-392-2975