

Village of Monroeville Water Department

136 Monroe St.

Monroeville, OH. 44847

Ph: 419-465-4182

E-mail: [Water@MonroevilleOhio.com](mailto:Water@MonroevilleOhio.com)

Website: <http://www.MonroevilleOhio.com>

**TEST AND MAINTENANCE REPORT** **BACKFLOW PREVENTION DEVICE**

Date Installed: Plumber:

Name: Device: ( )RP ( )DC ( )PVB ( )RPDC ( )DCDC

Address: Make & Model No.:

City/Zip: Size:

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Serial No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Device Location:

On (check one): ( )Domestic ( )Fire ( )Irrigation ( )Isolation Gauge Calibration date:

Owner’s Certification: The device has been in constant use at this location in a manner approved by the Water Department. During the entire prescribed interval between test periods and during that period, this device was not bypassed, made inoperative, or removed with authorization. All defects found during tests of the device were corrected without delay.

Owner/Tenant: Title:

Signature

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TEST REPORT** | **CHECK VALVE # 1** | **CHECK VALVE # 2** | **RELIEF VALVE** | **PVB** |
| INITIAL TEST | LEAKED ( )  APPEARS TIGHT ( )  Psid: | LEAKED ( )  APPEARS TIGHT ( )  Psid: | OPENED AT:  Psid: | AIR INLET VALVE  Psid:  PASS ( )  FAIL ( ) |
| DESCRIBE REPAIR & MATERIAL USED |  |  | OUTLET VALVE  PASS ( )  FAIL ( ) |  |
| FINAL TEST | APPEARS TIGHT ( ) | APPEARS TIGHT ( ) | OPENED AT:  Psid: | CHECK VALVE  Psid:  PASS ( )  FAIL ( ) |

CERTIFICATION: I hereby certify that the above testing was performed by me and the information is correct.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( ) PASSED THE TEST ( ) FAILED THE TEST

Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CERT. NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tester’s Signature

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Forward **ORIGINAL** test report to: Village of Monroeville

**ORIGINAL**

Backflow Prevention

136 Monroe St P O Box 156

Monroeville, OH 44847