



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  
Backflow Prevention  
136 Monroe St  
Monroeville, OH 44847

**ORIGINAL**