



Village of New Lexington

215 S. Main St.
New Lexington, OH 43764

Annual Test & Maintenance for Backflow Prevention Assemblies

Admin. Fee: \$25.00
Date Paid:
Rec'd By:

Facility Name: _____ Address: _____

Contact Person: _____ Phone Number: _____

Assembly Information

Installation Information

Make: _____	Containment: <input type="checkbox"/>	Isolation: <input type="checkbox"/>
Model: _____	Meter Pit: <input type="checkbox"/>	Basement: <input type="checkbox"/>
Size: _____	Room No.: _____	Boiler Room: <input type="checkbox"/>
Serial No.: _____	Floor No.: _____	Penthouse: <input type="checkbox"/>
Other: _____	Protection Provided: _____	Mechanical Room: <input type="checkbox"/>

Double Check Assembly

Initial Test	Outlet Valve		Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
Date	1st Check Valve	_____ psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
	2nd Check Valve	_____ psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>

Reduced Pressure Assembly

1st Check Valve	_____ psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
Relieve Valve	_____ psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
Opening Pt.			
2nd Check Valve		Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
Outlet Valve		Pass <input type="checkbox"/>	Fail <input type="checkbox"/>

Pressure Vacuum Breaker

Air Inlet Valve	_____ psig	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
Check Valve	_____ psig	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>

Repairs and Materials Used	
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Double Check Assembly

Re-test After Repairs	Outlet Valve		Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
Date	1st Check Valve	_____ psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
	2nd Check Valve	_____ psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>

Reduced Pressure Assembly

1st Check Valve	_____ psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
Relieve Valve	_____ psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
Opening Pt.			
2nd Check Valve		Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
Outlet Valve		Pass <input type="checkbox"/>	Fail <input type="checkbox"/>

Pressure Vacuum Breaker

Air Inlet Valve	_____ psig	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
Check Valve	_____ psig	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>

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

Tester Name (Print): _____ Signature: _____ Phone No: _____

Company Name: _____ OH Cert. No.: _____ Contractor No.: _____ Date: _____

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

Owner/Officer (Print): _____ Signature: _____ Date: _____

Title: _____ Phone No: _____

All applicable fields must be filled out completely in order for test results to be accepted