

Mount Vernon Water & Wastewater Department
BACKFLOW PREVENTION PROGRAM
 Annual Test and Maintenance Report for Backflow Prevention Assemblies

(please type or print clearly)

Facility Name: _____
 Address: _____

BACKFLOW PREVENTION ASSEMBLY INFO.	INSTALLATION INFORMATION
Make: _____	<input type="checkbox"/> Water Service Containment
Model: _____	<input type="checkbox"/> Basement <input type="checkbox"/> Penthouse
Size: _____	<input type="checkbox"/> Mech. Room <input type="checkbox"/> Above ceiling
Serial No: _____	<input type="checkbox"/> Floor Number _____
Date Installed: _____	<input type="checkbox"/> Protecting: _____
	<input type="checkbox"/> Other _____
	PVB Height Above High Opening _____

	Reduced Pressure Devices		Pressure Vacuum Breaker		
	Double Check Devices		Relief Valve	Air Inlet	Check Valve
	1st Check	2nd Check			
Initial Test	<input type="checkbox"/> DC Closed Tight RP- _____ PSID	<input type="checkbox"/> Closed Tight	Opened at _____ PSID	Open at _____ PSID <input type="checkbox"/> Did Not Open	_____ PSID <input type="checkbox"/> Leaked
Repairs and Materials					
Test After Repairs	<input type="checkbox"/> DC Closed Tight RP- _____ PSID	<input type="checkbox"/> Closed Tight	Opened at _____ PSID	Opened at _____ PSID	_____ PSID

CERTIFICATION – TESTER: *I hereby certify the above data to be correct and that the above backflow prevention assembly is in proper operating condition.*

TESTER (signature) _____ Test Date _____
 TESTER (print) _____ Ohio Cert. No. _____
 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 ensure the above.

OWNER/OFFICER (signature) _____ Title _____
 OWNER/OFFICER (print) _____ Date _____

Return: White copy along with \$ _____ fee.
 To: Mount Vernon Water & Wastewater Department Phone: (740) 393-9504
 3 North Gay Street Fax: (740) 397-3707
 Mount Vernon, Ohio 43050

Copy to be kept for Customer/Facility records. Copy to be retained by tester