



THE CITY OF NORWALK

Water Plant
201 Woodlawn Avenue
Norwalk, Ohio 44857
(419) 663-6725
FAX (419) 663-6726
www.norwalkoh.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) () Isolation () Fire () Irrigation () Containment

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.

Print Name

() PASSED THE TEST () FAILED THE TEST

Tester's Signature

CERT. NO. _____ DATE: _____

Company Name _____ Phone _____

Forward this **ORIGINAL** test report to:
Jenni Nickoli
Backflow Prevention Coordinator
201 Woodlawn Avenue
Norwalk, Ohio 44857
419 -663-6725
backflow@norwalkoh.com

ORIGINAL