

VILLAGE OF ARLINGTON WATER DEPARTMENT

Annual Test & Maintenance Report for Backflow Prevention Device

Service Address: _____
 Device Location: _____
 Contact Person: _____ Phone: _____

Type of Device: _____
 Manufacturer: _____
 Model: _____
 Serial #: _____
 Size: _____

CUSTOMER:
 NAME: _____
 ADDRESS: _____
 CITY: _____

Owner's Certification: 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 by-passed, made inoperative or removed without proper authorization. I further certify that I have the responsibility and authority to ensure the above.

Owner/Officer (print) _____ Signature: _____
 Title: _____ Tel # _____ Date: _____

TEST REPORT: PASS FAIL

	Double Check Valve		Reduced Pressure Principle			Pressure Vacuum	
Initial Test	Check Valve #1	Check Valve #2	Check Valve #1	Check Valve #2	Relief Valve	Air Inlet Valve	Check Valve
	Closed Tight: <input type="checkbox"/>	Closed Tight: <input type="checkbox"/>	Closed Tight: <input type="checkbox"/>	Closed Tight: <input type="checkbox"/>	Opened at:	Opened at:	Closed Tight At:
	Leaked: <input type="checkbox"/>	Leaked: <input type="checkbox"/>	Leaked: <input type="checkbox"/>	Leaked: <input type="checkbox"/>	p.s.i.d.	p.s.i.d.	p.s.i.d.
	psid	psid	psid	Leaked: <input type="checkbox"/>		Did Not Open: <input type="checkbox"/>	Leaked: <input type="checkbox"/>
Repairs & Material Used							
Test After Repair	Closed Tight: <input type="checkbox"/>	Closed Tight: <input type="checkbox"/>	Closed Tight: <input type="checkbox"/>	Closed Tight: <input type="checkbox"/>	Opened At:	Opened At:	Closed Tight At:
					p.s.i.d.	p.s.i.d.	p.s.i.d.

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

Tester Signature: _____ Cert # _____ Date: _____
 Employer: _____ Address: _____
 City: _____ Zip: _____ Tel # _____

FORWARD COPY OF TEST REPORT TO:
 Arlington Board of Public Affairs
 Water Department
 P. O. Box 324
 Arlington, Ohio 45814-0324

or Email Report to:
ArlingtonVillage699@Gmail.com

CONTACTS:
Municipal Building
 419-365-5253
Water Superintendent
 419-348-3197