

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	Closed		Closed	Closed	Opened at:		Opened at:	Closed Tight at:
	Tight: ☐	Tight: ☐		Tight: ☐	Tight: ☐			p.s.i.d.	
	Leaked: ☐	Leaked: ☐		Leaked: ☐	Leaked: ☐			Did Not Open: ☐	p.s.i.d. Leaked: ☐
	p.s.i.d.	p.s.i.d.		p.s.i.d.	p.s.i.d.	p.s.i.d.			
Repairs & Material Used									
Test After Repair	Closed Tight: ☐	Closed Tight: ☐		Closed Tight: ☐	Closed Tight: ☐	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 #: _____ Test Date: _____
Printed
Name: _____ License Expiration Date: _____
Employer: _____ Address: _____
City: _____ Zip: _____ Tel # _____

FORWARD COPY OF TEST REPORT TO:

Village of Arlington
Water Department
P. O. Box 324
Arlington, Ohio 45814-0324

or Email Report to:

voawaterclerk@gmail.com

Water Clerk: 567-301-6305

CONTACTS:

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