



Celina Utilities  
 Water Department  
 714 S. Sugar Street  
 Celina, Ohio 45822  
 Phone (419) 586-2270  
 Fax (419) 586-3598

Check One	New Device
	Re-Certification of Device
Check One	In Corporation
	In County District
Check One	Containment Device
	Isolation Device



## BACKFLOW PREVENTER TEST REPORT

CUSTOMER NAME \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

ADDRESS OF DEVICE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

DEVICE LOCATION \_\_\_\_\_

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ SERIAL NO. \_\_\_\_\_ SIZE \_\_\_\_\_

### TEST INFORMATION

REDUCED PRESSURE BACKFLOW PREVENTER (ASSE. 1013)

	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve
Test Before Repair	Leaked Closed Tight	Leaked Closed Tight	Opened @ _____ psi Reduced Pressure
Describe Repairs			
Materials Used			
Final Test Results	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Opened @ _____ psi Reduced Pressure

DOUBLE CHECK VALVE ASSEMBLY (ASSE. 1015)  
 (Use Check Valve No. 1 and Check Valve No. 2 Test Only)

PRESSURE TYPE VACUUM BREAKER (ASSE. 1020)  
 (Air Inlet Opened @ \_\_\_\_\_ psi)

All information in this box **MUST** be filled out completely.

Tester _____ <small>(PRINTED)</small>	_____ <small>(SIGNATURE)</small>	Date _____
Plumbing Company _____		
Tester's Certification No. _____		Expiration Date _____

Return Form To: Celina Water Department, 714 S. Sugar Street, Celina, Ohio 45822