

Test and Maintenance Report of Backflow Prevention Device
Village of Burton

Service Name:

Service Address:

Phone _____

OWNER CERTIFICATION

I hereby certify that this device has been in constant use at this location in a manner approved by the Ohio E.P.A. and 4101:2-51-38 of the O.A.C. During this period, this assembly was not bypassed, made inoperative or removed without prior authorization from Burton Village. All defects found during this operating period or during testing of this assembly were satisfactorily corrected.

Owner/Agent: _____ Date: _____

INSPECTION TEST REPORT

Manufacturer: _____ Model No.: _____

Serial No.: _____ Size: _____

Date Installed: _____ Location: _____

Required Service: Pressure Test 30-Month Cleaning 5-Year Rebuild

Type of Device: PVS DC RP DCDCV RPDCV

	Check Valve #1	Check Valve #2	Differential Relief Valve
Test Before Repair	<input type="checkbox"/> Leaked <input type="checkbox"/> Tight	<input type="checkbox"/> Leaked <input type="checkbox"/> Tight	Opened at _____ psi
Describe Repair			
Materials Used			
Final Test	<input type="checkbox"/> Tight	<input type="checkbox"/> Tight	Opened at _____ psi

TESTER CERTIFICATION

I certify that the foregoing test is correct.

Company: _____ Date: _____

Address: _____ Phone: _____

Tester: _____ Certification: _____

RETURN TO: Village of Burton, P.O. Box 408, Burton, OH 44021, Attn: Backflow