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 ☐	Closed Tight ☐	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 _____ _____ Date _____
(PRINTED) (SIGNATURE)

Plumbing Company _____

Tester's Certification No. _____ Expiration Date _____

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