

VILLAGE OF BUCKEYE LAKE WATER DEPARTMENT

BACKFLOW PREVENTION PROGRAM

Annual Test and Maintenance Report for Backflow Prevention Assemblies

FACILITY NAME: _____

ADDRESS: _____

BACKFLOW PREVENTION ASSEMBLY INFORMATION	INSTALLATION INFORMATION
MAKE:	☐ Water Service
MODEL:	☐ Mech Room
SIZE:	Protecting
SERIAL NO.:	Other:
DATE INSTALLED:	

	Reduced Pressure Devices		Pressure Vacuum Breaker		
	Double Check Devices		Relief Valve	Air Inlet	Check Valve
	1st Check	2nd Check			
INITIAL TEST	☐ Closed Tight RP _____ PSID ☐ Leaked	☐ Closed Tight RP _____ PSID ☐ Leaked	Opened at _____ PSID	Opened at _____ PSID ☐ Did not open	_____ PSID ☐ Leaked
REPAIRS AND MATERIALS USED					
TEST AFTER REPAIRS	☐ DC Closed Tight RP _____ PSID	☐ DC Closed Tight RP _____ PSID	Opened at _____ PSID	Opened at _____ PSID	_____ PSID

CERTIFICATION - TESTER: I hereby certify the above data to be correct and that the above backflow prevention assembly is in proper operation condition.

TESTER (signature) _____ Test Date _____

TESTER (print) _____ OH Cert. No. _____

COMPANY NAME: _____ Phone No. _____

CERTIFICATION - FACILITY: 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 bypassed, made inoperative or removed without proper authorization. All defects found during the operation period or during tests of assembly were satisfactorily corrected without delay. I further certify that I have responsibility and authority to insure the above.

OWNER/OFFICER (signature) _____ PHONE _____

OWNER/OFFICER (print) _____ DATE _____

Return white copy to:
Village of Buckeye Lake Water Dept.
P.O. Box 2480
Buckeye Lake, OH 43008
Phone: (740) 928-7100

Yellow Copy - Tester Records

Pink Copy - Consumer/Facility Records