

WASTEWATER
 201 Plank Road
 Norwalk, OH 44857
 Phone 419-663-6755
 Fax 419-663-6756

CITY OF NORWALK
Water & Wastewater Treatment
 DIVISION OF BACKFLOW PREVENTION

WATER
 201 Woodlawn Avenue
 Norwalk, Ohio 44857
 Phone 419-663-6725
 Fax 419-663-6726

Email: backflow@norwalkoh.com

TEST AND MAINTENANCE REPORT

BACKFLOW PREVENTION DEVICE

Date Installed: _____

Plumber: _____

Name: _____

Device () RP () DC () PVB () RPDC () DCDC

Address: _____

Make & Model No.: _____

City-Zip: _____

Size: _____

Phone: _____

Serial No: _____

Device Location: _____

On (check one) () Domestic () Fire () Irrigation **Gauge Calibration Date** _____

Owner's Certification: The device has been in constant use at this location in a manner approved by the Water Department. During the entire prescribed interval between test periods and during that period this device was not bypassed, made inoperative, or removed with authorization. All defects found during tests of the device were corrected without delay.

Owner/Tenant: _____

Title: _____

Signature

Test Report	Check Valve #1	Check Valve #2	Relief Valve	PVB
Initial Test	Leaked () Appears tight () psid: _____	Leaked () Appears tight () psid: _____	Opened at: psid: _____	Air inlet valve psid: _____ Pass () Fail ()
Describe repair & material used			Outlet Valve Pass () Fail ()	
Final Test	Appears tight ()	Appears tight ()	Opened at: psid: _____	Check valve psid: _____ Pass () Fail ()

CERTIFICATION: I hereby certify that the above testing was performed by me and the information is correct.

 Print Name

() PASSED THE TEST () FAILED THE TEST

 Tester's Signature

CERT. NO. _____ TEST DATE: _____

Company Name _____

Phone _____

Forward this **ORIGINAL** test report to:
 Backflow Prevention Coordinator
 201 Plank Road
 Norwalk, Ohio 44857
 419 -663-6755

ORIGINAL