

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

# CITY OF NORWALK

## Water & Wastewater Treatment

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

Email: rdelvecchio.nwwtp@neo.rr.com

### DIVISION OF BACKFLOW PREVENTION

#### 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

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 ( )	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.

( ) PASSED THE TEST ( ) FAILED THE TEST

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Tester's Signature

CERT. NO. \_\_\_\_\_ DATE: \_\_\_\_\_

Company Name \_\_\_\_\_

Phone \_\_\_\_\_

Forward the **ORIGINAL** test report to:  
 Robert Del Vecchio, Backflow Prevention Coordinator  
 201 Woodlawn Avenue  
 Norwalk, Ohio 44857