



BACKFLOW PREVENTION DEVICE TEST AND MAINTENANCE REPORT
 Phone: 740-203-1926/Fax 740-203-1997 or email thinson@delawareohio.net
 Website www.delawareohio.net

Owner _____ Tenant _____
 Address _____ Device Address _____
 Phone _____ Contact Person _____

The cross-connection control device detailed hereon has been tested and maintained as required by Section 913.26 of the Delaware City Codified Ordinances and is certified to comply with the rules of the Ohio EPA.

Make of Device _____ Model Number _____
 Serial Number _____ Size _____
 Exact Location of Device _____

Date Checked _____ * Device must be checked again one year from this date.

	Double Check Valve		Reduced Pressure Principle			Pressure Vacuum Breaker	
	Check Valve #1	Check Valve #2	Check Valve #1	Check Valve #2	Relief Valve	Air Inlet Valve	Check Valve
Initial Test	Closed Tight At: __psid Leaked <input type="checkbox"/>	Opened At: __psid psid	Opened At: __psid Did not open <input type="checkbox"/>	Closed Tight At: __psid Leaked <input type="checkbox"/>			
Repairs/ Materials Used							
Test After Repair	Closed Tight At: __psid	Closed Tight At: __psid	Closed Tight At: __psid	Closed Tight At: __psid	Opened At: __psid psid	Opened At: __psid psid	Closed Tight At: __psid psid

The above is certified to be true.

Tester _____ Certification # _____ Expiration Date _____
 Employer _____ Owner Signature _____
 Address _____ Tester Phone _____

Return to: City of Delaware

Attn: Tom Hinson
 3080 US 23 North
 Delaware, OH 43015
 Email: thinson@delawareohio.net