



BACKFLOW PREVENTION DEVICE TEST & MAINTENANCE REPORT

740-203-1926 thinson@cityofdelawareoh.gov website: www.cityofdelawareoh.gov

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: _____

Backflow Type: *(Please circle backflow type)* **Contamination** or **Isolation** _____

Date Backflow Device was tested: _____

	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"/>	Closed Tight At: ___psid Leaked <input type="checkbox"/>	Closed Tight At: ___psid Leaked <input type="checkbox"/>	Closed Tight At: ___psid Leaked <input type="checkbox"/>	Opened At: ___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	Opened At: ___psid	Closed Tight At: ___psid

The above is certified to be true.

Tester: _____

Certification # _____ **Expiration Date:** _____

Employer: _____

Owner Signature: _____

Address: _____

Tester Phone: _____

Return to:

City of Delaware
3080 US 23 North
Delaware, OH 43015
Attn: Tom Hinson
Email: thinson@cityofdelawareoh.gov