



## BACKFLOW PREVENTION DEVICE TEST & MAINTENANCE REPORT

740-203-1926/Fax 740-203-1997 \* [thinson@delawareohio.net](mailto:thinson@delawareohio.net) \* [www.delawareohio.net](http://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: \_\_\_\_\_

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 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  
3080 US 23 North  
Delaware, OH 43015  
Attn: Tom Hinson  
Email: [thinson@delawareohio.net](mailto:thinson@delawareohio.net)