

CITY OF CONNEAUT WATER DEPARTMENT

Test and Maintenance report of backflow prevention device.

Nº 4500

Service Account #: _____
Service Name: _____ Phone: _____
Service Address: _____
City: _____ Zip: _____

Owner's Certification:

I hereby certify that this device has been in constant use at this location in a manner approved by the Ohio E.P.A. and the City of Conneaut Water System. During this period, this assembly was not by-passed, made inoperative or removed without proper authorization. All defects found during the operating period or during testing of this assembly were satisfactorily corrected without delay.

Owner/Agent: _____ Date: _____

TEST REPORT

Meter Serial # (stamped on casting)

Mfg. Name: _____ Serial #: _____ Size: _____

Date Installed: _____ Location: _____

Required Service: Pressure Test _____ 30 Month Cleaning _____ 5 Year Rebuild _____

Type of Device: _____

Existing New Replacement

	Check Valve #1	Check Valve #2	Differential Relief Valve
TEST BEFORE REPAIR	Leaked () Tight ()	Leaked () Tight ()	Opened at _____ psi
DESCRIBE REPAIR			
MATERIAL USED			
FINAL TEST	Tight ()	Tight ()	Opened at _____ psi

TESTER CERTIFICATION: I certify that the forgoing test is correct.

Test gauge used:
Manufacturer/Model #: _____ SN: _____ Calibrator Date: _____

Company: _____ Date: _____

Address: _____ Phone: _____

Remarks: _____

Tester Signature: _____ Certification Number: _____

Forward a copy of test report to:
City of Conneaut
Water Department
294 Main Street, Conneaut, Ohio 44030

City - White

Customer - Yellow

Plumber - Pink

Service Acct. #:

Service Address:

Containment/Isolation (Circle)