



**Village of  
Yellow Springs**  
Public Works Department

**TEST AND MAINTENANCE REPORT  
BACK FLOW PREVENTION DEVICE**

Owner \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Type of Device: R.P. \_\_\_\_\_ D.C. \_\_\_\_\_  
Manufacturer \_\_\_\_\_ Model \_\_\_\_\_ Serial# \_\_\_\_\_ Size \_\_\_\_\_

**Owner's Certification:**

I hereby certify that the above backflow prevention assembly has been in constant use at this location during the entire prescribed interval between test periods and during that period this assembly was not by-passed, made inoperative or removed without proper authorization. All defects found during the operation period or during tests of the assembly were satisfactorily corrected without delay. I further certify that I have the responsibility and authority to insure the above.

Owner/Agent Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Test Report:**

	Double Check Valve		Reduced Pressure Principle		
	Check Valve #1	Check Valve #2	Check Valve #1	Check Valve #2	Relief Valve
Initial Test	Closed Tight Leaked	Closed Tight Leaked	Closed Tight Leaked	Closed Tight Leaked	Opened at _____ p.s.i.d.
Repairs and Material Used					
Test After Repair	Closed Tight	Closed Tight	Closed Tight	Closed Tight	Opened at _____ p.s.i.d.

Test Certification: I certify that the foregoing test report is correct:

Tester Signature \_\_\_\_\_ Cert.# \_\_\_\_\_ Date \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Forward a copy of test report to:**

Village of Yellow Springs  
100 Dayton Street  
Yellow Springs, Ohio 45387  
Attn: Johnnie Burns