City of Franklin

202 Baxter Drive
Franklin, Ohio 45005
937-746-5001

Record Number

ANNUAL TEST AND MAINTENANCE REPORT FOR BACKFLOW PREVENTION DEVICES

RE: Notice for Recertification of the Backflow device a

AFTER DEVICE INSPECTION, PLEASE RETURN THIS COMPLETED FORM TO THE CITY OF FRANKLIN AT THE ADDRESS SHOWN ABOVE.

OH

In accordance with local, state and federal regulations, you are hereby notified to have the backflow prevention device recertified by specifically the device indicated below. Please be sure that this form is the ONLY form used by your Plumber/Tester and that it is returned, upon completetion of the inspection, to The City of Franklin at the address shown above. For questions or further information please call (937)746-5001.

☐ REDUCED PRESSURE PRINCIPLE BACKFLOW PREVENTER ☐ DOUBLE CHECK VALVE ASSEMBLY ☐ PRESSURE VACUUM BREAKE

☐ IRRIGATION ☐ DOMESTIC ☐ INDUSTRIAL ☐ FIRE

COMPANY:

ADDRESS: CITY: STATE: OH ZIP:

MAKE _____ MODEL: _____ SIZE _____ SERIAL NUMBER: _____ DATE INSTALLED: _____

LOCATION OF DEVICE _____

Line Pressure _____PSI	Check Valve Number 1	Check Valve Number 2	Differential Pressure Relief Valve
Test Before Repairs	Leaked ☐ Closed Tight ☐	Leaked ☐ Closed Tight ☐	Opened at _____psi
Describe Repairs			
Materials Used			
Final Test	Closed Tight ☐	Closed Tight ☐	Opened at _____psi reduced pressure

CERTIFICATION

I hereby certify the above data to be correct and that the above backflow prevention device is in proper operating condition.

TESTER SIGNATURE _____ OHIO CERT NUMBER: _____ TEST DATE: _____

PRINT TESTER SIGNATURE _____

PLUMBING COMPANY _____ TITLE: _____

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

OWNER/OFFICER _____ PROPOSED RECERTIFICATION DATE _____

AMOUNT DUE _____