

VILLAGE OF COLDWATER

DOUGLAS S. BERTKE, Mayor

610 W. Sycamore Street

JASON EYINK
Finance Director/Clerk

COLDWATER, OHIO 45828-1662
Phone: 419-678-4881
Fax: 419-678-2365

ERIC THOMAS
Manager/Engineer

Facility Name: _____
Address: _____ Contact Person: _____

Assembly Information

Installation Information

Make: _____
Model: _____
Size: _____
Serial Number: _____

Containment <input type="checkbox"/>	Isolation <input type="checkbox"/>
Meter Pit <input type="checkbox"/>	Basement <input type="checkbox"/> Floor Number: _____
Penthouse <input type="checkbox"/>	Boiler Room <input type="checkbox"/> Room Number: _____
Mechanical Room <input type="checkbox"/>	Protection Provided: _____

Double Check Assembly			
Initial Test	Outlet Valve	_____ psid	Pass _ Fail _
	1 st Check Valve	_____ psid	Pass _ Fail _
Date	2 nd Check Valve	_____ psid	Pass _ Fail _

Reduced Pressure Assembly		
1 st Check Valve	_____ psid	Pass _ Fail _
Relief Valve Opening Point	_____ psid	Pass _ Fail _
2 nd Check Valve		Pass _ Fail _
Outlet Valve		Pass _ Fail _

Pressure Vacuum Breaker		
Air Inlet Valve	_____ psig	Pass _ Fail _
Check Valve	_____ psig	Pass _ Fail _

Repairs & Materials Used

Double Check Assembly			
Re-Test After	Outlet Valve	_____ psid	Pass _ Fail _
Repairs	1 st Check Valve	_____ psid	Pass _ Fail _
Date	2 nd Check Valve	_____ psid	Pass _ Fail _

Reduced Pressure Assembly		
1 st Check Valve	_____ psid	Pass _ Fail _
Relief Valve Opening Point	_____ psid	Pass _ Fail _
2 nd Check Valve		Pass _ Fail _
Outlet Valve		Pass _ Fail _

Pressure Vacuum Breaker		
Air Inlet Valve	_____ psig	Pass _ Fail _
Check Valve	_____ psig	Pass _ Fail _

Comments: _____

TESTER CERTIFICATION: I certify that the above data is correct & the backflow prevention assembly is passed the test.

Tester Name (Printed): _____ Signature: _____

OTCO Certified Tester #: _____ OTCO Certified Tester Exp. Date: ___/___/___

Department of Commerce Certified Tester

Company Name _____ Ohio Certificate #: _____ Contractor #: _____ Date: _____

I hereby certify that the above backflow 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 bypassed, made inoperative or removed without proper authorization. I further certify that I have the authority and responsibility to ensure the above.

Owner/Officer (Printed): _____ Signature: _____

Title: _____ Date: _____

Updated 6/15/16