

**Village of Versailles
Utilities**

177 N. Center St.
Versailles, OH 45380
Phone (937) 526-3294
Fax (937) 526-4476

Check One	<input type="checkbox"/>	New Device
	<input type="checkbox"/>	Re-Certification of Device
Check One	<input type="checkbox"/>	In Corporation
	<input type="checkbox"/>	In County District
Check One	<input type="checkbox"/>	Containment Device
	<input type="checkbox"/>	Isolation Device

BACKFLOW PREVENTER TEST REPORT

CUSTOMER NAME _____

CONTACT PERSON _____

ADDRESS OF DEVICE _____

PHONE NUMBER _____

DEVICE LOCATION _____

MAKE _____ MODEL _____ SERIAL NO. _____ SIZE _____

TEST INFORMATION

REDUCED PRESSURE BACKFLOW PREVENTER (ASSE. 1013)

	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve
Test Before Repair	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/>	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/>	Opened @ _____ psi Reduced Pressure
Describe Repairs	_____		
Materials Used	_____		
Final Test Results	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Opened @ _____ psi Reduced Pressure

DOUBLE CHECK VALVE ASSEMBLY (ASSE. 1015)
(Use Check Valve No. 1 and Check Valve No. 2 Test Only)

PRESSURE TYPE VACUUM BREAKER (ASSE. 1020)
(Air Inlet Opened @ _____ psi)

All information in this box **MUST** be filled out completely.

Tester _____ (PRINTED)	_____ (SIGNATURE)	Date _____
Plumbing Company _____		
Tester's Certification No. _____		Expiration Date _____

Return Form To: Village of Versailles, P.O. Box 288, Versailles, OH 45380