

Test and Maintenance Report of Backflow Prevention Device  
Village of Burton

Service Name:

Service Address: \_\_\_\_\_ Phone \_\_\_\_\_

**OWNER 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 4101:2-51-38 of the O.A.C. During this period, this assembly was not bypassed, made inoperative or removed without prior authorization from Burton Village. All defects found during this operating period or during testing of this assembly were satisfactorily corrected.

Owner/Agent: \_\_\_\_\_ Date: \_\_\_\_\_

**INSPECTION TEST REPORT**

Manufacturer: \_\_\_\_\_ Model No.: \_\_\_\_\_

Serial No.: \_\_\_\_\_ Size: \_\_\_\_\_

Date Installed: \_\_\_\_\_ Location: \_\_\_\_\_

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

Type of Device:  PVS  DC  RP  DCDCV  RPDCV

	Check Valve #1	Check Valve #2	Differential Relief Valve
Test Before Repair	<input type="checkbox"/> Leaked <input type="checkbox"/> Tight	<input type="checkbox"/> Leaked <input type="checkbox"/> Tight	Opened at _____ psi
Describe Repair			
Materials Used			
Final Test	<input type="checkbox"/> Tight	<input type="checkbox"/> Tight	Opened at _____ psi

**TESTER CERTIFICATION**

I certify that the foregoing test is correct.

Company: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Tester: \_\_\_\_\_ Certification: \_\_\_\_\_

RETURN TO: Village of Burton, P.O. Box 408, Burton, OH 44021, Attn: Backflow