



CITY OF BELLBROOK

BACKFLOW PREVENTER INSPECTION

UTILITY BILLING
15 EAST FRANKLIN STREET, BELLBROOK, OHIO 45305
(937) 848-4638 WWW.CITYOFBELLBROOK.ORG

SERVICE ADDRESS & CONTACT INFORMATION

THIS FORM MUST BE COMPLETED AND RETURNED BY A CERTIFIED TESTER TO THE CITY OF BELLBROOK UTILITY BILLING OFFICE.

REASON FOR INSPECTION: NEW DEVICE REPLACED DEVICE ANNUAL TEST

RESIDENT/BUSINESS NAME _____ PHONE _____

SERVICE ADDRESS _____

RESPONSIBLE PARTY (IF DIFFERENT FROM ABOVE) _____ PHONE _____

ADDRESS _____

BACKFLOW PREVENTER INFORMATION

BACKFLOW PREVENTER USE: FIRE LINE IRRIGATION MAIN LINE ISOLATION

(IF REPLACING DEVICE) OLD DEVICE SIZE: _____ MAKE: _____ MODEL: _____ SERIAL #: _____

(NEW/SAME DEVICE) SIZE: _____ MAKE: _____ MODEL: _____ SERIAL #: _____

DEVICE LOCATION _____

TEST INFORMATION

DATE OF TEST ____/____/____

FINAL TEST RESULTS: PASS FAIL

1. REDUCE PRESSURE BACKFLOW PREVENTER (ASSE 1013)

	CHECK VALVE #1	CHECK VALVE #2	DIFFERENTIAL PRESSURE RELIEF VALVE
TEST BEFORE REPAIR	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT	OPENED AT _____ PSI REDUCED PRESSURE
DESCRIBE REPAIRS			OPENED AT _____ PSI REDUCED PRESSURE
FINAL TEST	<input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> CLOSED TIGHT	

2. DOUBLE CHECK VALVE ASSEMBLY (ASSE 1015) – USE CHECK VALVE #1 AND CHECK VALVE #2 TESTS ONLY

3. PRESSURE TYPE VACUUM BREAKERS (ASSE 1020) – AIR INLET OPENED AT _____ PSI CHECK _____ PSI

TEST PERFORMED BY _____ CERTIFIED TESTER # _____

CERTIFICATION EXPIRATION DATE ____/____/____

PLUMBING COMPANY _____ PHONE _____

This form can be faxed to (937) 848-5190 or emailed to m.grant@cityofbellbrook.org (email preferred).