

MIDDLETOWN

Existing New Replacement

Replaces SN# _____

Serial Number _____

Map Page _____

PWS ID: _____

(513) 425-1896

Contact Name _____

Assembly Location Information

Facility Name _____ X_Facility ID _____

Service Address _____ Zip: _____ Phone: _____

Property Information

Mailing Name _____

Address 1 _____

City/ST/Zip _____ ST: _____ Zip: _____ Telephone _____

Assembly Information

PVB SVB DC DCDA RP RPDA Air Gap Other

Size: _____ Mfg: _____ Model: _____

Assy Location _____

Hazard Type _____

Water Turn Off Authorization: (Print) _____ Time: _____

Is the Assembly installed in accordance with manufacturers recommendations and/or local codes? Yes No

Test Date	Reduced Pressure Principal Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	Check Valve #1	Check Valve #2		Opened at PSID	Held at PSID
Initial Test <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Held at _____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Held at _____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Opened at _____ PSID <input type="checkbox"/> Did Not Open	<input type="checkbox"/> Did not Open	<input type="checkbox"/> Leaked
Repairs and Materials Used					
Final Test <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Held at _____ PSID <input type="checkbox"/> Closed Tight	Held at _____ PSID <input type="checkbox"/> Closed Tight	Opened at _____ PSID	Opened at _____ PSID	Held at _____ PSID

Test Gauge Used: Manufacturer/Model: _____ SN: _____ Calibration Date: _____

Remarks _____

The above is certified to be true at the time of testing:

Tester Name: _____ Company Name: _____

Company Address: _____ Phone #: _____

Test Acknowledged By: _____ Certified Tester #: _____

Service Restored: Yes No

The backflow prevention assembly detailed above has been tested and maintained as required by TCEQ regulations and is certified to be operating within acceptable parameters. City Of Middletown

Company Name

Address

CCRFID#