



Backflow Prevention Assembly Test Report

BCWS Attn: Backflow
130 High Street
Hamilton, OH 45011

(513) 887-3074
(513) 887-5573
Fax: 887-3777

Butler County Water and Sewer Department

Assembly ID	0	Facility Name			
Acct Number		Meter #		Return Form By:	
Service Address				Schedule Code	
Assembly Info					
Location		SN	<input type="checkbox"/>		
Tap Number		Mfg	<input type="checkbox"/>		
Contact Name		Type	<input type="checkbox"/>		
Map Page		Emergency Ph:		Size	<input type="checkbox"/>
				Model	<input type="checkbox"/>
				Install Date	
				Permit Num	
		Hazard Type		Haz. Level	

Line pressure at time of test: _____

REPORT OF TEST RESULTS

1B

	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB	Shut Off Valves	
Initial Test	<input type="checkbox"/> Held at _____ PSID	<input type="checkbox"/> Held at _____ PSID	<input type="checkbox"/> Opened at _____ PSID	<input type="checkbox"/> Air Inlet Opened at _____ PSID		#1 #2
	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Did Not Open	<input type="checkbox"/> Did not Open	Closed Tight	<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Did Not Open	<input type="checkbox"/> Check Held at _____ PSID	Leaked	<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> CLEANED	<input type="checkbox"/> CLEANED	<input type="checkbox"/> CLEANED	<input type="checkbox"/> Leaked	CLEANED	<input type="checkbox"/> <input type="checkbox"/>
Initial Test					Passed <input type="checkbox"/>	Failed <input type="checkbox"/>
Comments						
Passed Final Test <input type="checkbox"/>						
Final Test	_____ PSID	_____ PSID	<input type="checkbox"/> Opened at _____ PSID	Air Inlet _____ PSID		
	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	_____ PSID	CK Valve _____ PSID	Closed Tight	<input type="checkbox"/> <input type="checkbox"/>

THE ABOVE REPORT IS CERTIFIED TO BE TRUE:

Admin Fee \$25.00 each test

Overdue Fee \$60.00 each test

Initial Test By	Certificate	Date:	Gauge Num	Time In	Time Out	Company	Phone
Final Test By							
Repair By							