



# Backflow Prevention Assembly Test Report

**BCWS Attn: Backflow**  
**130 High Street**  
**Hamilton, Ohio 45011**

**(513) 785-5404**  
**(513) 887-5573**  
**Fax: 887-3786**

## 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	
<b>Initial Test</b>	<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"/> Check Held at _____ PSID	Leaked	<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> Leaked			<input type="checkbox"/> Leaked		
	<input type="checkbox"/> CLEANED	<input type="checkbox"/> CLEANED	<input type="checkbox"/> CLEANED	<input type="checkbox"/> CLEANED	CLEANED	<input type="checkbox"/> <input type="checkbox"/>
<b>Initial Test Passed <input type="checkbox"/> Failed <input type="checkbox"/></b>						
Comments						
<b>Passed Final Test <input type="checkbox"/></b>						
<b>Final Test</b>	_____ 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							