

**CITY OF FAIRBORN WATER DEPARTMENT BACKFLOW PREVENTER PERMIT**

44 W. Hebble Avenue, Fairborn, Ohio 45324

937-754-3097 fax: 937-879-1308

This document must be completed and returned by a certified tester with a \$10.00 permit fee to the Finance Office.

Facility Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

Phone No.: \_\_\_\_\_

Assembly Information

Installation Information

Make: \_\_\_\_\_

Containment

Isolation

Model: \_\_\_\_\_

Meter Pit

Basement

Floor Number: \_\_\_\_\_

Size: \_\_\_\_\_

Penthouse

Boiler Room

Room Number: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Mechanical Room

Protection Provided: \_\_\_\_\_

Double Check Assembly			
Initial Test	Outlet Valve		Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	1st Check Valve	_____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Date _____	2nd Check Valve	_____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>

Reduced Pressure Assembly		
1st Check Valve	_____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Relief Valve Opening Point	_____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
2nd Check Valve		Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Outlet Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>

Pressure Vacuum Breaker		
Air Inlet Valve	_____ psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Check Valve	_____ psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>

Repairs & Materials Used			
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Double Check Assembly			
Re-Test After Repairs	Outlet Valve		Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	1st Check Valve	_____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Date _____	2nd Check Valve	_____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>

Reduced Pressure Assembly		
1st Check Valve	_____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Relief Valve Opening Point	_____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
2nd Check Valve		Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Outlet Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>

Pressure Vacuum Breaker		
Air Inlet Valve	_____ psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Check Valve	_____ psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>

**TESTER CERTIFICATION:** *I hereby certify that the above data is correct and that the backflow prevention device is in proper working condition.*

Tester Name (Printed) \_\_\_\_\_ Signature \_\_\_\_\_

Company Name \_\_\_\_\_ Ohio Cert No. \_\_\_\_\_ Contractor No. \_\_\_\_\_

Phone No. \_\_\_\_\_ Date \_\_\_\_\_

**FACILITY CERTIFICATION:**

*I hereby certify that the above backflow prevention device has been in constant use at this location during the entire prescribed interval between test periods and during that period this device was not bypassed, made inoperative or removed without proper authorization. I further certify that I have the authority to ensure the above.*

Owner/Officer (Printed) \_\_\_\_\_ Signature \_\_\_\_\_

Title: \_\_\_\_\_ Phone No. \_\_\_\_\_ Date: \_\_\_\_\_