

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

Make _____
 Model: _____
 Size _____
 Serial Number: _____

Installation Information

Containment <input type="checkbox"/>		Isolation <input type="checkbox"/>
Meter Pit <input type="checkbox"/>	Basement <input type="checkbox"/>	Floor Number: _____
Penthouse <input type="checkbox"/>	Boiler Room <input type="checkbox"/>	Room Number: _____
Mechanical Room <input type="checkbox"/>	Protection Provided: _____	

Double Check Assembly				Reduced Pressure Assembly			Pressure Vacuum Breaker		
Initial Test	Outlet Valve		Pass <input type="checkbox"/> Fail <input type="checkbox"/>	1st Check Valve	_____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Air Inlet Valve	_____ psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	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"/>	Check Valve	_____ psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Date	2nd Check Valve	_____ 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"/>			
Repairs & Materials Used									
Double Check Assembly				Reduced Pressure Assembly			Pressure Vacuum Breaker		
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"/>	Air Inlet Valve	_____ psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	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"/>	Check Valve	_____ psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Date	2nd Check Valve	_____ 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"/>			

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: _____