



City of Franklin

Public Works
202 Baxter Drive
Franklin, OH 45005

Letter Date: _____

ANNUAL TEST AND MAINTENANCE REPORT FOR BACKFLOW PREVENTION DEVICES – 1ST NOTICE

Name: _____

Address: _____

In accordance with local, state and federal regulations, you are hereby notified to have the backflow prevention device indicated below recertified by _____. Please be sure that this form is the ONLY form used by your Plumber/Tester and that this form is returned upon completion of the inspection to the City of Franklin at the address shown above. For questions or further information, please call (937)746-5001.

**AFTER DEVICE INSPECTION,
PLEASE RETURN THIS COMPLETED
FORM TO THE CITY OF FRANKLIN
AT THE ADDRESS SHOWN ABOVE.**

MAKE _____ MODEL _____ SIZE _____ SERIAL NUMBER _____ DATE INSTALLED _____

LOCATION OF DEVICE _____ TYPE _____

Line Pressure (PSI)	Check Valve Number 1		Check Valve Number 2	Differential Pressure Relief Valve
Test Before Repairs	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/>		Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/>	Opened at _____ psi
Describe Repairs				
Materials Used				
Final Test	Closed Tight <input type="checkbox"/>		Closed Tight <input type="checkbox"/>	Opened at _____ psi reduced pressure

CERTIFICATION

I hereby certify the above data to be correct and that the above backflow prevention device is in proper operating condition.

TESTER SIGNATURE _____ OHIO CERT NUMBER _____ TEST DATE _____

PRINT TESTER NAME _____

PLUMBING COMPANY _____ TITLE _____

I hereby certify that the above back flow 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 by-passed, made inoperative or removed without proper authorization. All defects found during the operation period or during tests of device were satisfactorily corrected without delay. I further certify that I have the responsibility and authority to ensure the above.

OWNER/OFFICER SIGNATURE _____ PRINT OWNER/OFFICE NAME _____

PROPOSED RECERTIFICATION DATE _____

AMOUNT DUE \$25.00



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CUSTOMER COPY
PLEASE KEEP THIS FORM FOR YOUR RECORDS.

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LOCATION OF DEVICE _____ TYPE _____

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NOTICE OF FEE FOR TESTING AND MAINTENANCE FOR BACKFLOW PREVENTION DEVICES

The City of Franklin will be adding a Backflow Administration fee of \$25 to each backflow device. This fee will cover cost of maintaining program and postage costs and went into effect on January 1st 2018. This fee is to be paid by the certified plumber to the City of Franklin for each device certified annually. The Ordinance passed November 20, 2017 (Ordinance # 911.11).

For any questions please call the Public Works Department at 937-746-5001 and ask for Nick Miller or Steve Inman

No Credit Cards or Cash will be accepted – please Make Checks Payable to the City Of Franklin and include check with the completed back flow prevention device test form.

Mail to check and completed forms to:

Public Works Dept

202 Baxter Dr.

Franklin Ohio 45005

Thank you for your cooperation.

City of Franklin Public Works Department