



# CITY OF BELLBROOK

## BACKFLOW PREVENTER INSPECTION

UTILITY BILLING

15 EAST FRANKLIN STREET, BELLBROOK, OHIO 45305

(937) 848-4638 [WWW.BELLBROOK.GOV](http://WWW.BELLBROOK.GOV)

### SERVICE ADDRESS & CONTACT INFORMATION

THIS FORM MUST BE COMPLETED AND RETURNED BY A CERTIFIED TESTER TO THE CITY OF BELLBROOK UTILITY BILLING OFFICE.

REASON FOR INSPECTION: ☐ NEW DEVICE ☐ REPLACED DEVICE ☐ ANNUAL TEST

RESIDENT/BUSINESS NAME \_\_\_\_\_ PHONE \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_

RESPONSIBLE PARTY (IF DIFFERENT FROM ABOVE) \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

### BACKFLOW PREVENTER INFORMATION

BACKFLOW PREVENTER USE: ☐ FIRE LINE ☐ IRRIGATION ☐ MAIN LINE ☐ ISOLATION

(IF REPLACING DEVICE) OLD DEVICE SIZE: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ SERIAL #: \_\_\_\_\_

(NEW/SAME DEVICE) SIZE: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ SERIAL #: \_\_\_\_\_

DEVICE LOCATION \_\_\_\_\_

### TEST INFORMATION

DATE OF TEST \_\_\_\_/\_\_\_\_/\_\_\_\_

FINAL TEST RESULTS: ☐ PASS ☐ FAIL

#### 1. REDUCE PRESSURE BACKFLOW PREVENTER (ASSE 1013)

	CHECK VALVE #1	CHECK VALVE #2	DIFFERENTIAL PRESSURE RELIEF VALVE
TEST BEFORE REPAIR	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT	OPENED AT _____ PSI REDUCED PRESSURE
DESCRIBE REPAIRS			OPENED AT _____ PSI REDUCED PRESSURE
FINAL TEST	<input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> CLOSED TIGHT	

#### 2. DOUBLE CHECK VALVE ASSEMBLY (ASSE 1015) – USE CHECK VALVE #1 AND CHECK VALVE #2 TESTS ONLY

#### 3. PRESSURE TYPE VACUUM BREAKERS (ASSE 1020) – AIR INLET OPENED AT \_\_\_\_\_ PSI CHECK \_\_\_\_\_ PSI

TEST PERFORMED BY \_\_\_\_\_ CERTIFIED TESTER # \_\_\_\_\_

CERTIFICATION EXPIRATION DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

PLUMBING COMPANY \_\_\_\_\_ PHONE \_\_\_\_\_

This form can be faxed to (937) 848-5190 or emailed to [tessa@bellbrook.gov](mailto:tessa@bellbrook.gov) (email preferred).