



# City of Oakwood

## BACKFLOW CERTIFICATION

CUSTOMER/BUSINESS NAME: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ TELEPHONE#: \_\_\_\_\_

**DEVICE INFORMATION:**

(Please check appropriate boxes)

SIZE: \_\_\_\_\_

New Device:  Containment

MAKE: \_\_\_\_\_

Annual Test  Isolation

MODEL: \_\_\_\_\_

Irrigation

SERIAL # \_\_\_\_\_

Fire

LOCATION OF DEVICE: \_\_\_\_\_ DATE OF TEST \_\_\_/\_\_\_/\_\_\_

**TEST INFORMATION**

Reduced Pressure Assembly						
Double Check Valve					Pressure Vacuum Breaker	
	1 <sup>ST</sup> CHECK	2 <sup>ND</sup> CHECK	RELIEF VALVE		Air Inlet	Check Valve
Test Results	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Opened at _____ psi		Opened at _____ psi	Held at _____ psi
	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>				
	Passed <input type="checkbox"/>	Passed <input type="checkbox"/>	Passed <input type="checkbox"/>		Passed <input type="checkbox"/>	Passed <input type="checkbox"/>
	Failed <input type="checkbox"/>	Failed <input type="checkbox"/>	Failed <input type="checkbox"/>		Failed <input type="checkbox"/>	Failed <input type="checkbox"/>
Repairs & Materials						
Test After Repairs	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Opened at _____ psi		Opened at _____ psi	Held at _____ psi
	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>				
	Passed <input type="checkbox"/>	Passed <input type="checkbox"/>	Passed <input type="checkbox"/>		Passed <input type="checkbox"/>	Passed <input type="checkbox"/>
	Failed <input type="checkbox"/>	Failed <input type="checkbox"/>	Failed <input type="checkbox"/>		Failed <input type="checkbox"/>	Failed <input type="checkbox"/>

Test Performed by: \_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Certified Tester#

\_\_\_\_\_  
Plumbing Company (print)

\_\_\_\_\_  
Telephone#

\_\_\_\_\_  
Certification Expiration