

P. O. BOX 6219 • YOUNGSTOWN, OH 44501-6219 • 330-884-6005 • 330-742-8763 (FAX) • sheakin@youngstownohio.gov

## TEST AND MAINTENANCE REPORT FOR BACKFLOW PREVENTION ASSEMBLIES

IN ACCORDANCE WITH OHIO ADMINISTRATIVE CODE SEC. 3745-95-06 AND YOUNGSTOWN CITY ORDINANCE 89-6

| FACILITY NAME _  |  |                    |                                 |   |                |                  |                                   |                                   |   |  |  |
|--|--|--------------------|---------------------------------|---|----------------|------------------|-----------------------------------|-----------------------------------|---|--|--|
| ADDRESS  |  |                    |                                 |   | TEST DATE      |                  |                                   |                                   |   |  |  |
| CONTACT _  | CT PHONE NUMBER  |                    |                                 |   |                |                  |                                   |                                   |   |  |  |
| DEVICE INFO  | RMA  | ATION              | ☐ RP                            |   | DC O           | THER (SPECIFY)   |                                   |                                   |   |  |  |
| SIZE   | MA   | AKE                |                                 | MODEL   |                |                  | SERIAL NO.                        |                                   |   |  |  |
| TEST TYPE  |  |                    | STING DEVICE<br>V INSTALLATION  |   | REPLACEMEN     | T(LIST MAKE, MO  | ODEL A                            | ND SERIAL NUMBER OF PREVIOU       | JS DEVICE)  |  |  |
| INSTALLATIO  | N T  | YPE                |                                 | ☐ CONTAINMENT ☐ ISOLATION   |                |                  |                                   |                                   |   |  |  |
| SYSTEM TYPE  |  | _                  | DOMESTIC                        | ☐ IRRIGATION WATER METER SERIAL NO. (DOMESTIC AND IRRIGATION ACCOUNTS ONLY)  ☐ BOILER ☐ CHILLER / COOLING TOWER ☐ OTHER |                |                  |                                   |                                   |   |  |  |
|  | ☐ DRAIN LINE FOR RELIEF VALVE ☐ THERMAL EXPANSION TANK |                    |                                 |   |                |                  |                                   |                                   |   |  |  |
| LOCATION BASEMENT MECHANICAL ROOM PENTHOUSE VAULT HOT BO |  |                    |                                 |   |                |                  | □ НОТ ВОХ                         |                                   |   |  |  |
| TEST RESUL   | TEST RESULTS   |                    |                                 | CI  | HECK VALVE 1   | CHECK VALVE      | 2                                 | RELIEF VALVE<br>OPENING POINT     | OUTLET VALVE  |  |  |
| LINE PRESSURE  |  | E                  | INITIAL TEST                    |   | PSID FAIL      | PSS              | SID                               | (RP DEVICES ONLY) PSID PASS  FAIL | PASS FAIL   |  |  |
|  |  |                    | RE-TEST<br>AFTER ANY<br>REPAIRS |   | PSID PASS FAIL | P:               | SID                               | PSID PASS FAIL                    | PASS FAIL   |  |  |
| TESTER CERTI   | IFIC   | ATION              |                                 |   | COMMENTS HER   |                  | VENT                              | TION DEVICE IS IN PROF            | PER WORKING   |  |  |
| CONDITION.   | יווסר  | `                  |                                 |   |                | OUIC             | 2000                              | OTIFICATE NO                      |   |  |  |
| TESTER (SIGNATURE)TESTER (PRINT)                         |  |                    |                                 |   |                |                  | O CERTIFICATE NO TIFICATE EXPIRES |                                   |   |  |  |
| COMPANY NAME   |  |                    |                                 |   |                |                  |                                   |                                   |   |  |  |
| PRESCRIBED IN  | FY TI  | HAT THE<br>/AL BET | ABOVE BACKFLO<br>WEEN TEST PERI | ODS A   | AND DURING THA | T PERIOD THIS DE | VICE                              |                                   | ON DURING THE ENTIRE<br>MADE INOPERATIVE OF<br>IRE THE ABOVE. |  |  |
| OWNER/OFFICER (SIGNATURE)                                |  |                    |                                 | TITLE   |                |                  |                                   |                                   |   |  |  |
| OWNER/OFFICER (PRINT)                                    |  |                    |                                 |   |                | DAT              | E                                 |                                   |   |  |  |



## City of Youngstown

## **DIVISION OF WATER**

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## BACKFLOW PREVENTION QUESTIONNAIRE

IN ACCORDANCE WITH OHIO ADMINISTRATIVE CODE SEC. 3745-95-03

| ADDRES   | SS  |                         | DATE                  | ·             |  |  |  |  |  |  |
|----------|---|-------------------------|-----------------------|---------------|--|--|--|--|--|--|
| SERVICE  | E TYPE: RESIDENTI   | AL COMMERC              | CIAL / INSTITUTIONAL  | ☐ INDUSTRIAL  |  |  |  |  |  |  |
| PLEASE   | CHECK ANY OF THE FOLLOWI  | NG ITEMS THAT PERTAIN T | O YOUR ADDRESS:       |               |  |  |  |  |  |  |
|          | SPECIALTY USES OR INDUST  | RIAL PROCESSES (        | PLEASE DESCRIBE)      |               |  |  |  |  |  |  |
|          | CHANGES IN WATER USE PRACTICES IN THE LAST 12 MONTHS THAT MAY POSE A NEW OR INCREASED HAZARD TO THE PUBLIC WATER SUPPLY |                         |                       |               |  |  |  |  |  |  |
|          |   |                         |                       |               |  |  |  |  |  |  |
|          | WELL  | ☐ CISTERN               |                       |               |  |  |  |  |  |  |
|          | BOOSTER PUMP ON DOMESTIC SERVICE  |                         |                       |               |  |  |  |  |  |  |
|          | LAWN SPRINKLER SYSTEM BOOSTER PUMP FOR LAWN SPRINKLER SYSTEM  |                         |                       |               |  |  |  |  |  |  |
|          | YARD CONNECTION / HYDRANT / ORNAMENTAL FOUNTAIN / HOSE BOX  |                         |                       |               |  |  |  |  |  |  |
|          | BOILER  |                         |                       |               |  |  |  |  |  |  |
|          | CHILLER CHEMICAL TREATMENT  |                         |                       |               |  |  |  |  |  |  |
|          | COOLING TOWER   |                         |                       |               |  |  |  |  |  |  |
|          | FIRE SPRINKLER HEADS ON DOMESTIC SERVICE  |                         |                       |               |  |  |  |  |  |  |
|          | COMMERCIAL DISHWASHER SOAP EDUCTOR ON DISHWASHER  |                         |                       |               |  |  |  |  |  |  |
|          | GARBAGE DISPOSAL WITH PI  | PED CONNECTION          |                       |               |  |  |  |  |  |  |
|          | SWIMMING POOL   | ☐ FILLED BY HOSE        | ☐ FILLED BY PIPE O    | CONNECTION    |  |  |  |  |  |  |
|          | HOT TUB / JACUZZI   | ☐ FILLED BY HOSE        | ☐ FILLED BY PIPE C    | CONNECTION    |  |  |  |  |  |  |
|          | FIRE PROTECTION   |                         |                       |               |  |  |  |  |  |  |
|          | SPRINKLER SYSTEM ON SEP   | ARATE FIRE LINE         | ☐ WET SYSTEM          | ☐ DRY SYSTEM  |  |  |  |  |  |  |
|          | ANTI-FREEZE OR OTHER ADDITIVE IN FIRE SPRINKLER SYSTEM  |                         |                       |               |  |  |  |  |  |  |
|          | AUXILIARY WATER SOURCE AIR GAP ON AUXILIARY SOURCE  |                         |                       |               |  |  |  |  |  |  |
| I CERTIF | FY THAT THE ABOVE INFORMA   | TION IS CORRECT AND COI | MPLETE TO THE BEST OF | MY KNOWLEDGE. |  |  |  |  |  |  |
| (SIGNAT  | TURE)   |                         | (PRINT NAME)          |               |  |  |  |  |  |  |