



**City of Marysville**  
**Division of Water**  
**Backflow Inspection and Test Report**  
 455 N. Maple Street \* Marysville, OH 43040  
 Phone: (937) 645-7332 \* Fax: (937) 645-7333

*City Office Use Only*

PWS ID: 8000314                       Existing                       New                       Replacement

**Assembly Location and Property Information**

Facility Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Service Address: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**ASSEMBLY INFORMATION**

PVB       DC       RPZ       AIR GAP       Containment Device  
 SVB       DCDA       RPDA       OTHER       Isolation Device

Size: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Serial#: \_\_\_\_\_  
 Hazard Type      Complete Building: \_\_\_\_\_ Irrigation: \_\_\_\_\_ Fire: \_\_\_\_\_ Other: \_\_\_\_\_  
 Equipment Location: \_\_\_\_\_  
 If Replacement Device (old Serial#): \_\_\_\_\_

	Reduced Pressure Principal Assembly			Vacuum Breaker	
	<i>Double Check Valve Assembly</i>			<i>Air Inlet</i>	<i>Check Valve</i>
	Check Valve #1	Check Valve #2	Relief Valve	Opened at ____ PSID	Held at ____ PSID
<b>Initial Test</b>	Held at ____ PSID	Held at ____ PSID	Opened at ____ PSID	<input type="checkbox"/> Did not Open	<input type="checkbox"/> Leaked
<input type="checkbox"/> Pass	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight			
<input type="checkbox"/> Fail	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Did not Open		
Repairs and materials used					
<b>Final Test</b>	Held at ____ PSID	Held at ____ PSID	Opened at ____ PSID	Opened at ____ PSID	Held at ____ PSID
<input type="checkbox"/> Pass					
<input type="checkbox"/> Fail	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight			

Remarks/Comments:

The above is certified to be true at the time of testing:

Company Name: \_\_\_\_\_

Tester Name: \_\_\_\_\_ Tester Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Contact #: \_\_\_\_\_

Certified Tester #: \_\_\_\_\_ License Expiration Date: \_\_\_\_\_ Test Date: \_\_\_\_\_