



Village of Richwood
Water Department
Backflow Inspection and Test Report
153 North Franklin St.* Richwood, OH 43344
Phone: (740) 943-3315 * Fax: (740) 943-3550

Village Office Use Only

PWS ID: 8000412

☐ 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: _____ Boiler: _____ Other: _____

Equipment Location: _____

If Replacement Device (old Serial#): _____

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

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: _____