



Village of Lockland

101 North Cooper Avenue
Lockland, OH 45215
(513) 761-1124

Mayor
Jim Brown

Village Administrator
David Krings

SERVICE LOCATION AND BUSINESS NAME

Company _____ Address _____

Signature _____ Date _____

Report on Inspection, Tests and Maintenance

REDUCED PRESSURE PRINCIPAL BACKFLOW PREVENTION DEVICE

Type of Device _____ Model _____

Size _____ Date Installed _____

Location of Device _____ Service No. _____

	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve
Initial Test	Apparent static drop ____ psid Leaked? Yes () No () Actual static drop ____ psid	Leaked () Closed Tight ()	Opened at ____ psid Did not open ()
Describe Repairs			
Materials Used			
Final Test	Apparent static drop ____ psid Actual static drop ____ psid	Closed Tight ()	Opened at ____ psid

Inspector _____ Cert. Tester No _____ Date _____
(Signature)

CERTIFICATION: I hereby certify that the foregoing report is correct and that the following statement s true:

This reduced pressure principal backflow prevention device has been in constant use at this location during the entire prescribed interval between tests and during that period this device was not bypassed, made inoperative or removed without proper authorization. All defects found during the operating period or during inspections or tests of this device were satisfactorily corrected without delay.