



Village of Ashville
Utility (Water) Department
200 East Station Street
Ashville, Ohio 43103
Office: (740) 983-6367 Fax: (740) 983-4703

Test and Maintenance Report of Backflow Prevention Device

Service Name: _____ Phone: _____

Service Address: _____

City: _____ State: _____ Zip: _____

OWNER'S CERTIFICATION

I hereby certify that this device has been in constant use at this location in a manner approved by the Ohio E.P.A. and 4102:2-51-38 of the O.A.C. During this period, this assembly was not bypassed, made inoperative or removed without prior authorization. All defects found during this operating period or during testing of this assembly were satisfactorily corrected.

Owner/Agent: _____ Date: _____

Model No. & Mfg. Name: _____ Serial #: _____ Size: _____

Date Installed: _____ Location: _____

Required Service: Pressure Test _____ 30-Month Cleaning _____ 5-Year Rebuild _____

Type of Device: PVB _____ DC _____ RP _____ DCDCV _____ RPDCV _____

	Check Valve #1	Check Valve #2	Differential Relief Valve
Test Before Repair	Leaked () Tight ()	Leaked () Tight ()	Opened at _____ p.s.i.
Describe Repair			
Material Used			
Final Test	Tight ()	Tight ()	Opened at _____ p.s.i.

TESTER CERTIFICATION: I certify that the foregoing test report is correct.

Company: _____ Date: _____

Address: _____ Phone: _____

Tester: _____ Certification Number: _____

Return Copy to: Village of Ashville Water Department
200 East Station Street, P. O. Box 195
Ashville, Ohio 43103

For Complications With:
Devices, Water or Sprinklers
Contact the Water Dept. at
740-983-6367



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BACKFLOW TESTING RULES AND REGULATIONS

Revised: 12/01/08

1. The person performing the test (Tester) shall be certified by the Ohio Department of Commerce, and provide the Village of Ashville Utility Department with a copy of their current certificate. No reminder will be sent out by the Village of Ashville Utility Department when a current certificate expires.
2. Tester shall be completely familiar with the test equipment and test procedures, and capable of interpreting the results. They shall be capable of cleaning and/or repairing failed devices and offer this service to the property owner. Tester shall notify the property owner of the test results immediately after the test is completed.
3. Tester shall maintain calibration records on all test equipment and provide these records to the Village of Ashville Utility Department upon request.
4. Tester shall complete and sign the Auxiliary Water System Survey only for residential customers where a containment backflow device is located. The survey shall be completed at the same time the device is tested.
5. Submit both the Backflow Assembly Test Report and the Auxiliary Water System Survey at the same time. Backflow test reports sent in without the survey, where a survey is required, will be rejected.
6. The Tester shall submit test reports to the Village of Ashville Utility Department. Reports submitted by a property owner will be rejected.
7. Test reports may be submitted by faxing, email, or by mail. Illegible or incomplete reports will be rejected.
8. Passing test reports shall be submitted within 30 days of the test.
9. Use only the Village of Ashville Utility Department backflow test forms. Test reports submitted on other forms will be rejected.
10. The Village of Ashville Utility Department will notify the property owner if a test submitted by a tester is rejected.
11. Test reports will be immediately rejected under the following circumstances:
 - a. The report contains incomplete or known incorrect information.
 - b. The report is illegible
 - c. The report is signed by an individual not on our approved Backflow Tester List.
 - d. The report is not accompanied by the Auxiliary Water System Survey, where a survey is required.
 - e. The Village of Ashville Utility Department Backflow Prevention Assembly Test Report form not used.
 - f. The report is signed by an individual other than the person who actually performed the test.

Fax # 740-983-4703

e-mail address: jwelsh@ashvilleohio.net

Mailing Address: Village of Ashville

P.O. Box 195

Ashville, Ohio 43103

OHIO EPA APPROVED BACKFLOW PREVENTION REDUCED PRESSURE DEVICES

Company Model

Ames 4000 SS

Buckner 2400 for $\frac{3}{4}$ "

2401 for 1"

Cla-Val RP-2

Conbraco 40-204 for $\frac{3}{4}$ "

40-205 for 1"

Febco 825YA

Flomatic RPZ B9200 for $\frac{3}{4}$ "

RPZ B9201 for 1"

Hersey FRPII

Orion BRP

Rain Bird RPA-075 for $\frac{3}{4}$ "

RPA-100 for 1"

Watts 009,909

Wilkins 975