



CITY OF BELLBROOK

Founded 1816

Water Department
35 North West Street
Bellbrook, Ohio 45305
PHONE: (937) 848-4638
FAX: (937) 848-5199

This document must be completed and returned by a Certified Tester to the City of Bellbrook Water Department.

Please check the appropriate boxes: () New Device () Annual Test

Resident Name: _____

Address #: _____ Street: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____

Information for responsible party, IF DIFFERENT FROM ABOVE:

Name: _____ Address #: _____ Street: _____

City: _____ State: _____ Zip: _____

BACKFLOW PREVENTER INFORMATION

Please Check One: Fire Line: _____ Irrigation: _____ Main Line: _____ Isolation: _____

Size: _____ Make: _____ Model: _____ Serial # _____

Location of device _____

Test information: Date of Test: _____

1. Reduce pressure backflow preventer (ASSE 1013)

	Check Valve # 1	Check Valve # 2	Differential Pressure Relief Valve
Test Before Repair	Leaked () Closed Tight ()	Leaked () Closed Tight ()	Opened at _____ psi Reduced Pressure
Describe Repairs			Opened at _____ psi Reduced Pressure
Final Test	Closed Tight ()	Closed Tight ()	

2. Double check valve assembly (ASSE 1015) (Use Check Valve No. 1 and Check Valve No. 2 Tests Only)

3. Pressure type vacuum breakers (ASSE 1020) Air Inlet opened at _____ psi Check _____ psi

**Final Test Results: Pass or Fail
(circle one)**

Test Performed by: _____ Certified Tester# _____
(NAME)

Expiration Date: _____

Plumbing Co: _____ Phone: _____
(PRINT)