ROSS COUNTY WATER COMPANY

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Annual Test & Maintenance Report for Backflow Prevention Assemblies

All applicable fields must be filled out completely in order for test results to be accepted)

Facility Name: _____ **Address:** _____

Contact Person: _____ **Phone No.** _____

Assembly Information

Make: _____

Model: _____

Size: _____

Serial Number: _____

Installation Information:

Containment ☐ Isolation ☐

Meter Pit ☐ Basement ☐ Domestic ☐ Floor Number: _____

Mechanical Room ☐ Boiler Room ☐ Fire ☐ Room Number: _____

☐ Double Check Valve Assembly

Initial Test	Outer Valve		Pass ☐ Fail ☐
	1st Check Valve	____ psid	Pass ☐ Fail ☐
Date _____	2nd Check Valve	____ psid	Pass ☐ Fail ☐

☐ Reduced Pressure Assembly

1st Check Valve	____ psid	Pass ☐ Fail ☐
Relief Valve Opening Point	____ psid	Pass ☐ Fail ☐
2nd Check Valve		Pass ☐ Fail ☐
Outlet Valve	Pass ☐	Fail ☐

☐ Pressure Vacuum Breaker

Air Inlet Valve	____ psid	Pass ☐ Fail ☐
Check Valve	____ psid	Pass ☐ Fail ☐

Repairs & Materials Use	

Double Check Valve Assembly

Re-Test After Repairs	Outer Valve		Pass ☐ Fail ☐
	1st Check Valve	____ psid	Pass ☐ Fail ☐
Date _____	2nd Check Valve	____ psid	Pass ☐ Fail ☐

Reduced Pressure Assembly

1st Check Valve	____ psid	Pass ☐ Fail ☐
Relief Valve Opening Point	____ psid	Pass ☐ Fail ☐
2nd Check Valve		Pass ☐ Fail ☐
Outlet Valve	Pass ☐	Fail ☐

Pressure Vacuum Breaker

Air Inlet Valve	____ psid	Pass ☐ Fail ☐
Check Valve	____ psid	Pass ☐ Fail ☐

TESTER CERTIFICATION

I certify that the above data is correct and that the backflow prevention device is in proper working condition.

Tester Name (Printed) _____ **Signature** _____ **Phone No.** _____

Company Name _____ **OH Cert. No.** _____ **Contractor No.** _____ **Date** _____

FACILITY CERTIFICATION

I hereby certify that the above backflow prevention device has been in constant use at this location during the entire prescribed interval between test periods and during that period this device was not bypassed, made inoperative or removed without proper authorization. I further certify that I have the authority and responsibility to ensure the above.

Owner/Officer (Printed) _____ Signature _____

Title _____ Phone No. _____

Return Original To: Ross County Water Company, Inc., 663 Fairgrounds Rd., Chillicothe Oh 45601

Annual Test & Maintenance Report for Backflow Prevention Assemblies

A filing fee of $25.00 per Backflow Device is **required** to be **returned** with each report.

[Interior Water Line] Copper ☐ Pvc ☐ Lead ☐ Galvanized ☐ Cast Iron ☐ Ductle Iron ☐