



SOUTHWEST LICKING COMMUNITY WATER & SEWER DISTRICT

Please return to: SWLCWSD Backflow Compliance

P.O.Box 215, Etna OH 43018

OR Fax to: 740-927-4700

Please provide a copy of this report to the Device Owner

Customer and Property Information ~ Please Print

Property Address: _____ ZipCode: _____
 Customer Name: _____ Contact Person: _____
 Contact Address: _____ Contact Phone #: _____
 (If different) _____

Device Information ~ Please Print

Installation Type: NEW EXISTING REMOVED REPLACEMENT (SERIAL # REMOVED: _____)
 Assembly Type: AIR GAP RP RPDA DC DCDA PVB Other: _____
 Assembly Make: _____ Model: _____ Size: _____ Serial #: _____
 HAZARD being contained or isolated? (i.e., boiler, irrigation, sprinkler, complete building): _____
 Assembly Location: _____

	Double Check Assembly			Reduced Pressure Assembly			Pressure Vacuum Breaker		
Initial Test	Outlet Valve	_____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	1st Check Valve	_____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Air Inlet Valve	_____ psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	1st Check Valve	_____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Relief Valve Opening Point	_____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Check Valve	_____ psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	2nd Check Valve	_____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	2nd Check Valve	_____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>			
				Outlet Valve	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Fail <input type="checkbox"/>			
Repair Materials Used									
Re-test after Repair	Outlet Valve	_____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	1st Check Valve	_____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Air Inlet Valve	_____ psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	1st Check Valve	_____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Relief Valve Opening Point	_____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Check Valve	_____ psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
	2nd Check Valve	_____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	2nd Check Valve	_____ psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	AIR GAP INSPECTION: Required Air Gap Separation Provided Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
				Outlet Valve	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Fail <input type="checkbox"/>			

Does the installation meet District code requirements: Yes: No:

Assembly Passed: Failed:

NOTE: ALL REPAIRS MUST BE COMPLETED WITHIN 10 DAYS

COMMENTS: _____

Certified Tester Information ~ Please Print

I CERTIFY THAT ALL INFORMATION ON THIS REPORT IS TRUE AND ACCURATE.

Tester's Name (Printed): _____ License #: _____ Expires: _____

Tester's Equipment: Make: _____ Model: _____ Serial #: _____ Calibration Date: _____

Tester's Company Name: _____ Phone #: _____

Tester's Signature: _____ Test Date: _____