



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"/> | 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"/> | | | |
| 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: _____