



Send to:
Water Billing - City of Middletown
One Donham Plaza
Middletown, Ohio 45042
- \$30 fee per test-

Existing New Replacement

Replaces SN# _____

Serial Number _____

Map Page _____

PWS ID:

(513) 425-7906

Contact Name _____

Assembly Location Information

Facility Name _____

X_Facility ID _____

Service Address _____

Zip: _____

Phone: _____

Mailing Name _____

Property Information

Address 1 _____

City/ST/Zip _____

ST: _____

Zip: _____

Telephone _____

Assembly Information

PVB

SVB

DC

DCDA

RP

RPDA

Air Gap

Other

Size: _____

Mfg: _____

Model: 909

Assy Location _____

Hazard Type _____

Water Turn Off Authorization: (Print)

Time: _____

Is the Assembly installed in accordance with manufacturers recommendations and/or local codes? Yes No

Test Date	Reduced Pressure Principal Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	Check Valve #1	Check Valve #2		Opened at	Held at
Initial Test	Held at PSID <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Held at PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Relief Valve Opened at PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	PSID <input type="checkbox"/> Did Not Open	PSID <input type="checkbox"/> Did not Open <input type="checkbox"/> Leaked
Repairs and Materials Used					
Final Test	Held at PSID <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Held at PSID <input type="checkbox"/> Closed Tight	Opened at PSID <input type="checkbox"/> Closed Tight	Opened at PSID	Held at PSID

Test Gauge Used: Manufacturer/Model: SN: Date Tested for Accuracy: _____

Remarks _____

The above is certified to be true at the time of testing:

Tester Name: _____

Company Name: _____

Company Address: _____

Phone #: _____

Test Acknowledged By: _____

Certified Tester #: _____

Service Restored: _____

Yes No

The backflow prevention assembly detailed above has been tested and maintained as required by TCEQ regulations and is certified to be operating within acceptable parameters. City Of Middletown

Company Name _____

Address _____

CCBFID# _____