

Service Address

Hazard/CCID: 3341

Backflow Prevention Assembly Test Report

HEAD START

863 DURBAN DRIVE

ZANES. METROPOLITAN HOUSING
ZANESVILLE, OH 43701

Site Use:

Hazard: ICR2

Mailing Address

ZANES. METROPOLITAN HOUSING
HEAD START
863 DURBAN DRIVE

ZANESVILLE, OH 43701

Location: BOILER ROOM . BOILER FEED MAKEUP.

Meter#:

LID/Service:

Account #: DURBANHEADSTART

Serial #:

79668

Manufacturer:

WATTS

Model:

LF919QT

Type:

RP

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

03/08/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3329

Backflow Prevention Assembly Test Report

1340 CAFE'AND SWEET SHOP

Location: MECH. ROOM.

1340 S.MAIN ST.

Meter#:

Serial #: Check if Correct Corrections

DRESDEN, OH 43821

LID/Service:

26167

Account #: 1340 cafe

Manufacturer:

WATTS

Site Use: Fast Food

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

1340 CAFE'AND SWEET SHOP

1340 S.MAIN ST.

DRESDEN, OH 43821

Test Due No Later than:

03/10/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1590

Backflow Prevention Assembly Test Report

SENIOR CARE INSURANCE

1234 BRANDYWINE BOULEVARD

ZANESVILLE, OH 43701

Site Use: Business Office

Hazard: CONTAINMENT COMM.LOW

Mailing Address

4 MATION HOLDINGS
P.O. BOX 8200

ZANESVILLE, OH 43702

Location: WATER SERVICE CONTAINMENT. * SENIOR CARE INS. STOREROOM.

Meter#:

LID/Service:

Account #: SR.CARE INSURANCE

Serial #:

28764

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

1.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

02/07/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1523

Backflow Prevention Assembly Test Report

PNEUMA

Location: MECH. ROOM. REAR CLOSET

1212 BRANDYWINE BOULEVARD

Meter#:

Serial #: Check if Correct Corrections

ZANEVILLE, OH 43701

LID/Service:

066021

Account #: 4 MATION HOLDINGS

Manufacturer:

WATTS

Site Use:

Model:

Hazard: CONTAINMENT COMM.LOW

007

Mailing Address

Type:

DCVA

Size:

0.75

Orientation:

Protection:

**4 MATION HOLDINGS
PO BOX 8200****ZANEVILLE, OH 43702**

Test Due No Later than:

04/15/2023Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4938

Backflow Prevention Assembly Test Report

WEST MUSKINGUM SCHOOL/ELE
200 KIMES RD.

ZANESVILLE, OH 43701

Site Use: School

Hazard: ISOLATION MED.

Mailing Address

CHRIS MCPHERSON
 4880 WEST MUSKINGUM SCHOOL
 ADMIN.OFFICE

ZANESVILLE, OH 43701

Location: MECH. ROOM.

Meter#:

LID/Service:

Account #: WEST MUSKINGUM

 Serial #:
 13368

 Manufacturer:
 AMES

 Model:
 4000B

 Type:
 RP

 Size:
 0.75

Orientation:

Protection:

Check if Correct Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

07/18/2022

 Existing ☐
 New ☐

 Removed ☐
 Replaced ☐

 Commercial ☐
 Industrial ☐

 Residential ☐
 Construction ☐

 Domestic ☐
 Irrigation ☐

 Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐
 Submit completed
 Test Report:

Fax:

Service Address

Hazard/CCID: 4939

Backflow Prevention Assembly Test Report

WEST MUSKINGUM SCHOOL/ELE

Location: MECH. ROOM.

200 KIMES RD.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

106505

☐

ZANESVILLE, OH 43701

Account #: WEST MUSKINGUM

Manufacturer:

AMES

☐

Site Use: School

Model:

5000

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

4.00

☐

CHRIS MCPHERSON

4880 WEST MUSKINGUM SCHOOL

ADMIN.OFFICE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4940

Backflow Prevention Assembly Test Report

WEST MUSKINGUM SCHOOL/ELE

Location: MECH. ROOM. HEATING MAKEUP WATER.

200 KIMES RD.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

CB10

☐

ZANESVILLE, OH 43701

Account #: WEST MUSKINGUM

Manufacturer:

WILKINS

☐

Site Use: School

Model:

375

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RP

☐

Mailing Address

Size:

1.00

☐

CHRIS MCPHERSON

4880 WEST MUSKINGUM SCHOOL

ADMIN.OFFICE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4941

Backflow Prevention Assembly Test Report

WEST MUSKINGUM SCHOOL/ELE

Location: MECH. ROOM. COMPLETE BUILDING CONTAINMENT.

200 KIMES RD.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

X33761

☐

ZANESVILLE, OH 43701

Account #: WEST MUSKINGUM

Manufacturer:

WILKINS

☐

Site Use: School

Model:

375A

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RP

☐

Mailing Address

Size:

3.00

☐

Orientation:

☐

Protection:

☐

CHRIS MCPHERSON

4880 WEST MUSKINGUM SCHOOL

ADMIN.OFFICE

ZANESVILLE, OH 43701

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1660

Backflow Prevention Assembly Test Report

4TH & MARKET HOLDINGS LLC

Location: BASEMENT.

333 MARKET ST.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

24175

Account #: 4TH & MARKET

Manufacturer:

WATTS

Site Use: Restaurant

Model:

719QT

Hazard: CONTAINMENT COMM.LOW

Type:

DC

Mailing Address

Size:

1.00

Orientation:

4th & MARKET HOLDINGS LLC

333 MARKET ST.

ZANESVILLE, OH 43701

Protection:

PAST DUE

Test Due No Later than:

07/24/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1661

Backflow Prevention Assembly Test Report

4TH & MARKET HOLDINGS LLC

Location: BASEMENT- FIRE LINE DEVICES IN KITCHEN AREA.

333 MARKET ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

14328

☐

ZANESVILLE, OH 43701

Account #: 4TH & MARKET

Manufacturer:

WATTS

☐

Site Use: Restaurant

Model:

007

☐

Hazard: FIRE LINE CONNECTION-LOW

Type:

DCVA

☐

Mailing Address

Size:

1.50

☐

4th & MARKET HOLDINGS LLC

333 MARKET ST.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

07/24/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 993

Backflow Prevention Assembly Test Report

5B'S PRODUCTION FACILITY

Location: FIRE LINE

1000 5B'S DRIVE

Meter#:

Serial #: Check if Correct Corrections

324116

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Factory

Model:

709

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

DCDA

☐

Mailing Address

Size:

8.00

☐

LEE BILES

Orientation:

☐5B'S PRODUCTION FACILITY
3000 CHANDLERSVILLE RD.

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

04/17/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 994

Backflow Prevention Assembly Test Report

5B'S PRODUCTION FACILITY

Location: FIRE LINE

1000 5B'S DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

324115

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Factory

Model:

709

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

DC

☐

Mailing Address

Size:

8.00

☐

LEE BILES

5B'S PRODUCTION FACILITY

3000 CHANDLERSVILLE RD.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/17/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 995

Backflow Prevention Assembly Test Report

5B'S PRODUCTION FACILITY

Location: WATER SERVICE CONTAINMENT.

1000 5B'S DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

182676

☐

ZANESVILLE, OH 43701

Account #: 5-BS-1

Manufacturer:

WATTS

☐

Site Use: Factory

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

4.00

☐

LEE BILES

5B'S PRODUCTION FACILITY

3000 CHANDLERSVILLE RD.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/17/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 996

Backflow Prevention Assembly Test Report

5B'S PRODUCTION FACILITY

Location: WATER SERVICE CONTAINMENT

1000 5B'S DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

182678

☐

ZANESVILLE, OH 43701

Account #: 5-BS-1

Manufacturer:

WATTS

☐

Site Use: Factory

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

4.00

☐

LEE BILES

5B'S PRODUCTION FACILITY

3000 CHANDLERSVILLE RD.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/17/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3091

Backflow Prevention Assembly Test Report

5B'S PRODUCTION FACILITY

Location: LAWN SPRINKLER BEHIND BASEBALL FIELD.

1000 5B'S DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

2279846

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WILKINS

☐

Site Use: Factory

Model:

975XL

☐

Hazard: IRRIGATION MED-ISOLATION

Type:

RP

☐

Mailing Address

Size:

2.00

☐

LEE BILES

5B'S PRODUCTION FACILITY

3000 CHANDLERSVILLE RD.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/17/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5160

Backflow Prevention Assembly Test Report

5B'S PRODUCTION FACILITY

Location: SOUTHWEST WALL OF NEW ADDITION.

1000 5B'S DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

009696

☐

ZANESVILLE, OH 43701

Account #: 5-BS-1

Manufacturer:

WATTS

☐

Site Use: Factory

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

3.00

☐

LEE BILES

5B'S PRODUCTION FACILITY

3000 CHANDLERSVILLE RD.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/17/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1051

Backflow Prevention Assembly Test Report

5-B'S

1606 MOXAHALA AVENUE

ZANESVILLE, OH 43701

Site Use:

Hazard: FIRE LINE BYPASS-MEDIUM

Mailing Address

LEE BILES

5-B'S

3000 CHANDLERSVILLE RD.

ZANESVILLE, OH 43701

Location: FIRE LINE BYPASS

Meter#:

LID/Service:

Account #: 5-B'S-2

Serial #:

529632

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

04/17/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1052

Backflow Prevention Assembly Test Report

5-B'S

1606 MOXAHALA AVENUE

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

LEE BILES

5-B'S

3000 CHANDLERSVILLE RD.

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: 5-B'S-2

Serial #:

180638

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

2.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

04/17/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1053

Backflow Prevention Assembly Test Report

5-B'S

1606 MOXAHALA AVENUE

ZANESVILLE, OH 43701

Site Use:

Hazard: FIRE LINE CONNECTION-MEDIUM

Mailing Address

LEE BILES

5-B'S

3000 CHANDLERSVILLE RD.

ZANESVILLE, OH 43701

Location: FIRE LINE

Meter#:

LID/Service:

Account #: 5-B'S-2

Serial #:

04274

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

909

Type:

RPPA

Size:

8.00

Orientation:

Protection:

Test Due No Later than:

04/17/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1289

Backflow Prevention Assembly Test Report

5'B'S

Location: FIRE LINE -

850 AIRPORT DISTRIBUTION DRIVE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

102226

Account #: 5'B'S-2

Manufacturer:

AMES

Site Use:

Model:

Hazard: FIRE LINE CONNECTION-LOW

2000 SILVER

Mailing Address

Type:

DCVA

Size:

8.00

Orientation:

Protection:

5'B'S

850 AIRPORT DISTRIBUTION DRIVE

ZANESVILLE, OH 43701

Test Due No Later than:

12/06/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1290

Backflow Prevention Assembly Test Report

5'B'S

Location: WATER SERVICE CONTAINMENT. - FRONT OF BLDG.

850 AIRPORT DISTRIBUTION DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

158003

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

007M2QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

0.75

☐

5'B'S

Orientation:

☐

850 AIRPORT DISTRIBUTION DRIVE

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

12/06/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 733

Backflow Prevention Assembly Test Report

8 MAIN LLC

8 MAIN STREET

ZANESVILLE, OH 43701

Site Use:

Hazard: FIRE LINE CONNECTION-MEDIUM

Mailing Address

8 MAIN LLC
P.O. BOX 8161

ZANESVILLE, OH 43702

Location: BASEMENT. *FIRE LINE.

Meter#:

LID/Service:

Account #: 8 MAIN LLC

Serial #: Check if Correct Corrections

1017841002

Manufacturer:

AMES

Model:

5000

Type:

RPDA

Size:

6.00

Orientation:

Protection:

Test Due No Later than:

03/09/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 643

Backflow Prevention Assembly Test Report

A & A AUTO SALES

2476 EAST PIKE

ZANESVILLE, OH 43701

Site Use: AUTO SALES

Hazard: CONTAINMENT COMM.LOW

Mailing Address

JOHN ADAMS, VICE PRESIDENT
A & A AUTO SALES
2476 EAST PIKE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT.MECH.RM.* BEHIND WATER SOFTNER.

Meter#:

LID/Service:

Account #: A & A AUTO SALES

Serial #:

24475

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

04/26/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1779

Backflow Prevention Assembly Test Report

DITTMAR INSURANCE AGENCY

631 MAIN STREET

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

JEFFORY DITTMAR

1004 OHIO AVE.

FORT PIERCE, FL 34945

Location: *WATER SERVICE CONTAINMENT - BASEMENT

Meter#:

LID/Service:

Account #: DITTMAR INSUR.

Serial #:

29532

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

10/08/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3537

Backflow Prevention Assembly Test Report

VISTA VIEW LAUNDRY

Location: OFFICE

2840 VISTA VIEW DR.

Meter#:

Serial #: 25560

Check if Correct ☐ Corrections

NASHPORT, OH 43830

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Laundromat

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

JIM LEPI

Orientation:

☐

101 WEST DAVE LONGABERGER AVE.

Protection:

PAST DUE

☐

DRESDEN, OH 43821

Test Due No Later than:

01/15/2020

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3978

Backflow Prevention Assembly Test Report

AMERIPRISE FINANCIAL

Location: BASEMENT

1269 MAPLE AVE.

Meter#:

Serial #: 11897

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

Site Use: Business Office

Model:

719

Hazard: CONTAINMENT COMM.LOW

Mailing Address

Type:

DCVA

SUSAN THOMAS

Size:

1.00

1036 PARK AVE. 4B

Orientation:

NEW YORK, NY 10028

Protection:

Test Due No Later than:

08/22/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3716

Backflow Prevention Assembly Test Report

CHECKSMART

Location: MECH.ROOM

1069 LINDEN AVE.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

26511

Account #: CHECKSMART

Manufacturer:

WATTS

Site Use: Business Office

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

JAY UMIYA HOLDINGS

Orientation:

1047 LINDEN AVE.

Protection:

ZANESVILLE, OH 43701

Test Due No Later than:

03/29/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1469

Backflow Prevention Assembly Test Report

WOODEN HORSE

100 ARCH HILL ROAD

ZANESVILLE, OH 43701

Site Use: PHOTOGRAPHY

Hazard: FIRE LINE CONNECTION-LOW

Mailing Address

TRENT CUBISON

1060 LODGE RD.

NORWICH, OH 43767

Location: *FIRE LINE.

Meter#:

LID/Service:

Account #: WOODEN HORSE

Serial #:

24977

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

2.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

04/09/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2634

Backflow Prevention Assembly Test Report

PAINTED COTTAGE

Location: CRAWL SPACE, WATER SERVICE CONTAINMENT.

30 EAST MAIN STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

10330

☐

NEW CONCORD, OH 43762

Account #: TRENT CUBBISON

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM. LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

TRENT CUBBISON

Orientation:

☐

1060 LODGE RD.

Protection:

☐

NORWICH, OH 43767

Test Due No Later than:

04/25/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4139

Backflow Prevention Assembly Test Report

MARK DEMPSEY

Location: WOMENS REST ROOM.

1100 F BRANDYWINE BLVD.

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

29833

☐

Account #: MARK DEMPSEY

Manufacturer:

WATTS

☐

Site Use: Medical

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

MARK DEMPSEY

Orientation:

☐

1100 F BRANDYWINE BLVD.

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

01/16/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4311

Backflow Prevention Assembly Test Report

MARILYN INMAN RENTAL

647 MCINTIRE AVE.

ZANESVILLE, OH 43701

Site Use: Retail

Hazard: CONTAINMENT COMM.LOW

Mailing Address

MARILYN & BRUCE INMAN

1117 MELICK AVE.

ZANESVILLE, OH 43701

Location: IN BASEMENT AT BOTTOM OF STAIRS.

Meter#:

LID/Service:

Account #: M.INMAN RENTAL

Serial #:

35886

Manufacturer:

WATTS

Model:

LF719QT

Type:

DC

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2132

Backflow Prevention Assembly Test Report

NAOMI HOUSE

4513 SALT CREEK DRIVE

DUNCAN FALLS, OH 43734

Site Use: Church

Hazard: CONTAINMENT COMM.LOW

Mailing Address

MUSKINGUM BEHAVIORAL HEALTH

1127 WEST MAIN ST.

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT BESIDE WATER HEATER

Meter#:

LID/Service:

Account #: NAOMI HOUSE

Serial #:

06827

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

04/03/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4238

Backflow Prevention Assembly Test Report

OLDE TOWN REALTY

Location: BASEMENT.

2406 MAPLE AVE.

Meter#:

Serial #: 31003

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: OLDE TOWN REALTY

Manufacturer:

WATTS

Site Use: Business Office

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

HAROLD MILES

1138 Rankin Drive

ZANESVILLE, OH 43701

Orientation:

Protection:

Test Due No Later than:

04/08/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3365

Backflow Prevention Assembly Test Report

ROD'S TIRE TOWN -RENTAL PRO

Location: FRONT LEFT SIDE OF BLDG.***WATER SERVICE OFF.05/15/18

1205 MAYSVILLE AVENUE

Meter#:

Serial #:
38106

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: ROD'S-RENTAL PROP.

Manufacturer:
WATTS

Site Use: Restaurant

Model:

Hazard: CONTAINMENT COMM.LOW

719QT

Mailing Address

Type:

DC

ROD'S TIRE TOWN

Size:

0.75

1139 MAYSVILLE AVENUE

Orientation:

ZANESVILLE, OH 43701

Protection:

OFF

Test Due No Later than:

04/12/2018

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4169

Backflow Prevention Assembly Test Report

VICKYE LEWIS DANCE CO.

Location: MECH. ROOM.

950 GROVE RD.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

31586

☐

Account #: VICKYE LEWIS

Manufacturer:

WATTS

☐

Site Use: DANCE STUDIO

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

TOM & VICKYE LEWIS

Orientation:

☐

119 E. WILLOW DR.

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

07/02/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 301

Backflow Prevention Assembly Test Report

THOMAS UNGEREAN

Location: FIRE LINE

1200 SOUTH POINT DRIVE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43702

LID/Service:

102634

☐

Account #: THOMAS UNGEREAN

Manufacturer:

AMES

☐

Site Use:

Model:

3000 SILVER

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

DCDA

☐

Mailing Address

Size:

6.00

☐

THOMAS UNGEREAN

Orientation:

☐

1200 SOUTH POINT DR.

Protection:

PAST DUE

☐

ZANESVILLE, OH 43702

Test Due No Later than:

06/15/2020

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3118

Backflow Prevention Assembly Test Report

FUNK'S ICE CREAM & SANDWICH

Location: REST ROOM.

1201 ADAMSVILLE RD.

Meter#:

Serial #:

Check if Correct

Corrections

A40344

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: DAIRY QUEEN

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

ELAINE FUNK

Orientation:

☐

1201 ADAMSVILLE RD.

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

04/17/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4195

Backflow Prevention Assembly Test Report

Craig Baldwin

1205 Newark Road

ZANESVILLE, OH 43701

Site Use: Business Office

Hazard: CONTAINMENT COMM.LOW

Mailing Address

Craig Baldwin

1205 NEWARK RD.

ZANESVILLE, OH 43701

Location: IN BASEMENT MEETING ROOM ON WALL PARALLEL WITH ADAMS LANE

Meter#:

LID/Service:

Account #: CRAIG B.-RENTAL

Serial #:

30839

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

09/09/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4648

Backflow Prevention Assembly Test Report

COSHOCOTON BOARD OF EDUCATION

Location: MECH.ROOM.

1203 CAMBRIDGE RD.

Meter#:

Serial #:

Check if Correct

Corrections

COSHOCOTON, OH 43812

LID/Service:

MH0290

☐

Manufacturer:

WATTS

☐

Model:

957

☐

Type:

RP

☐

Size:

3.00

☐

Orientation:

☐

Protection:

☐

Site Use: School

Hazard: CONTAINMENT COMM. MED.

Mailing Address

COSHOCOTON BOARD OF EDUCATION

1207 CAMBRIDGE RD.

COSHOCOTON, OH 43812

Test Due No Later than:

07/02/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4649

Backflow Prevention Assembly Test Report

COSHOCOTON BOARD OF EDUCATION

Location: MECH.ROOM. FEED WATER FOR CHILLER & BOILER.

1203 CAMBRIDGE RD.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

20185

☐

COSHOCOTON, OH 43812

Account #: COSH.GRADE SCHL.

Manufacturer:

WATTS

☐

Site Use: School

Model:

919

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

COSHOCOTON BOARD OF EDUCATION

Orientation:

☐

1207 CAMBRIDGE RD.

Protection:

☐

COSHOCOTON, OH 43812

Test Due No Later than:

07/02/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4867

Backflow Prevention Assembly Test Report

COSHOCOTON BOARD OF EDUCATION

Location: MECH.ROOM.

1203 CAMBRIDGE RD.

Meter#:

Serial #:

Check if Correct

Corrections

68289

☐

COSHOCOTON, OH 43812

LID/Service:

Manufacturer:

AMES

☐

Site Use: School

Model:

2000B

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

DC

☐

Mailing Address

Size:

0.75

☐

COSHOCOTON BOARD OF EDUCATION

Orientation:

☐

1207 CAMBRIDGE RD.

Protection:

☐

COSHOCOTON, OH 43812

Test Due No Later than:

07/02/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4868

Backflow Prevention Assembly Test Report

COSHOCOTON BOARD OF EDUCATION

Location: MECH.ROOM.

1203 CAMBRIDGE RD.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

1775530312

☐

COSHOCOTON, OH 43812

Account #: COSH.GRADE SCHL.

Manufacturer:

AMES

☐

Site Use: School

Model:

3000SS

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

DCDA

☐

Mailing Address

Size:

8.00

☐

COSHOCOTON BOARD OF EDUCATION

Orientation:

☐

1207 CAMBRIDGE RD.

Protection:

☐

COSHOCOTON, OH 43812

Test Due No Later than:

07/02/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1398

Backflow Prevention Assembly Test Report

RUSTY ROOSTER

168 MAIN STREET

DUNCAN FALLS, OH 43734

Site Use: BAR and Grill

Hazard: CONTAINMENT COMM.LOW

Mailing Address

ELLEN SIZEMORE

12675 POSSUM HOLLOW RD.

CROOKSVILLE, OH 43731

Location: BASEMENT, MECH.ROOM.

Meter#:

LID/Service:

Account #: RUSTYROOSTER

Serial #:

88576

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

04/08/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3623

Backflow Prevention Assembly Test Report

BUCKEYE NATION PEST CONTR

Location: IN BASEMENT BY WATER METER

1310 MAPLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

27930

☐

ZANESVILLE, OH 43701

Account #: JIM HARDCASTLE

Manufacturer:

WATTS

☐

Site Use: Retail

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

JIM HARDCASTLE

Orientation:

☐

1314 MAPLE AVE.

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

06/10/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3575

Backflow Prevention Assembly Test Report

TERRY NEAL (RENTAL)

Location: METER IN GARAGE NORTH WALL.

917 PINE ST.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

28722

☐

ZANESVILLE, OH 43701

Account #: TERRY NEAL RENTAL

Manufacturer:

WATTS

☐

Site Use: Auto Repair

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

TERRY NEAL, OWNER

Orientation:

☐

1405 POTTS LANE

Protection:

PAST DUE

☐

ZANESVILLE, OH 43701

Test Due No Later than:

01/15/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1002

Backflow Prevention Assembly Test Report

FREIGHT SHOPS/ DOOLEY REST/

Location: WATER SERVICE CONTAINMENT *BASEMENT OF DOOLEY RESTAURANT.

231 MARKET STREET

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

123391

☐

Account #: FREIGHTSHOPS-02

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.50

☐

C/O BOBBI LEPI & JEFF KOEHLER

Orientation:

☐

1535 MAPLE AVE.

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

03/28/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4799

Backflow Prevention Assembly Test Report

WATER'S EDGE APARTMENTS

Location: BASEMENT.

1056 BRANDYWINE BLVD.

Meter#:

Serial #:

Check if Correct

Corrections

09545

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Apartments

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

2.00

☐

LEPI & ASSOCIATES REAL ESTATE

Orientation:

☐

1535 MAPLE AVE.

Protection:

PAST DUE

☐

ZANESVILLE, OH 43701

Test Due No Later than:

01/22/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Date _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4800

Backflow Prevention Assembly Test Report

WATER'S EDGE APARTMENTS

Location: BASEMENT.

1060 BRANDYWINE BLVD.

Meter#:

Serial #:

Check if Correct

Corrections

09547

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Apartments

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

2.00

☐

LEPI & ASSOCIATES REAL ESTATE

Orientation:

☐

1535 MAPLE AVE.

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

08/08/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3499

Backflow Prevention Assembly Test Report

DAVE IRVIN

1630 HOLDERS LN.

ZANESVILLE, OHIO 43701

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

DAVE IRVIN

1630 HOLDERS LN.

ZANESVILLE, OH 43701

Location: IN LAUNDRY ROOM,BEHIND PANEL.

Meter#:

LID/Service:

Account #: DAVE IRVIN

Serial #:

29210

Manufacturer:

WATTS

Model:

919

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

10/08/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2198

Backflow Prevention Assembly Test Report

STOFFER, JAMES R.

Location: LAWN SPRINKLER, *BACK OF HOUSE BY A/C UNIT

1632 KNOB HILL DRIVE

Meter#:

Serial #: Check if Correct Corrections

183995

☐

COSHOCTON, OH 43812

LID/Service:

Account #: STOFFERRESIDENCE

Manufacturer:

WATTS

☐

Site Use: LAWN IRRIGATION

Model:

009

☐

Hazard: IRRIGATION MED-ISOLATION

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

JAMES R. STOFFER

Orientation:

☐

1632 KNOB HILL DRIVE

Protection:

☐

COSHOCTON, OH 43812

Test Due No Later than:

06/27/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4036

Backflow Prevention Assembly Test Report

ASSOCIATED FORMS LLC

604 MAIN ST.

ZANESVILLE, OH 43701

Site Use: Business Office

Hazard: CONTAINMENT COMM.LOW

Mailing Address

ASSOCIATED FORMS LLC

165 COBBLEPOND RD.

ZANESVILLE, OH 43701

Location: BASEMENT.

Meter#:

LID/Service:

Account #: ASSOCIATED FORMS

Serial #:

11062

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

1.00

Orientation:

Protection:

PAST DUE

Test Due No Later than:

04/25/2020

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5215

Backflow Prevention Assembly Test Report

Ed & Marie Salmon

Location: 1661 Knob Hill Drive

1661 Knob Hill Drive

Meter#:

Serial #: Check if Correct Corrections

Coshocton, OH 43812

LID/Service:

857370

Account #: ED & MARIE SALMON

Manufacturer:

WATTS

Site Use: LAWN IRRIGATION

Model:

800M4QT

Hazard: CONTAINMENT RESIDENTIAL LOW

Mailing Address

Type:

PVB

ED & MARIE SALMON

Size:

1.00

1661 KNOB HILL RD.

Orientation:

COSHOCOTON, OH 43822

Protection:

Test Due No Later than:

05/20/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2354

Backflow Prevention Assembly Test Report

RAILROAD RESTAURANT & SALC
509 MAIN ST.

COSHOCTON, OH 43812

Site Use:

Hazard: **CONTAINMENT COMM.LOW**

Mailing Address

TOM UNGUREAN

1690 SLEEPYHOLLOW DR.

COSHOCTON, OH 43812

Location: **BASEMENT, *WATER SERVICE CONTAINMENT.**

Meter#:

LID/Service:

Account #: **RAILROAD REST.**

Serial #:

116783

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

1.50

Orientation:

Protection:

PAST DUE

Test Due No Later than:

01/21/2022Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐
 Submit completed
 Test Report:

Fax:

Service Address

Hazard/CCID: 5122

Backflow Prevention Assembly Test Report

MARILYN'S NATURAL FOODS

Location: BASEMENT

430 MAIN ST.

Meter#:

Serial #:

Check if Correct

Corrections

144367

☐

COSHOCTON, OH 43812

LID/Service:

Account #: MARILYN'S NATURAL

Manufacturer:

WATTS

☐

Site Use:

Hazard: CONTAINMENT COMM.LOW

Model:

LF719QT

☐

Mailing Address

Type:

DC

☐

MARILYN WILEY

Size:

0.75

☐

17 ACORN LANE

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

03/18/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐

Leaked

☐

Closed Tight

☐

Held at _____ PSID

Leaked

☐

Closed Tight

☐

Held at _____ PSID

Did not open

☐

Opened at _____ PSID

Did not open

☐

Opened Fully

☐

Yes

☐

No

☐

Opened at _____ PSID

Leaked

☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned

☐

Rubber Kit

☐

Rebuild

☐

Replaced

☐

Other

☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐

Closed Tight

☐

Held at _____ PSID

Closed Tight

☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully

☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2069

Backflow Prevention Assembly Test Report

ZANESVILLE CITY SCHOOLS

Location: FIRE LINE BYPASS. *MECH ROOM.

1429 BLUE AVE.

Meter#:

Serial #: 06045

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

AMES

Site Use:

Hazard: FIRE LINE BYPASS-MEDIUM

Model:

4000B

Mailing Address

Type:

RP

MATT HITTLE

Size:

0.75

1701 BLUE AVE.

Orientation:

ZANESVILLE, OH 43701

Protection:

Test Due No Later than:

06/06/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2070

Backflow Prevention Assembly Test Report

ZANESVILLE CITY SCHOOLS

Location: FIRE LINE . *MECH ROOM.

1429 BLUE AVE.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

1025370404

Account #: ZANESCITYSCHOOLS

Manufacturer:

AMES

Site Use:

Model:

5000

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

Mailing Address

Size:

4.00

MATT HITTLE

Orientation:

1701 BLUE AVE.

Protection:

ZANESVILLE, OH 43701

Test Due No Later than:

06/06/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2100

Backflow Prevention Assembly Test Report

ZANESVILLE CITY SCHOOLS

Location: MAKEUP WATER TO BOILER - MECH ROOM - ROOM 150 LADDER

1429 BLUE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

J00588

☐

ZANESVILLE, OH 43701

Account #: ZANESCITYSCHOOLS

Manufacturer:

WILKINS

☐

Site Use:

Model:

975XL

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

1.25

☐

MATT HITTLE

Orientation:

☐

1701 BLUE AVE.

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

06/06/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2101

Backflow Prevention Assembly Test Report

ZANESVILLE CITY SCHOOLS

Location: WATER SERVICE CONTAINMENT. - MECH ROOM - GROUND ROOM 150.

1429 BLUE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

L16836

☐

ZANESVILLE, OH 43701

Account #: ZANESCITYSCHOOLS

Manufacturer:

WILKINS

☐

Site Use:

Model:

375

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

4.00

☐

MATT HITTLE

Orientation:

☐

1701 BLUE AVE.

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

06/06/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2523

Backflow Prevention Assembly Test Report

ZANESVILLE-HIGH SCHOOL

Location: *LAWN SPRINKLER SYSTEM, REAR OF SCHOOL FOR (SOFTBALL FIELD.)

1701 BLUE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

015630

☐

ZANESVILLE, OH 43701

Account #: ZANESCITYSCHOOLS

Manufacturer:

WATTS

☐

Site Use: School

Model:

800

☐

Hazard: IRRIGATION MED-ISOLATION

Type:

PVB

☐

Mailing Address

Size:

2.00

☐

MATT HITTLE

Orientation:

☐

1701 BLUE AVE.

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

06/10/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3725

Backflow Prevention Assembly Test Report

ZANESVILLE-HIGH SCHOOL

Location: BASEBALL CONCESSION BLDG.,MECH. RM.

1701 BLUE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

16145

☐

ZANESVILLE, OH 43701

Account #: ZANESCITYSCHOOLS

Manufacturer:

WATTS

☐

Site Use: School

Model:

919

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

MATT HITTLE

Orientation:

☐

1701 BLUE AVE.

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

06/10/2019

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3726

Backflow Prevention Assembly Test Report

ZANESVILLE-HIGH SCHOOL

Location: BASEBALL CONCESSION BLDG.,MECH. RM. * DRINKING FOUNTAIN

1701 BLUE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

09535

☐

ZANESVILLE, OH 43701

Account #: ZANESCITYSCHOOLS

Manufacturer:

WATTS

☐

Site Use: School

Model:

719

☐

Hazard: ISOLATION LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

MATT HITTLE

Orientation:

☐

1701 BLUE AVE.

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

06/10/2016

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3727

Backflow Prevention Assembly Test Report

ZANESVILLE-HIGH SCHOOL

Location: BASEBALL CONCESSION BLDG. MECH ROOM.

1701 BLUE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

26326

☐

ZANESVILLE, OH 43701

Account #: ZANESCITYSCHOOLS

Manufacturer:

WATTS

☐

Site Use: School

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

MATT HITTLE

Orientation:

☐

1701 BLUE AVE.

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

06/10/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3779

Backflow Prevention Assembly Test Report

ZANESVILLE-HIGH SCHOOL

Location: *LAWN SPRINKLER SYSTEM.

1701 BLUE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

023154

☐

ZANESVILLE, OH 43701

Account #: ZANESCITYSCHOOLS

Manufacturer:

WATTS

☐

Site Use: School

Model:

800

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

2.00

☐

MATT HITTLE

Orientation:

☐

1701 BLUE AVE.

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

06/10/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3780

Backflow Prevention Assembly Test Report

ZANESVILLE-HIGH SCHOOL

Location: *LAWN SPRINKLER SYSTEM, REAR OF SCHOOL.

1701 BLUE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

016958

☐

ZANESVILLE, OH 43701

Account #: ZANESCITYSCHOOLS

Manufacturer:

WATTS

☐

Site Use: School

Model:

800

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

2.00

☐

MATT HITTLE

Orientation:

☐

1701 BLUE AVE.

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

06/10/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4436

Backflow Prevention Assembly Test Report

ZANESVILLE CITY SCHOOLS

Location: NEXT TO 2" RP ON SOCCER FIELD.*PROTECTING DRINKING FOUNTAIN.*

1429 BLUE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

360425

☐

ZANESVILLE, OH 43701

Account #: ZANESCITYSCHOOLS

Manufacturer:

WATTS

☐

Site Use:

Model:

009M3QT

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

0.75

☐

MATT HITTLE

Orientation:

☐

1701 BLUE AVE.

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

06/06/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5330

Backflow Prevention Assembly Test Report

ZANESVILLE-HIGH SCHOOL

Location: MECH ROOM DRINKING FOUNTAINS

1701 BLUE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

11661

☐

ZANESVILLE, OH 43701

Account #: ZANESCITYSCHOOLS

Manufacturer:

WATTS

☐

Site Use: School

Model:

719AQT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

1.00

☐

MATT HITTLE

Orientation:

☐

1701 BLUE AVE.

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

06/10/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5331

Backflow Prevention Assembly Test Report

ZANESVILLE-HIGH SCHOOL

Location: CONCESSION BUILDING

1701 BLUE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

35147

☐

ZANESVILLE, OH 43701

Account #: ZANESCITYSCHOOLS

Manufacturer:

WATTS

☐

Site Use: School

Model:

919QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RP

☐

Mailing Address

Size:

2.00

☐

MATT HITTLE

Orientation:

☐

1701 BLUE AVE.

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

06/10/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Date _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2063

Backflow Prevention Assembly Test Report

ZANESVILLE-GROVER CLEVELAND

Location: WATER SERVICE CONTAINMENT. * MECH ROOM * RM 78.

714 PERSHING RD.

Meter#:

Serial #:

Check if Correct

Corrections

16022

☐

ZANESVILLE, OH 43701

LID/Service:

Account #: ZANESCITYSCHOOLS

Manufacturer:

WILKINS

☐

Site Use:

Hazard: CONTAINMENT COMM. MED.

Model:

375

☐

Mailing Address

Type:

RP

☐

MATT HITTLE

Size:

3.00

☐

1701 BLUE AVE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

06/06/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐

Leaked

☐

Leaked

☐

Closed Tight

☐

Closed Tight

☐

Held at _____ PSID

Held at _____ PSID

Did not open

☐

Opened at _____ PSID

Did not open

☐

Opened Fully

Yes ☐No ☐

Opened at _____ PSID

Leaked

☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned

☐

Rubber Kit

☐

Rebuild

☐

Replaced

☐

Other

☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐

Closed Tight

☐

Closed Tight

☐

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened Fully

☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2064

Backflow Prevention Assembly Test Report

ZANESVILLE-GROVER CLEVELAND

Location: MAKEUP WATER TO BOILER. * MECH ROOM * RM 78.

714 PERSHING RD.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

1005876

☐

ZANESVILLE, OH 43701

Account #: ZANESCITYSCHOOLS

Manufacturer:

WILKINS

☐

Site Use:

Model:

975XL

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

1.25

☐

MATT HITTLE

Orientation:

☐

1701 BLUE AVE

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

06/06/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Date _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2067

Backflow Prevention Assembly Test Report

ZANESVILLE-GROVER CLEVELAND

Location: FIRE LINE. * MECH ROOM.

714 PERSHING RD.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

1025970804

☐

ZANESVILLE, OH 43701

Account #: ZANESCITYSCHOOLS

Manufacturer:

AMES

☐

Site Use:

Model:

5000

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

4.00

☐

MATT HITTLE

Orientation:

☐

1701 BLUE AVE

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

06/06/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2068

Backflow Prevention Assembly Test Report

ZANESVILLE-GROVER CLEVELAND

Location: FIRE LINE BYPASS. * MECH ROOM.

714 PERSHING RD.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

06124

☐

ZANESVILLE, OH 43701

Account #: ZANESCITYSCHOOLS

Manufacturer:

AMES

☐

Site Use:

Model:

4000B

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐

MATT HITTLE

Orientation:

☐

1701 BLUE AVE

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

06/06/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2125

Backflow Prevention Assembly Test Report

ZANESVILLE-NATIONAL ROAD EI

Location: *MECH.ROOM, FIRE LINE.

3505 EAST PIKE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

M03621

☐

ZANESVILLE, OH 43701

Account #: ZANESCITYSCHOOLS

Manufacturer:

WILKINS

☐

Site Use:

Model:

975DA

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

6.00

☐

MATT HITTLE

Orientation:

☐

1701 BLUE AVE

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

06/06/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2126

Backflow Prevention Assembly Test Report

ZANESVILLE-NATIONAL ROAD EI

Location: BACKFLOW BY PASS ON FIRE LINE, IN *MECH.ROOM.

3505 EAST PIKE

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

W199553XLD

ZANESVILLE, OH 43701

Account #: ZANESCITYSCHOOLS

Manufacturer:

WILKINS

Site Use:

Model:

975

Hazard: FIRE LINE BYPASS-MEDIUM

Mailing Address

Type:

RP

MATT HITTLE

Size:

0.75

1701 BLUE AVE

Orientation:

ZANESVILLE, OH 43701

Protection:

Test Due No Later than:

06/06/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐ ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2130

Backflow Prevention Assembly Test Report

ZANESVILLE-NATIONAL ROAD EI

Location: WATER CONTAINMENT *AT METER.

3505 EAST PIKE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

172989

☐

ZANESVILLE, OH 43701

Account #: ZANESCITYSCHOOLS

Manufacturer:

WATTS

☐

Site Use:

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

3.00

☐

MATT HITTLE

Orientation:

☐

1701 BLUE AVE

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

06/06/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2131

Backflow Prevention Assembly Test Report

ZANESVILLE-NATIONAL ROAD EI

Location: BOILER FEED.

3505 EAST PIKE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

415465

☐

ZANESVILLE, OH 43701

Account #: ZANESCITYSCHOOLS

Manufacturer:

WATTS

☐

Site Use:

Model:

909

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

1.25

☐

MATT HITTLE

Orientation:

☐

1701 BLUE AVE

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

06/06/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3220

Backflow Prevention Assembly Test Report

ZANESVILLE-HIGH SCHOOL

Location: MECH. ROOM. NEW WEIGHT ROOM, BY FOOTBALL FIELD.

1701 BLUE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

09520

☐

ZANESVILLE, OH 43701

Account #: ZANESCITYSCHOOLS

Manufacturer:

WATTS

☐

Site Use: School

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

MATT HITTLE

Orientation:

☐

1701 BLUE AVE

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

06/10/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3278

Backflow Prevention Assembly Test Report

BOARD OF EDUCATION - ZANES.

Location: MECH.ROOM ATTACHED TO BACK OF SCHOOL BLDG.

920 MOXAHALA AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

09349

☐

ZANESVILLE, OH 43701

Account #: ZANESCITYSCHOOLS

Manufacturer:

WATTS

☐

Site Use: School

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

2.00

☐

MATT HITTLE

Orientation:

☐

1701 BLUE AVE

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

06/06/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3420

Backflow Prevention Assembly Test Report

ZANESVILLE-HIGH SCHOOL

Location: BASEMENT, MECH. ROOM

1701 BLUE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

L53929

☐

ZANESVILLE, OH 43701

Account #: ZANESCITYSCHOOLS

Manufacturer:

WILKINS

☐

Site Use: School

Model:

375

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPDA

☐

Mailing Address

Size:

3.00

☐

MATT HITTLE

Orientation:

☐

1701 BLUE AVE

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

06/10/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3439

Backflow Prevention Assembly Test Report

ZANE GREY ELEMENTARY SCHO

Location: HOT BOX,NORTHEAST CORNER OF BUILDING.

711 FESS ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

3230979

☐

ZANESVILLE, OH 43701

Account #: ZANESCITYSCHOOLS

Manufacturer:

WILKINS

☐

Site Use: School

Model:

975XL

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐

MATT HITTLE

Orientation:

☐

1701 BLUE AVE

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

06/06/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3440

Backflow Prevention Assembly Test Report

ZANE GREY ELEMENTARY SCHO

Location: HOT BOX,NORTHEAST CORNER OF BUILDING.

711 FESS ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

R03111

☐

ZANESVILLE, OH 43701

Account #: ZANESCITYSCHOOLS

Manufacturer:

WILKINS

☐

Site Use: School

Model:

475

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

6.00

☐

MATT HITTLE

Orientation:

☐

1701 BLUE AVE

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

06/06/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3471

Backflow Prevention Assembly Test Report

ZANE GREY ELEMENTARY SCHO

Location: BASEMENT MECH.ROOM,CHILLER FEED.

711 FESS ST.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

W369117

☐

ZANESVILLE, OH 43701

Account #: ZANESCITYSCHOOLS

Manufacturer:

WILKINS

☐

Site Use: School

Model:

975XL

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

0.50

☐

MATT HITTLE

Orientation:

☐

1701 BLUE AVE

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

06/06/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3474

Backflow Prevention Assembly Test Report

ZANE GREY ELEMENTARY SCHO

Location: BASEMENT, WATER SERVICE.

711 FESS ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

JA-1483

☐

ZANESVILLE, OH 43701

Account #: ZANESCITYSCHOOLS

Manufacturer:

WATTS

☐

Site Use: School

Model:

957

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

4.00

☐

MATT HITTLE

Orientation:

☐

1701 BLUE AVE

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

06/06/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3475

Backflow Prevention Assembly Test Report

ZANE GREY ELEMENTARY SCHO

Location: MECH. ROOM, CHILLER FEED.

711 FESS ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

W370258

☐

ZANESVILLE, OH 43701

Account #: ZANESCITYSCHOOLS

Manufacturer:

WILKINS

☐

Site Use: School

Model:

975XL

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

0.50

☐

MATT HITTLE

Orientation:

☐

1701 BLUE AVE

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

06/06/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3476

Backflow Prevention Assembly Test Report

ZANE GREY ELEMENTARY SCHO

Location: MECH. ROOM, 2ND FLR. CHILLER FEED.

711 FESS ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

W370259

☐

ZANESVILLE, OH 43701

Account #: ZANESCITYSCHOOLS

Manufacturer:

WILKINS

☐

Site Use: School

Model:

975XL

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

0.50

☐

MATT HITTLE

Orientation:

☐

1701 BLUE AVE

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

06/06/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3477

Backflow Prevention Assembly Test Report

ZANE GREY ELEMENTARY SCHO

Location: MECH.ROOM,CHILLER FEED.

711 FESS ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

W369116

☐

ZANESVILLE, OH 43701

Account #: ZANESCITYSCHOOLS

Manufacturer:

WILKINS

☐

Site Use: School

Model:

975XL

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

0.50

☐

MATT HITTLE

Orientation:

☐

1701 BLUE AVE

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

06/06/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3481

Backflow Prevention Assembly Test Report

ZANESVILLE-HIGH SCHOOL

Location: MECH. ROOM.AIR CONDITIONER.NEXT TO ROOM 211

1701 BLUE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

3168533

☐

ZANESVILLE, OH 43701

Account #: ZANESCITYSCHOOLS

Manufacturer:

WILKINS

☐

Site Use: School

Model:

975XL

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

0.75

☐

MATT HITTLE

Orientation:

☐

1701 BLUE AVE

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

06/10/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3482

Backflow Prevention Assembly Test Report

ZANESVILLE-HIGH SCHOOL

Location: MECH. ROOM. AIR CONDITIONER.

1701 BLUE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

25758

☐

ZANESVILLE, OH 43701

Account #: ZANESCITYSCHOOLS

Manufacturer:

WATTS

☐

Site Use: School

Model:

919

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

MATT HITTLE

Orientation:

☐

1701 BLUE AVE

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

06/10/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3483

Backflow Prevention Assembly Test Report

ZANESVILLE-HIGH SCHOOL

Location: MECH.ROOM.BASEMENT.*HEATING MAKE UP.

1701 BLUE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

3103488

☐

ZANESVILLE, OH 43701

Account #: ZANESCITYSCHOOLS

Manufacturer:

WILKINS

☐

Site Use: School

Model:

975XL

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

1.00

☐

MATT HITTLE

Orientation:

☐

1701 BLUE AVE

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

06/10/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3603

Backflow Prevention Assembly Test Report

JOHN MCINTIRE ELEMENTARY

Location: 2ND FLOOR MECHANICAL ROOM. (BOILER FEED.)

1275 ROOSEVELT AVE.

Meter#:

Serial #:

Check if Correct

Corrections

22282

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

919

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

MATT HITTLE

Orientation:

☐

1701 BLUE AVE

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

06/06/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3605

Backflow Prevention Assembly Test Report

JOHN MCINTIRE ELEMENTARY

Location: OUTSIDE MECH. ROOM

1275 ROOSEVELT AVE.

Meter#:

Serial #:

Check if Correct

Corrections

JE-1015

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

957

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

3.00

☐

MATT HITTLE

Orientation:

☐

1701 BLUE AVE

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

06/06/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3723

Backflow Prevention Assembly Test Report

ZANESVILLE-HIGH SCHOOL

Location: HOT BOX

1701 BLUE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

03110

☐

ZANESVILLE, OH 43701

Account #: ZANESCITYSCHOOLS

Manufacturer:

WILKINS

☐

Site Use: School

Model:

475

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RP

☐

Mailing Address

Size:

6.00

☐

MATT HITTLE

Orientation:

☐

1701 BLUE AVE

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

06/10/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3724

Backflow Prevention Assembly Test Report

ZANESVILLE-HIGH SCHOOL

Location: HOT BOX

1701 BLUE AVE.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

3230985XLD

Account #: ZANESCITYSCHOOLS

Manufacturer:

WILKINS

Site Use: School

Model:

375XL

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

Mailing Address

Size:

0.75

Orientation:

Protection:

MATT HITTLE

1701 BLUE AVE

ZANESVILLE, OH 43701

Test Due No Later than:

06/10/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

RV Exercised

#2 Shutoff Closed

Service Restored

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3728

Backflow Prevention Assembly Test Report

ZANESVILLE-HIGH SCHOOL

Location: Main Maintenance Building Behind Water Heater

1701 BLUE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

13328

☐

ZANESVILLE, OH 43701

Account #: ZANESCITYSCHOOLS

Manufacturer:

WATTS

☐

Site Use: School

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

MATT HITTLE

Orientation:

☐

1701 BLUE AVE

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

06/10/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3729

Backflow Prevention Assembly Test Report

ZANESVILLE-HIGH SCHOOL

Location: MECH. ROOM.AIR CONDITIONING.ACROSS THE HALL FROM ROOM 214.

1701 BLUE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

3231119

☐

ZANESVILLE, OH 43701

Account #: ZANESCITYSCHOOLS

Manufacturer:

WILKINS

☐

Site Use: School

Model:

975XL

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

0.75

☐

MATT HITTLE

Orientation:

☐

1701 BLUE AVE

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

06/10/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4385

Backflow Prevention Assembly Test Report

JOHN MCINTIRE ELEMENTARY

Location: OUTSIDE IN HOT BOX

1275 ROOSEVELT AVE.

Meter#:

Serial #:

Check if Correct

Corrections

RO3211

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WILKINS

☐

Site Use:

Model:

475

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

6.00

☐

MATT HITTLE

Orientation:

☐

1701 BLUE AVE

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

06/03/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4954

Backflow Prevention Assembly Test Report

ZANE GREY ELEMENTARY SCHO

Location: MECH. ROOM , 3RD. FLOOR PENTHOUSE

711 FESS ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

W370284

☐

ZANESVILLE, OH 43701

Account #: ZANESCITYSCHOOLS

Manufacturer:

WILKINS

☐

Site Use: School

Model:

975XL

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

0.50

☐

MATT HITTLE

Orientation:

☐

1701 BLUE AVE

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

06/06/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4955

Backflow Prevention Assembly Test Report

JOHN MCINTIRE ELEMENTARY

Location: OUTSIDE IN HOT BOX.

1275 ROOSEVELT AVE.

Meter#:

Serial #:

Check if Correct

Corrections

78754

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

919

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

MATT HITTLE

Orientation:

☐

1701 BLUE AVE

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

06/06/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2616

Backflow Prevention Assembly Test Report

MUSKINGUM VALLEY PARK DIST

Location: *IN PARK, HYDRANT.

1720 EUCLID AVE.

Meter#:

Serial #:

Check if Correct

Corrections

A054222

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

FEBCO

☐

Site Use: Park

Model:

825

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

MUSKINGUM VALLEY PARK DIST.

Orientation:

☐

1720 EUCLID AVE.

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

06/01/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2591

Backflow Prevention Assembly Test Report

MUSKINGUM VALLEY WOODLAN

Location: BASEMENT, WATER SERVICE CONTAINMENT.

1331-1333 MAPLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

09453

☐

ZANESVILLE, OH 43701

Account #: MUSK.VALLEYWOODLAD

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

ANTONIO RUSSO

Orientation:

☐

1740 FOREST HILLS CIRCLE

Protection:

PAST DUE

☐

ZANESVILLE, OH 43701

Test Due No Later than:

01/22/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4597

Backflow Prevention Assembly Test Report

LP INC.

Location: MECH ROOM

1425 WEST MAIN ST.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OHIO 43701

LID/Service:

42795

Account #: LP INC.

Manufacturer:

WATTS

Site Use:

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

LP SINGH

Orientation:

1773 LONGHILL DR.

Protection:

PAST DUE

ZANESVILLE, OH 43701

Test Due No Later than:

08/16/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4885

Backflow Prevention Assembly Test Report

OHIO RENTALS-APARTMENTS

Location: LAUNDRY

6119 FRAZEYSBURG RD.

Meter#:

Serial #: Check if Correct Corrections

NASHPORT, OH 43830

LID/Service:

13384

Account #: OHIO RENTALS

Manufacturer:

WATTS

Site Use: Apartments

Model:

LF719QT

Hazard: CONTAINMENT COMM.LOW

Mailing Address

Type:

DC

OHIO RENTALS

Size:

0.75

180 SHAGBARK LANE

Orientation:

ZANESVILLE, OH 43701

Protection:

Test Due No Later than:

09/17/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2640

Backflow Prevention Assembly Test Report

GREENLAWN MOBILE HOME PAF
105 EASTWOOD DR.

ZANESVILLE, OH 43701

Site Use:

Hazard: **CONTAINMENT COMM. MED.**

Mailing Address

KEN BARLEY

1865 HERNDON AVE. #K262

CLOVIS, CA 93611

Location: **IN FROST BOX, WATER SERVICE CONTAINMENT.**

Meter#:

LID/Service:

Account #: **GREENLAWNSTATES**

Serial #:

2304690

Check if Correct

Corrections

Manufacturer:

WILKINS

Model:

975XL

Type:

RP

Size:

1.50

Orientation:

Protection:

PAST DUE

Test Due No Later than:

05/29/2021Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 885

Backflow Prevention Assembly Test Report

ALDRICH MANAGEMENT CO. LLC

Location: MECH ROOM.

125 DOWNTOWNER PLAZA

Meter#:

Serial #:

Check if Correct

Corrections

1708242

☐

COSHOCTON, OH 43812

LID/Service:

Account #: ALDRICH-08

Manufacturer:

WILKINS

☐

Site Use: Health Club

Model:

975

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RP

☐

Mailing Address

Size:

0.75

☐

ALDRICH MANAGEMENT CO. LLC

Orientation:

1975 HEMPSTEAD TURNPIKE

☐

EAST MEADOW, NY 11554

Protection:

☐

Test Due No Later than:

03/18/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2203

Backflow Prevention Assembly Test Report

VERIZON WIRELESS

450 DOWNTOWNER PLAZA

COSHOCOTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

ALDRICH MANAGEMENT CO.

1975 HEMPSTEAD TURNPIKE

EAST MEADOW, NY 11554

Location: WATER SERVICE CONTAINMENT.*MECH ROOM.

Meter#:

LID/Service:

Account #: COSH.ASSOC.LLC-11

Serial #:

2104289

Manufacturer:

WILKINS

Model:

975

Type:

RP

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

10/10/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2588

Backflow Prevention Assembly Test Report

BIG LOTS, COSH.

Location: SE CORNER OF BUILDING.*FIRE LINE SERVICE.*READER BYPASS.

300 DOWNTOWNER PLAZA

Meter#:

Serial #:

Check if Correct

Corrections

11011

☐

LID/Service:

Manufacturer:

WATTS

☐

COSHOCOTON, OH 43812

Account #: BIG LOTS COSH

Model:

919

☐

Site Use: Retail

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

ALDRICH MANAGEMENT CO.LLC

1975 HEMPSTEAD TURNPIKE

Orientation:

☐

EAST MEADOW, NY 11554

Protection:

☐

Test Due No Later than:

03/05/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2589

Backflow Prevention Assembly Test Report

BIG LOTS, COSH.

Location: S.E. CORNER OF BUILDING.*WATER SERVICE CONTAINMENT.

300 DOWNTOWNER PLAZA

Meter#:

Serial #:

Check if Correct

Corrections

2416735

☐

COSHOCOTON, OH 43812

LID/Service:

Manufacturer:

WILKINS

☐

Site Use: Retail

Model:

950

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

2.00

☐

ALDRICH MANAGEMENT CO.LLC

Orientation:

☐

1975 HEMPSTEAD TURNPIKE

Protection:

☐

EAST MEADOW, NY 11554

Test Due No Later than:

03/05/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2590

Backflow Prevention Assembly Test Report

BIG LOTS, COSH.

Location: S.E. CORNER OF BUILDING. *FIRE LINE SERVICE.

300 DOWNTOWNER PLAZA

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

HB-1280

☐

COSHOCOTON, OH 43812

Account #: BIG LOTS-COSH

Manufacturer:

WATTS

☐

Site Use: Retail

Model:

957

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RP

☐

Mailing Address

Size:

8.00

☐

ALDRICH MANAGEMENT CO.LLC

Orientation:

☐

1975 HEMPSTEAD TURNPIKE

Protection:

☐

EAST MEADOW, NY 11554

Test Due No Later than:

03/05/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1427

Backflow Prevention Assembly Test Report

SUBWAY - DUNCAN FALLS

205 MAIN STREET

DUNCAN FALLS, OH 43734

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

PETER ENTERPRISES LLC

2091 CHALMER TERRACE

THE VILLAGES, FL 32162

Location: WATER SERVICE CONTAINMENT. * MECH ROOM.

Meter#:

LID/Service:

Account #: SUBWAY-DUNCANFALLS

Serial #:

02872

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

02/26/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4713

Backflow Prevention Assembly Test Report

ROBIN COURT APARTMENTS

Location: WATER SERVICE CONTAINMENT.

1190 ROBIN COURT

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

33009

☐

ZANESVILLE, OH 43701

Account #: ROBINCOURTAPTS

Manufacturer:

WATTS

☐

Site Use: Apartments

Model:

LF719QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

0.75

☐

GLORY REALITY LLC

Orientation:

22 S.7TH. ST.

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

02/25/2020

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked

☐

Leaked

☐

Did not open

☐

Date _____

Closed Tight

☐

Closed Tight

☐

Did not open

☐

Opened Fully

Yes ☐

Leaked

☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

No ☐

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned

☐

Rubber Kit

☐

Rebuild

☐

Replaced

☐

Other

☐

Final Test

Date _____

Closed Tight

☐

Closed Tight

☐

Opened Fully

☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3303

Backflow Prevention Assembly Test Report

WILDFIRE GOLF CLUB

Location: Furnace room.

4230 FRIENDSHIP DR.

Meter#:

Serial #: Check if Correct Corrections

NEW CONCORD, OH 43762

LID/Service:

044549

Account #: WILDFIREGOLFCLUB

Manufacturer:

WATTS

Site Use:

Model:

Hazard: CONTAINMENT COMM.LOW

007

Mailing Address

Type:

DCVA

TIM & KAREN MESSERSCHMIDT

Size:

0.75

2255 FRIENDSHIP DR.

Orientation:

NEW CONCORD, OH 43762

Protection:

Test Due No Later than:

06/29/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4668

Backflow Prevention Assembly Test Report

BUCKEYE AUTO GARAGE

Location: MECH ROOM.

1356 MAYSVILLE PIKE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

32951

Account #: BUCKEYE AUTO GAR.

Manufacturer:

WATTS

Site Use: REPAIR SHOP

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

SEIFERT INVESTMENT PROPERTIES LLC

Orientation:

23162 OXFORD RD.

Protection:

PAST DUE

QUAKER CITY, OH 43773-9722

Test Due No Later than:

11/18/2018

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3899

Backflow Prevention Assembly Test Report

MUSKINGUM COUNTY FARM BUF
1625-A SHARON AVE.

ZANESVILLE, OH 43701

Site Use: Business Office

Hazard: CONTAINMENT COMM.LOW

Mailing Address

CHUCK MCCLOUD

2406 DUNZWEILER DR.

ZANESVILLE, OH 43701

Location: BASEMENT.

Meter#:

LID/Service:

Account #: MUSK.CO.FARM BUR.

Serial #:

31174

Check if Correct

Corrections

☐

Manufacturer:

WATTS

☐

Model:

719

☐

Type:

DCVA

☐

Size:

0.75

☐

Orientation:

☐

Protection:

☐

Test Due No Later than:

08/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2292

Backflow Prevention Assembly Test Report

JUNE STRAKER

Location: *LAWN IRRIGATION.

2413 OAK MEADOW LANE.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

303714

☐

ZANESVILLE, OH 43701

Account #: JUNE STRAKER

Manufacturer:

WATTS

☐

Site Use:

Model:

800

☐

Hazard: IRRIGATION MED-ISOLATION

Type:

PVB

☐

Mailing Address

Size:

1.00

☐

JUNE STRAKER

Orientation:

☐

2413 OAK MEADOW LN.

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

07/30/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4795

Backflow Prevention Assembly Test Report

FRITO LAY

2889 EAST PIKE

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

LUBURGH,ROBINSON

2451 BONNAIR DR.

ZANESVILLE, OH 43701

Location: IN MECH ROOM,BY WATER HEATER.

Meter#:

LID/Service:

Account #: FRITO-LAY

Serial #:

35028

Manufacturer:

WATTS

Model:

LF719QT

Type:

DC

Size:

0.75

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

07/24/2020

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5210

Backflow Prevention Assembly Test Report

WARSAW LAUNDRY/CARWASH

Location: MECH. ROOM.

MAIN ST.

Meter#:

Serial #:

Check if Correct

Corrections

WARSAW, OH 43844

LID/Service:

72650

Account #: LAUNDRY/CARWASH

Manufacturer:

WATTS

Site Use:

Model:

009M2QT

Hazard: ISOLATION MED.

Type:

RP

Mailing Address

Size:

1.00

Orientation:

Protection:

L. IANNMELLO

2485 TOWNSHIP RD. 1202

COSHOCTON, OH 43812

Test Due No Later than:

04/14/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5211

Backflow Prevention Assembly Test Report

WARSAW LAUNDRY/CARWASH

Location: MECH. ROOM.

MAIN ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

118933

☐

WARSAW, OH 43844

Account #: LAUNDRY/CARWASH

Manufacturer:

WATTS

☐

Site Use:

Model:

009M2QT

☐

Hazard: CONTAINMENT RESIDENTIAL MED.

Type:

RP

☐

Mailing Address

Size:

2.00

☐

L. IANNMELLO

Orientation:

☐

2485 TOWNSHIP RD. 1202

Protection:

☐

COSHOCTON, OH 43812

Test Due No Later than:

04/14/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5212

Backflow Prevention Assembly Test Report

WARSAW LAUNDRY/CARWASH

Location: MECH. ROOM.

MAIN ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

72653

☐

WARSAW, OH 43844

Account #: LAUNDRY/CARWASH

Manufacturer:

WATTS

☐

Site Use:

Model:

009M2QT

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

1.00

☐

L. IANNMELLO

Orientation:

☐

2485 TOWNSHIP RD. 1202

Protection:

☐

COSHOCTON, OH 43812

Test Due No Later than:

04/14/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3902

Backflow Prevention Assembly Test Report

DFW FURNITURE

1747 MAYSVILLE AVE.

ZANESVILLE, OH 43701

Site Use: Retail

Hazard: CONTAINMENT COMM.LOW

Mailing Address

ROY PALMAR

250 VINE ST.

LOGAN, OH 43138

Location: IN BACK LEFT SIDE OF STORE.

Meter#:

LID/Service:

Account #: DFW FURNITURE

Serial #:

11896

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

1.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

09/13/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3789

Backflow Prevention Assembly Test Report

FAMILY HEALTH SERVICES

Location: MECH. ROOM.

727 MARKET ST.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

08615

Account #: FAMILY HEALTH

Manufacturer:

WATTS

Site Use: Offices

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

1.50

RANDY BUCKLEY

Orientation:

2505 KENLO WOODS DR.

Protection:

NASHPORT, OH 43830

Test Due No Later than:

05/20/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 189

Backflow Prevention Assembly Test Report

DR.NICOLE WHITAKER O.D. - OFF

Location: WATER SERVICE CONTAINMENT.

2540 MAYSVILLE PIKE

Meter#:

Serial #: 28121

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: DR.NICOLE WHITAKER

Manufacturer:

WATTS

Site Use: Dentist

Hazard: CONTAINMENT COMM. MED.

Model:

007

Mailing Address

Type:

DCVA

DR.NICOLE WHITAKER O.D. - OFFICE

Size:

0.75

2540 MAYSVILLE PIKE

Orientation:

ZANESVILLE, OH 43701

Protection:

Test Due No Later than:

05/27/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3685

Backflow Prevention Assembly Test Report

AMY WHITE,GREG SWINGLE

Location: UNDER BUILDING IN CRAWL SPACE

257 MARKET STREET

Meter#:

Serial #:

Check if Correct

Corrections

263322

☐

ZANESVILLE, OH 43701

LID/Service:

Account #: AMYWHITE AMY-GREG

Manufacturer:

WATTS

☐

Site Use: Beauty Salon/Barber

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Mailing Address

Type:

DCVA

☐

AMY WHITE,GREG SWINGLE

Size:

0.75

☐

257 MARKET STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

03/29/2012

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked

☐

Leaked

☐

Did not open

☐

Date _____

Closed Tight

☐

Closed Tight

☐

Did not open

☐

Opened Fully

☐

Time _____

Pass ☐ Fail ☐

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Yes ☐No ☐

Leaked

☐

Held at _____ PSID

Repairs

Cleaned

☐

Rubber Kit

☐

Rebuild

☐

Replaced

☐

Other

☐

Final Test

Date _____

Closed Tight

☐

Closed Tight

☐

Opened Fully

☐

Time _____

Pass ☐ Fail ☐

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes

No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3266

Backflow Prevention Assembly Test Report

PHILO PIZZA SHOP

208 FRONT STREET

PHILO, OH 43771

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

JEFF MOYER

2601 LAWHEAD LN.

ZANESVILLE, OH 43701

Location: MECH. ROOM.

Meter#:

LID/Service:

Account #: PHILO PIZZA SHOP

Serial #:

34966

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

04/22/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3943

Backflow Prevention Assembly Test Report

LITTLE STEPS BIG STEPS II DAYC

Location: CLOSET BETWEEN RESTROOMS.

1526 BLUFF ST.

Meter#:

Serial #: 31615

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: LITTLE STEPS BIG S

Manufacturer: WATTS

Site Use: Child/Day Care/Nursery

Model:

Hazard: CONTAINMENT COMM.LOW

719

Mailing Address

Type:

DCVA

LEGACY INVESTMENT MANAGEMENT III LLC

Size:

0.75

2702 MARTIN RD.

Orientation:

ZANESVILLE, OH 43701-1608

Protection:

Test Due No Later than:

08/01/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4506

Backflow Prevention Assembly Test Report

NORTH VALLEY BANK

Location: MECH. ROOM.

3636 MAPLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

29845

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Bank

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

NORTH VALLEY BANK

Orientation:

2775 MAYSVILLE PIKE

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

06/01/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1294

Backflow Prevention Assembly Test Report

EDWARD JONES

Location: MECH ROOM.

1396 BRANDYWINE BLVD.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

32097

Account #: EDWARD JONES

Manufacturer:

WATTS

Site Use: Doctors Office

Model:

007

Hazard: CONTAINMENT COMM.LOW

Mailing Address

Type:

DCVA

JMICHAEL PROPERTIES LLC

Size:

0.75

2793 WEST DR.

Orientation:

ZANESVILLE, OH 43701

Protection:

Test Due No Later than:

03/22/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1295

Backflow Prevention Assembly Test Report

EDWARD JONES

Location: FIRE LINE,*TWO HEADS. - MECH ROOM.

1396 BRANDYWINE BLVD.

Meter#:

Serial #:

Check if Correct

Corrections

27368

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Doctors Office

Model:

007

☐

Hazard: LIMITED AREA SPRINKLER

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

JMICHAEL PROPERTIES LLC

Orientation:

☐

2793 WEST DR.

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

03/22/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2687

Backflow Prevention Assembly Test Report

ADAMSVILLE POST OFFICE

Location: BATHROOM,(WATER SERVICE CONTAINMENT).

8125 EAST ST.

Meter#:

Serial #: Check if Correct Corrections

ADAMSVILLE, OH 43802

LID/Service:

10057

Account #: ADAMS.POST OFFICE

Manufacturer:

WATTS

Site Use:

Model:

Hazard: CONTAINMENT COMM.LOW

719

Mailing Address

Type:

DCVA

JOEL HENNING

Size:

0.75

29 W.2ND. ST.

Orientation:

ROSEVILLE, OH 43777-1306

Protection:

Test Due No Later than:

05/30/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1324

Backflow Prevention Assembly Test Report

CLEVER TOWING

1915 HOGE AVENUE

ZANESVILLE, OH 43701

Site Use:

Hazard: FIRE LINE CONNECTION-LOW

Mailing Address

BILL STEED

2930 Dresden rd

ZANESVILLE, OH 43701

Location: *FIRE LINE - OFFICE, CENTER FRONT.

Meter#:

LID/Service:

Account #: BILL STEED

Serial #:

2DK0504

Check if Correct

Corrections

Manufacturer:

AMES

Model:

2000 SILVER

Type:

DCVA

Size:

3.00

Orientation:

Protection:

PAST DUE

Test Due No Later than:

04/30/2017

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5091

Backflow Prevention Assembly Test Report

NORTHSIDE OXYGEN

702 WABASH AVE.

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

GENESIS MAINTENANCE

2951 MAPLE AVE.

ZANESVILLE, OH 43701

Location: MECH. ROOM.

Meter#:

LID/Service:

Account #: NO.SIDE OXYGEN

Serial #:

41012

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

LF719QT

Type:

DC

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

03/20/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1927

Backflow Prevention Assembly Test Report

GENESIS BEHAVIOR HEALTH CA

Location: SOFTNER SPRINKLER ROOM.

2991 MAPLE AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

B04520

☐

Account #: GENESIS BEHAVIOR

Manufacturer:

WILKINS

☐

Site Use:

Model:

975

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

3.00

☐

MAINTENANCE DEPT.

Orientation:

☐

2951 MAPLE AVENUE

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1928

Backflow Prevention Assembly Test Report

GENESIS BEHAVIOR HEALTH CA

Location: SOFTNER/SPRINKLER ROOM.

2991 MAPLE AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

28375 C

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WILKINS

☐

Site Use:

Model:

375 AST

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

3.00

☐

MAINTENANCE DEPT.

Orientation:

☐

2951 MAPLE AVENUE

Protection:

PAST DUE

☐

ZANESVILLE, OH 43701

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3103

Backflow Prevention Assembly Test Report

GENESIS BEHAVIOR HEALTH CA

Location: WEST WING, BOILER ROOM.CHILLER FEED-SOFT WATER.

2991 MAPLE AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

A58089

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

MAINTENANCE DEPT.

Orientation:

☐

2951 MAPLE AVENUE

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4754

Backflow Prevention Assembly Test Report

GENESIS BEHAVIOR HEALTH CA

Location: FIRE LINE. - SPRINKLERS. NEW DEVICE

2991 MAPLE AVENUE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

106215 0013

☐

Account #: GENESIS BEHAVIOR

Manufacturer:

AMES

☐

Site Use:

Model:

5000

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

4.00

☐

MAINTENANCE DEPT.

Orientation:

☐

2951 MAPLE AVENUE

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4755

Backflow Prevention Assembly Test Report

GENESIS BEHAVIOR HEALTH CA

Location: FIRE LINE BYPASS - SPRINKLERS. NEW DEVICE

2991 MAPLE AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

12516

☐

ZANESVILLE, OH 43701

Account #: GENESIS BEHAVIOR

Manufacturer:

AMES

☐

Site Use:

Model:

4000B

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐

MAINTENANCE DEPT.

Orientation:

☐

2951 MAPLE AVENUE

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5079

Backflow Prevention Assembly Test Report

GENESIS BEHAVIOR HEALTH CA

Location: MECH. ROOM.

2991 MAPLE AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

43931

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

919

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

MAINTENANCE DEPT.

Orientation:

☐

2951 MAPLE AVENUE

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4115

Backflow Prevention Assembly Test Report

FADE PHYSICIAN BARBER SHOP

Location: WATER SERVICE CONTAINMENT DEVICE FOR METER LABELED #2

16 N.6TH ST.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

34087

☐

ZANESVILLE, OH 43701

Account #: FADE PHYSICIAN

Manufacturer:

WATTS

☐

Site Use: Beauty Salon/Barber

Model:

LF719QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

0.75

☐

B & K PROPERTIES OHIO LLC

Orientation:

☐

3045 N. RIVER RD.

Protection:

PAST DUE

☐

ZANESVILLE, OH 43701

Test Due No Later than:

11/29/2019

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4035

Backflow Prevention Assembly Test Report

SERENDIPITY SALON

1426 MAPLE AVE.

ZANESVILLE, OH 43701

Site Use: Beauty Salon/Barber

Hazard: CONTAINMENT COMM.LOW

Mailing Address

REGINA LUKICH

3175 TREMONT RD. SUITE 206

UPPER ARLINGTON, OH 43221

Location: MECH RM.

Meter#:

LID/Service:

Account #: SERENDIPITY

Serial #:

30826

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

08/02/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3796

Backflow Prevention Assembly Test Report

NAPA AUTO PARTS

32 8TH ST.

ZANESVILLE, OH 43701

Site Use: Manufacturing- Light

Hazard: CONTAINMENT COMM.LOW

Mailing Address

GREG MOORE

32 8TH.ST..

ZANESVILLE, OH 43701

Location: IN MECH ROOM / BATH ROOM.

Meter#:

LID/Service:

Account #: NAPA AUTO PARTS

Serial #:

32091

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

02/24/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5066

Backflow Prevention Assembly Test Report

NAPA AUTO PARTS

Location: FAR LEFT CORNER -STORAGE.

32 8TH ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

37233

☐

ZANESVILLE, OH 43701

Account #: NAPA AUTO PARTS

Manufacturer:

WATTS

☐

Site Use: Manufacturing- Light

Model:

719QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

0.75

☐

GREG MOORE

Orientation:

☐

32 8TH.ST..

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

02/24/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4228

Backflow Prevention Assembly Test Report

JUST ONE PROPERTIES LLP

Location: BASEMENT OF 309 MAIN ST.

309-311 MAIN ST.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

11713

☐

ZANESVILLE, OH 43701

Account #: JUST ONE PROP.

Manufacturer:

WATTS

☐

Site Use: Business Office

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

JUST ONE PROPERTIES LLP

Orientation:

34 N. THIRD ST.

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

01/13/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1840

Backflow Prevention Assembly Test Report

ADAMS BROTHERS CONCRETE

Location: WATER SERVICE CONTAINMENT - MECH ROOM

8465 EAST PIKE

Meter#:

Serial #: Check if Correct Corrections

NORWICH, OH 43767

LID/Service:

311961

Account #: ADAMS BROS.

Manufacturer:

WATTS

Site Use: Business Office

Model:

909

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

Mailing Address

Size:

1.50

ZEMBA BROS.

Orientation:

3401 EAST PIKE

Protection:

ZANESVILLE, OH 43701

Test Due No Later than:

01/22/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1841

Backflow Prevention Assembly Test Report

ADAMS BROTHERS CONCRETE

Location: BOILER - MECH ROOM.

8465 EAST PIKE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

148918

☐

NORWICH, OH 43767

Account #: ADAMS BROS.

Manufacturer:

WATTS

☐

Site Use: Business Office

Model:

009

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

ZEMBA BROS.

Orientation:

☐

3401 EAST PIKE

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

01/22/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3338

Backflow Prevention Assembly Test Report

DOZER'S PLACE

820 LINDEN AVE.

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

ZEMBA BROS.

3401 EAST PIKE

ZANESVILLE, OH 43701

Location: BASEMENT.

Meter#:

LID/Service:

Account #: ZEMBA-RENTAL

Serial #:

30379

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

04/30/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1079

Backflow Prevention Assembly Test Report

RICHARD KASSAL

3440 REGAN'S WAY

ZANESVILLE, OH 43701

Site Use:

Hazard: IRRIGATION MED-ISOLATION

Mailing Address

RICHARD KASSAL

3440 REGAN'S WAY

ZANESVILLE, OH 43701

Location: LAWN SPRINKLER - BASEMENT- (OFF 08/25/21)

Meter#:

LID/Service:

Account #: KASSAL

Serial #:

133244

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

OFF

Test Due No Later than:

05/13/2021

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 210

Backflow Prevention Assembly Test Report

GAR-LNG,LLC

706 SOUTH FRIENDSHIP DRIVE

NEW CONCORD, OH 43762

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

GARY RUBEL

35479 ST. RT. 78

LEWISVILLE, OH 43754

Location: MECH ROOM. - WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: GARYRUBEL PROP.-2

Serial #:

572177

Manufacturer:

WATTS

Model:

909

Type:

RP

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

04/20/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2235

Backflow Prevention Assembly Test Report

GARY RUBEL

Location: WATER SERVICE CONTAINMENT.

701 SOUTH FRIENDSHIP DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

07578

☐

NEW CONCORD, OH 43762

Account #: GARY RUBEL PROP.

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

GARY RUBEL

Orientation:

☐

35479 ST. RT. 78

Protection:

☐

LEWISVILLE, OH 43754

Test Due No Later than:

04/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2956

Backflow Prevention Assembly Test Report

CANDY CRAZE

3575 MAPLE AVE.#166

ZANESVILLE, OH 43701

Site Use: Retail

Hazard: CONTAINMENT COMM.LOW

Mailing Address

DUANE PAISLEY

3575 MAPLE AVE.

ZANESVILLE, OH 43701

Location: ABOVE REST ROOM.*WATER SERVICE CONTAINMENT. CLOSED

Meter#:

LID/Service:

Account #: COSQMALL#166

Serial #: Check if Correct Corrections

12519 CLOSED

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

08/22/2017

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3570

Backflow Prevention Assembly Test Report

RUE 21

Location: ABOVE CEILING IN BATHROOM.

3575 MAPLE AVE.#510

Meter#:

Serial #: Check if Correct Corrections

276705

☐

Zanesville, OH 43701

LID/Service:

Manufacturer:

APOLLO/CONBRACO

☐

Site Use: Retail

Model:

DC4A

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

0.75

☐

Duane Paisley

Orientation:

☐

3575 Maple Ave.

Protection:

PAST DUE

☐

Zanesville, OH 43701

Test Due No Later than:

01/22/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4042

Backflow Prevention Assembly Test Report

STYLE OUT LOUD

3556 MAPLE AVE.

ZANESVILLE, OH 43701

Site Use: Retail

Hazard: CONTAINMENT COMM.LOW

Mailing Address

JASON THOMAS

3596 MAPLE AVENUE SUITE C

ZANESVILLE, OH 43701

Location: MECH. ROOM.

Meter#:

LID/Service:

Account #: THOMAS-4

Serial #:

27653

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

03/11/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4798

Backflow Prevention Assembly Test Report

WATER'S EDGE APARTMENTS

Location: BASEMENT

1052 BRANDYWINE BLVD.

Meter#:

Serial #: 10162

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

Site Use: Apartments

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

2.00

DUNZWEILER REALTY

Orientation:

3610 MAPLE AVE.

ZANESVILLE, OH 43701

Protection:

Test Due No Later than:

08/01/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 489

Backflow Prevention Assembly Test Report

CUSTOM VEHICLES OF ZANESVIL

Location: WATER SERVICE CONTAINMENT. *MECH ROOM.

3619 OLD FALLS ROAD

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

68693

Account #: CUSTOMVEHICLESZANE

Manufacturer:

WATTS

Site Use:

Model:

Hazard: CONTAINMENT COMM.LOW

007

Mailing Address

Type:

DCVA

CUSTOM VEHICLES OF ZANESVILLE

Size:

0.75

3619 OLD FALLS ROAD

Orientation:

ZANESVILLE, OH 43701

Protection:

PAST DUE

Test Due No Later than:

01/23/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4874

Backflow Prevention Assembly Test Report

MIKE NAUGHTON APARTMENTS

Location: IN BASEMENT.

1681-1685 LINDEN AVE.

Meter#:

Serial #: 33709

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

Site Use: Apartments

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

MIKE NAUGHTON ASSOC.LLC.

3625 MANASSAS AVE.

Orientation:

MELBOURNE, FL 332934-831

Protection:

PAST DUE

Test Due No Later than:

08/25/2016

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3912

Backflow Prevention Assembly Test Report

K & BW ENTERPRISES, INC.

Location: BOTTOM OF BASEMENT STEPS.

37 S. 7TH ST.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

32132

☐

Account #: K & BW ENTERPRISE

Manufacturer:

WATTS

☐

Site Use: Business Office

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

K & BW ENTERPRISES, INC.

Orientation:

37 S. 7TH ST.

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

10/08/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4090

Backflow Prevention Assembly Test Report

MIGHTY PROPERTIES LLC

1002 MCINTIRE AVE.

ZANESVILLE, OH 43701

Site Use: Business Office

Hazard: CONTAINMENT COMM.LOW

Mailing Address

MIGHTY PROPERTIES LLC

370 CEDARHURST DR.

ZANESVILLE, OH 43701

Location: MECH. ROOM- MIDDLE OF BLDG.CENTER DOOR FACING BLUE AVE.

Meter#:

LID/Service:

Account #: MIGHTY PROPERTIES

Serial #:

30840

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

06/11/2017

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2331

Backflow Prevention Assembly Test Report

BRANNON SERVICES REALTY LL

Location: SOUTH WATER SERVICE.*MECH.RM.

1510 MOXAHALA AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

586489

☐

Account #: CHIPCO LLC

Manufacturer:

WATTS

☐

Site Use:

Model:

909

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

BRANNON SERVICES REALTY LLC

Orientation:

☐

3735 MILLERS LANE

Protection:

☐

DUNCAN FALLS, OH 43734-9721

Test Due No Later than:

03/07/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2020

Backflow Prevention Assembly Test Report

TRACY'S CAFE-CLOSED

Location: WATER SERVICE CONTAINMENT.

807 MAIN STREET

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

120194

☐

DRESDEN, OH 43821

Account #: TRACY'S CAFE

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

TRACY BOAL

Orientation:

☐

38999 SR 541

Protection:

PAST DUE

☐

WARSAW, OH 43844

Test Due No Later than:

11/26/2015

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 992

Backflow Prevention Assembly Test Report

DR. THOMAS FISHER

Location: WATER SERVICE CONTAINMENT. - MECH ROOM

3983 NORTHPOINTE DRIVE, SUITE

Meter#:

Serial #: Check if Correct Corrections

190156

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

DR. THOMAS FISHER

Orientation:

☐

3983 NORTHPOINTE DRIVE

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

02/12/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 133

Backflow Prevention Assembly Test Report

MUSKINGUM COUNTY SHERIFF'S

Location: SPRINKLER RISER ROOM

1370 ADAMSVILLE ROAD

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

1023430104

Account #: MUSKCOSHERIFFBLDG

Manufacturer:

AMES

Site Use:

Model:

5000

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

Mailing Address

Size:

4.00

Orientation:

Protection:

MTCE. MGR.

401 MAIN ST.

ZANESVILLE, OH 43701

Test Due No Later than:

08/31/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 134

Backflow Prevention Assembly Test Report

MUSKINGUM COUNTY SHERIFF'S

Location: SPRINKLER RISER ROOM

1370 ADAMSVILLE ROAD

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

05858

☐

Account #: MUSKCOSHERIFFBLDG

Manufacturer:

AMES

☐

Site Use:

Model:

4000B

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐

MTCE. MGR.

Orientation:

☐

401 MAIN ST.

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

08/31/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 135

Backflow Prevention Assembly Test Report

MUSKINGUM COUNTY SHERIFF'S

Location: MECH ROOM - WATER SERVICE CONTAINMENT.

1370 ADAMSVILLE ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

119412

☐

ZANESVILLE, OH 43701

Account #: MUSKCOSHERIFFBLDG

Manufacturer:

WATTS

☐

Site Use:

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPDA

☐

Mailing Address

Size:

2.50

☐

MTCE. MGR.

Orientation:

☐

401 MAIN ST.

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

08/31/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1267

Backflow Prevention Assembly Test Report

MUSKINGUM COUNTY CHILD SUF

Location: FIRE LINE - MECH ROOM

1830 EAST PIKE

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

5F01004

☐

Account #: MUSKCOCHILDSUPPORT

Manufacturer:

AMES

☐

Site Use:

Model:

5000

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

4.00

☐

SCOTT LEE, MTCE. MGR.

Orientation:

☐

401 MAIN ST.

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

08/31/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1268

Backflow Prevention Assembly Test Report

MUSKINGUM COUNTY CHILD SUF

Location: FIRE LINE BY-PASS - MECH ROOM

1830 EAST PIKE

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

00922

☐

Account #: MUSKCOCHILDSUPPORT

Manufacturer:

AMES

☐

Site Use:

Model:

4000B

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐

SCOTT LEE, MTCE. MGR.

Orientation:

☐

401 MAIN ST.

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

08/31/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1269

Backflow Prevention Assembly Test Report

MUSKINGUM COUNTY CHILD SUF

Location: WATER SERVICE CONTAINMENT - MECH ROOM

1830 EAST PIKE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

134441

☐

ZANESVILLE, OH 43701

Account #: MUSKCOCHILDSUPPORT

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

SCOTT LEE, MTCE. MGR.

Orientation:

☐

401 MAIN ST.

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

08/31/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1270

Backflow Prevention Assembly Test Report

MUSKINGUM COUNTY CHILD SUF

Location: BOILER - MECH ROOM

1830 EAST PIKE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

11262

☐

ZANESVILLE, OH 43701

Account #: MUSKCOCHILDSUPPORT

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

SCOTT LEE, MTCE. MGR.

Orientation:

☐

401 MAIN ST.

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

08/31/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1507

Backflow Prevention Assembly Test Report

MUSK. CO. SENIOR CENTER

Location: * BASEMENT.

160 NORTH 4TH. STREET

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

136778

☐

Account #: MUSK.CO.SEN.CTR.

Manufacturer:

WATTS

☐

Site Use:

Model:

709

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

2.00

☐

SCOTT LEE

Orientation:

☐

401 MAIN ST.

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

08/16/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1765

Backflow Prevention Assembly Test Report

MUSKINGUM COUNTY JUVENILE

Location: FIRE LINE - MECH ROOM

1860 EAST PIKE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

134108

☐

ZANESVILLE, OH 43701

Account #: MUSKCOJUVDDETENTION

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

SCOTT LEE

Orientation:

☐

401 MAIN ST.

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

08/31/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1766

Backflow Prevention Assembly Test Report

MUSKINGUM COUNTY JUVENILE

Location: FIRE LINE - MECH ROOM

1860 EAST PIKE

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

003516

☐

Account #: MUSKCOJUVDDETENTION

Manufacturer:

WATTS

☐

Site Use:

Model:

909

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RP

☐

Mailing Address

Size:

6.00

☐

SCOTT LEE

Orientation:

☐

401 MAIN ST.

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

08/31/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1767

Backflow Prevention Assembly Test Report

MUSKINGUM COUNTY JUVENILE

Location: WATER SERVICE CONTAINMENT - MECH ROOM

1860 EAST PIKE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

159171

☐

ZANESVILLE, OH 43701

Account #: MUSKCOJUVDDETENTION

Manufacturer:

WATTS

☐

Site Use:

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

3.00

☐

SCOTT LEE

Orientation:

☐

401 MAIN ST.

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

08/31/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5342

Backflow Prevention Assembly Test Report

MUSK. CO. SENIOR CENTER

Location: BASEMENT UNDER BACK STAIRS

160 NORTH 4TH. STREET

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

4237675

☐

Account #: MUSK.CO.SEN.CTR.

Manufacturer:

WILKINS

☐

Site Use:

Model:

950XLD

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

0.75

☐

SCOTT LEE

Orientation:

☐

401 MAIN ST.

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

08/16/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5343

Backflow Prevention Assembly Test Report

MUSK. CO. SENIOR CENTER

Location: OUTSIDE CANOPY - ANTI FREEZE

160 NORTH 4TH. STREET

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

4260734

Account #: MUSK.CO.SEN.CTR.

Manufacturer:

WILKINS

Site Use:

Model:

975XL

Hazard: CONTAINMENT COMM.LOW

Type:

RP

Mailing Address

Size:

2.00

Orientation:

Protection:

SCOTT LEE

401 MAIN ST.

ZANESVILLE, OH 43701

Test Due No Later than:

08/16/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5344

Backflow Prevention Assembly Test Report

MUSK. CO. SENIOR CENTER

Location: BASEMENT-UNDER BACK STAIRS

160 NORTH 4TH. STREET

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

5615-B

☐

Account #: MUSK.CO.SEN.CTR.

Manufacturer:

WILKINS

☐

Site Use:

Model:

350

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

4.00

☐

SCOTT LEE

Orientation:

☐

401 MAIN ST.

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

08/16/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4724

Backflow Prevention Assembly Test Report

COURTHOUSE ANNEX

Location: BASEMENT BOILER FEED LINE.

349 MAIN ST.

Meter#:

Serial #: 23188

Check if Correct

Corrections

COSHOCTON, OH 43812

LID/Service:

Account #: COSH.CO.COMMISS-3

Manufacturer:

WATTS

Site Use: Business Office

Model:

919

Hazard: ISOLATION MED.

Mailing Address

Type:

RPPA

COSHOCTON COUNTY COMMISSIONERS

Size:

0.75

401 MAIN ST.

Orientation:

COSHOCTON, OH 43812

Protection:

Test Due No Later than:

03/24/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1569

Backflow Prevention Assembly Test Report

GRUBB RV

4200 WEST PIKE

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

SCOTT BLUMENSTOCK

4194 WEST PIKE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT - MECH ROOM

Meter#:

LID/Service:

Account #: GRUBB RV

Serial #:

06128

Check if Correct

Corrections

☐

Manufacturer:

WATTS

☐

Model:

719

☐

Type:

DCVA

☐

Size:

0.75

☐

Orientation:

☐

Protection:

☐

Test Due No Later than:

01/08/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐

Leaked

☐

Closed Tight

☐

Held at _____ PSID

Leaked

☐

Closed Tight

☐

Held at _____ PSID

Did not open

☐

Opened at _____ PSID

Did not open

☐

Opened Fully

Yes ☐No ☐

Opened at _____ PSID

Leaked

☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned

☐

Rubber Kit

☐

Rebuild

☐

Replaced

☐

Other

☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐

Closed Tight

☐

Held at _____ PSID

Closed Tight

☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully

☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3994

Backflow Prevention Assembly Test Report

PRINCE OF CUTS

52 S.6TH ST.

ZANESVILLE, OH 43701

Site Use: Beauty Salon/Barber

Hazard: CONTAINMENT COMM.LOW

Mailing Address

JENNY WOODRUFF

440 HOMESTEAD DR.

NEW CONCORD, OH 43762

Location: BASEMENT

Meter#:

LID/Service:

Account #: PRINCE FIELDS

Serial #:

28789

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

08/30/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5073

Backflow Prevention Assembly Test Report

BP STATION-LEE ST.

Location: MECH ROOM

930 LEE ST.

Meter#:

Serial #: Check if Correct Corrections

54155

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

LF919AQT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

0.75

☐

ENGLEFIELD OIL

Orientation:

☐

447 JAMES PARKWAY

Protection:

☐

HEATH, OH 43056

Test Due No Later than:

07/26/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1169

Backflow Prevention Assembly Test Report

DR. JAMES MONATH-RENTAL

Location: MECH ROOM.ABOVE WATER METER.

3089 MAPLE AVENUE

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

37270

☐

ZANESVILLE, OH 43701

Account #: J.MONATH-RENTAL

Manufacturer:

WATTS

☐

Site Use: Doctors Office

Model:

009

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

DR.JAMES MONATH

Orientation:

☐

469 WHARTON BLVD.

Protection:

PAST DUE

☐

EXTON, PA. 19341

Test Due No Later than:

02/11/2017

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4121

Backflow Prevention Assembly Test Report

Healthy's Nutrition Studio

1322 BRANDYWINE BLVD.

ZANESVILLE, OH 43701

Site Use: Health Club

Hazard: CONTAINMENT COMM.LOW

Mailing Address

TANCO

4830 NORTHPOINTE DR.

ZANESVILLE, OH 43701

Location: MECH. ROOM.

Meter#:

LID/Service:

Account #: Healthy's N S

Serial #:

40497

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

LF719QT

Type:

DC

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

04/12/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Submit completed
Test Report:

Fax:



Service Address

Hazard/CCID: 184

Backflow Prevention Assembly Test Report

EDEN GROUP LTD.

Location: FIRE LINE ON DOCK:

379 ADAIR AVE.

Meter#:

Serial #: Check if Correct Corrections

52198

☐

ZANESVILLE, OH 43701

LID/Service:

Account #: EDEN GROUP LTD

Manufacturer:

APOLLO/CONBRAC

☐

Site Use:

Hazard: FIRE LINE CONN.HIGH HEALTH HAZ

Model:

RPLF4AN

☐

Mailing Address

Type:

RP

☐

EDEN GROUP LTD

Size:

2.50

☐

499 GRANDVIEW DR.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/20/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 185

Backflow Prevention Assembly Test Report

EDEN GROUP LTD.

Location: NE CORNER OF BUILDING

379 ADAIR AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

58953

☐

ZANESVILLE, OH 43701

Account #: EDEN GROUP LTD

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

EDEN GROUP LTD

Orientation:

☐

499 GRANDVIEW DR.

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

03/20/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3665

Backflow Prevention Assembly Test Report

ANKROM LAUNDROMAT

Location: BOILER ROOM.

1355 GREENWOOD AVE.

Meter#:

Serial #:

Check if Correct

Corrections

09615

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

LF719QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

2.00

☐

TRENT ANKRUM

Orientation:

☐

499 GRANDVIEW DR.

Protection:

PAST DUE

☐

ZANESVILLE, OH 43701

Test Due No Later than:

01/15/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3807

Backflow Prevention Assembly Test Report

ANKRUM LAUNDROMAT

Location: BASEMENT

771 DRYDEN RD.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

A05612

☐

ZANESVILLE, OH 43701

Account #: ANKRUM LAUNDROMAT

Manufacturer:

WATTS

☐

Site Use: Laundromat

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.50

☐

TRENT ANKRUM

Orientation:

☐

499 GRANDVIEW DR.

Protection:

PAST DUE

☐

ZANESVILLE, OH 43701

Test Due No Later than:

01/15/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5233

Backflow Prevention Assembly Test Report

ANKRUM LAUNDROMAT #4

Location: MECH. ROOM

1100 MILITARY RD

Meter#:

Serial #:

Check if Correct

Corrections

09845

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Laundromat

Model:

719QT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

DC

☐

Mailing Address

Size:

2.00

☐

TRENT ANKRUM

Orientation:

☐

499 GRANDVIEW DR.

Protection:

PAST DUE

☐

ZANESVILLE, OH 43701

Test Due No Later than:

01/15/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 183

Backflow Prevention Assembly Test Report

EDEN GROUP LTD.

Location: FIRE LINE BY PASS.

379 ADAIR AVE.

Meter#:

Serial #: Check if Correct Corrections

716391

☐

ZANESVILLE, OH 43701

LID/Service:

Account #: EDEN GROUP LTD.

Manufacturer:

APOLLO/CONBRAC

☐

Site Use:

Model:

RPLF4A

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐

EDEN GROUP LTD

Orientation:

499 GRANDVIEW DRIVE

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/20/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3829

Backflow Prevention Assembly Test Report

LEMITY AUTO SALES

1310 MAYSVILLE AVE.

ZANESVILLE, OH 43701

Site Use: AUTO SALES

Hazard: CONTAINMENT COMM.LOW

Mailing Address

ALAN R. LEMITY

499 VAN HORN AVE.

ZANESVILLE, OH 43701

Location: SOUTH END OF BUILDING.

Meter#:

LID/Service:

Account #: LEMITY AUTO SALES

Serial #:

26183

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

03/12/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4672

Backflow Prevention Assembly Test Report

ISLAND BURGERS AND MORE

Location: BACK BEHIND REST ROOM IN CLOSET.

3575 MAPLE AVE. #112

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

32884

☐

ZANESVILLE, OH 43701

Account #: COSMALL-#112

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

ADAM KURTZ

Orientation:

☐

50 WEST 8TH. ST.

Protection:

☐

DRESDEN, OH 43821

Test Due No Later than:

03/08/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2227

Backflow Prevention Assembly Test Report

SPEEDWAY #9153

930 BLUE AVENUE

ZANESVILLE, OH 43701

Site Use: GAS, Convenience STORE

Hazard: CONTAINMENT COMM. MED.

Mailing Address

STORE MANAGER

500 SPEEDWAY DR.

ENON, OH 445323

Location: WATER SERVICE CONTAINMENT. *MECH ROOM.

Meter#:

LID/Service:

Account #: SPEEDWAY9153

Serial #:

2104315

Check if Correct

Corrections

Manufacturer:

WILKINS

Model:

975XL

Type:

RP

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

04/10/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4087

Backflow Prevention Assembly Test Report

SOUTH FORK APARTMENTS

Location: MECH ROOM OF LAUNDRY BUILDING.

1108 MELICK AVE.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

28880

Account #: GREG JACKSON APT.

Manufacturer:

WATTS

Site Use: Laundromat

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

GREG JACKSON

Orientation:

5040 COOPERMILL RD.

Protection:

PAST DUE

ZANESVILLE, OH 43701

Test Due No Later than:

01/31/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3948

Backflow Prevention Assembly Test Report

HILLSIDE HEIGHTS

1124 WAYNE AVENUE

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

GRACE M. JOHNSTON

5063 DRESDEN CT.

ZANESVILLE, OH 43701

Location: IN 1136 WAYNE AVE.TWISTED SCISSORZ HAIR SALON.

Meter#:

LID/Service:

Account #: HILLSIDE HEIGHTS

Serial #:

28756

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3463

Backflow Prevention Assembly Test Report

LYNNELL LLC

3066 MAPLE AVE.

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

LYNNELL LLC

515 HANKINSON LANE

NEWARK, OH 43056

Location: MECH RM.

Meter#:

LID/Service:

Account #: LYNNELL LLC

Serial #:

15024

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

07/26/2015

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4891

Backflow Prevention Assembly Test Report

COSHOCOTON MATERIALS

Location: IN GARAGE BY STAIRS.

23674 CO. RD.621

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

207047

☐

COSHOCOTON, OH 43812

Account #: COSH. MATERIALS

Manufacturer:

WATTS

☐

Site Use:

Model:

009M2QT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

1.00

☐

HOLMES REDMIX

Orientation:

☐

5420 CO.RD. 349

Protection:

☐

MILLERSBURG, OH 44654

Test Due No Later than:

10/27/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4487

Backflow Prevention Assembly Test Report

WELLNESS CENTER

Location: BASEMENT BACK WALL.

61 N. 4TH ST.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

29558

Account #: STEVESHIRLEY,REN.

Manufacturer:

WATTS

Site Use:

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

STEVE SHIRLEY,OWNER

Orientation:

61 N. 4TH ST.

Protection:

PAST DUE

ZANESVILLE, OH 43701

Test Due No Later than:

01/03/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2011

Backflow Prevention Assembly Test Report

DEAN JOHNSON

Location: WATER SERVICE CONTAINMENT.

65 SOUTH 6TH STREET

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

36865

☐

Account #: JOHNSONDEAN

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

DEAN JOHNSON

Orientation:

☐

61 SOUTH 6TH STREET

Protection:

PAST DUE

☐

ZANESVILLE, OH 43701

Test Due No Later than:

09/26/2007

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4429

Backflow Prevention Assembly Test Report

MIKE SEILER - ART WORKS

Location: BASEMENT.

129 S.7TH ST.

Meter#:

Serial #: 28741

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: MIKE SEILER-ART

Manufacturer:

WATTS

Site Use: ART WORKS

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

05/22/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3072

Backflow Prevention Assembly Test Report

BARRY M. WISECARVER-STORAC

Location: IN PIT IN PARKING LOT

68 N. STATE ST.

Meter#:

Serial #: 07442

Check if Correct

Corrections

FRAZEYSBURG, OH 43822

LID/Service:

Account #: BARRY WISECARVER

Manufacturer:

WATTS

Site Use:

Hazard: CONTAINMENT COMM. LOW

Model:

007

Mailing Address

Type:

DCVA

BARRY WISECARVER

Size:

2.00

6275 HI LO DRIVE

Orientation:

FRAZEYSBURG, OH 43822

Protection:

PAST DUE

Test Due No Later than:

05/15/2014

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3676

Backflow Prevention Assembly Test Report

ARMY NAVY STORE

18 S.6TH ST.

ZANESVILLE, OH 43701

Site Use: Retail

Hazard: CONTAINMENT COMM.LOW

Mailing Address

TOM COLOPY

6290 WINTERWOOD DR.

NASHPORT, OH 43830

Location: BASEMENT,DOWN STAIRS TO LEFT,HANGING FROM JOIST.

Meter#:

LID/Service:

Account #: ARMY NAVY STORE

Serial #:
30159Manufacturer:
WATTSModel:
719Type:
DCVASize:
0.75

Orientation:

Protection:
PAST DUE

Check if Correct Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

07/17/2015

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3984

Backflow Prevention Assembly Test Report

JACKSON-HEWITT

16 S.6TH ST.

ZANESVILLE, OH 43701

Site Use: Business Office

Hazard: CONTAINMENT COMM.LOW

Mailing Address

TOM COLOPY

6290 WINTERWOOD DR.

NASHPORT, OH 43830

Location: BASEMENT

Meter#:

LID/Service:

Account #: JACKSON-HEWITT

Serial #:

31522

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

07/16/2015

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3932

Backflow Prevention Assembly Test Report

DR. GARY WOLFGANG

Location: BASEMENT.

1405 MAPLE AVE.

Meter#:

Serial #: Check if Correct Corrections

32714

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Doctors Office

Model:

LF719QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

0.75

☐

CAROL BRYAN

Orientation:

☐

633 FAIRMONT AVE.

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

03/16/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3510

Backflow Prevention Assembly Test Report

QUASAR ENERGY GROUP-ZANE

Location: MECH. ROOM. NONPOTABLE PROCESS LINE.

6400 MAYSVILLE PIKE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

3311464

☐

ZANESVILLE, OHIO 43701

Account #: QUASAR ENERGY

Manufacturer:

WILKINS

☐

Site Use: energy generating plant

Model:

975

☐

Hazard: CONTAINMENT COMM. HIGH

Type:

RP

☐

Mailing Address

Size:

1.00

☐

QUASAR ENERGY GROUP

Orientation:

☐

6400 MAYSVILLE PIKE

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

11/16/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3511

Backflow Prevention Assembly Test Report

QUASAR ENERGY GROUP-ZANE

Location: MECH. ROOM. POTABLE LINE.

6400 MAYSVILLE PIKE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

2862487

☐

ZANESVILLE, OHIO 43701

Account #: QUASAR ENERGY

Manufacturer:

WILKINS

☐

Site Use: energy generating plant

Model:

975

☐

Hazard: CONTAINMENT COMM. HIGH

Type:

RP

☐

Mailing Address

Size:

1.00

☐

QUASAR ENERGY GROUP

Orientation:

☐

6400 MAYSVILLE PIKE

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

11/16/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4311

Backflow Prevention Assembly Test Report

MARILYN INMAN RENTAL

647 MCINTIRE AVE.

ZANESVILLE, OH 43701

Site Use: Retail

Hazard: CONTAINMENT COMM.LOW

Mailing Address

MARILYN & BRUCE INMAN

647 MCINTIRE AVE.

ZANESVILLE, OH 43701

Location: IN BASEMENT AT BOTTOM OF STAIRS.

Meter#:

LID/Service:

Account #: M.INMAN RENTAL

Serial #:

35886

Manufacturer:

WATTS

Model:

LF719QT

Type:

DC

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4893

Backflow Prevention Assembly Test Report

740 CRYO THERAPY

Location: LOCATED IN BATHROOM.

3937 NORTHPOINTE

Meter#:

Serial #:

Check if Correct

Corrections

A882312

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WILKINS

☐

Site Use: Clinic

Model:

850

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

3.00

☐

JAY BAKER

Orientation:

☐

6695 SHAVER RD.

Protection:

☐

BLUE ROCK, OH 43720

Test Due No Later than:

06/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3769

Backflow Prevention Assembly Test Report

MUSKINGUM COUNTY BUILDING

Location: MECH. RM.

2725 PINKERTON RD.

Meter#:

Serial #: 08460

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

Site Use: New Development

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

2.00

MUSK.VALLEY HEALTH CENTER

Orientation:

716 ADAIR AVE.

ZANESVILLE, OH 43701

Protection:

PAST DUE

Test Due No Later than:

07/12/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3732

Backflow Prevention Assembly Test Report

OCCUPANT

727 MAIN ST.

DRESDEN, OH 43821

Site Use: Bank

Hazard: CONTAINMENT COMM.LOW

Mailing Address

OCCUPANT

727 MAIN ST.

DRESDEN, OH 43701

Location: BASEMENT

Meter#:

LID/Service:

Account #: OCCUPANT

Serial #: Check if Correct Corrections

27789

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

04/19/2020

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4537

Backflow Prevention Assembly Test Report

RONALD DOWNING-RENTAL

Location: MECH.ROOM.

1805 MAPLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

29559

☐

Account #: RONALD DOWNING

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

RONALD DOWNING

Orientation:

☐

7340 N. ST. RT.60

Protection:

☐

MCCONNELSVILLE, OH 43756

Test Due No Later than:

03/13/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4388

Backflow Prevention Assembly Test Report

JAMES HALDEMAN-RENTAL

Location: MECH ROOM.

7925 EAST PIKE

Meter#:

Serial #: Check if Correct Corrections

NORWICH, OH 43767

LID/Service:

08704

Account #: J.HALDEMAN-RENTAL

Manufacturer:

WATTS

Site Use: RENTAL

Model:

919

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

Mailing Address

Size:

1.25

JAMES HALDEMAN

7925 EAST PIKE

NORWICH, OH 43767-9723

Orientation:

Protection:

Test Due No Later than:

03/12/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 734

Backflow Prevention Assembly Test Report

8 MAIN LLC

8 MAIN STREET

ZANESVILLE, OH 43701

Site Use:

Hazard: FIRE LINE BYPASS-MEDIUM

Mailing Address

TOTAL PROPERTY RESOURCES

8 MAIN ST

ZANESVILLE, OH 43701

Location: FIRE LINE CHEATER LINE - BASEMENT

Meter#:

LID/Service:

Account #: 8 MAIN LLC

Serial #:

04624

Check if Correct

Corrections

Manufacturer:

AMES

Model:

4000B

Type:

RP

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

03/09/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Submit completed
Test Report:

Fax:



Service Address

Hazard/CCID: 735

Backflow Prevention Assembly Test Report

8 MAIN LLC

8 MAIN STREET

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

TOTAL PROPERTY RESOURCES

8 MAIN ST

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT - BASEMENT

Meter#:

LID/Service:

Account #: 8 MAIN LLC

Serial #:

120008

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

2.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

03/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3913

Backflow Prevention Assembly Test Report

HENDLEY & CO.INC.

Location: BASEMENT.BOILER FEED.

822 ADAIR AVE.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

03784

Account #: HENDLEY & CO.

Manufacturer:

WATTS

Site Use: Business Office

Model:

919

Hazard: ISOLATION MED.

Type:

RPPA

Mailing Address

Size:

0.50

HENDLEY & COMPANY INC.

822 ADAIR AVE.

Orientation:

ZANESVILLE, OH 43701

Protection:

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4529

Backflow Prevention Assembly Test Report

HENDLEY & CO. INC.

Location: BASEMENT.LAWN SPRINKLER.

822 ADAIR AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

42661

☐

ZANESVILLE, OH 43701

Account #: HENDLEY & CO.

Manufacturer:

WATTS

☐

Site Use: Business Office

Model:

919

☐

Hazard: IRRIGATION MED-ISOLATION

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

HENDLEY & COMPANY INC.

Orientation:

822 ADAIR AVE.

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4530

Backflow Prevention Assembly Test Report

HENDLEY & CO. INC.

Location: BASEMENT.

822 ADAIR AVE.

Meter#:

Serial #:

Check if Correct

Corrections

11433

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Business Office

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

HENDLEY & COMPANY INC.

Orientation:

☐

822 ADAIR AVE.

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1945

Backflow Prevention Assembly Test Report

DR.MARK GROSSHANDLERS DD!

Location: DOCTOR'S PARK BLDG.#1 , WATER SERVICE.

830 BETHESDA DRIVE BLDG.#1

Meter#:

Serial #:

Check if Correct

Corrections

88722

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Offices

Model:

009

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

1.50

☐

DR.MARK GROSSHANDLER DDS

Orientation:

☐

830 BETHESDA DR. BLDG.#1

Protection:

PAST DUE

☐

ZANESVILLE, OH 43701

Test Due No Later than:

05/14/2016

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3730

Backflow Prevention Assembly Test Report

COLE & DONNA DEAN

Location: MECH. RM.

303-305 MAIN ST.

Meter#:

Serial #: Check if Correct Corrections

DRESDEN, OH 43821

LID/Service:

27778

Account #: COLE & DONNA DEAN

Manufacturer:

WATTS

Site Use: Grocery/Supermarket

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

COLE & DONNA DEAN

Orientation:

850 KINGSVEIW DR.

Protection:

ZANESVILLE, OH 43701

Test Due No Later than:

05/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 306

Backflow Prevention Assembly Test Report

TOUCH OF THE TROPICS

3890 EAST PIKE

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

CYNTHIA LUBURGH

8595 HOPEWELL NATIONAL RD.

HOPEWELL, OH 43746-9734

Location: *WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: TOUCHOFTHETROPICS

Serial #:

12779

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

03/01/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4125

Backflow Prevention Assembly Test Report

HANGER PROSTHETICS & ORTHO
930 ORCHARD HILL RD.

ZANESVILLE, OH 43701

Site Use: Business Office

Hazard: CONTAINMENT COMM.LOW

Mailing Address

DAVID NELSON

8670 SWISHER CREEK CROSSING

NEW ALBANY, OH 43054

Location: LAB AREA. MECH.ROOM.

Meter#:

LID/Service:

Account #: HANGER P. & O. INC.

Serial #:

31234

Check if Correct

Corrections

☐

Manufacturer:

WATTS

☐

Model:

719

☐

Type:

DCVA

☐

Size:

0.75

☐

Orientation:

☐

Protection:

PAST DUE

☐

Test Due No Later than:

09/17/2020

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐

Leaked

☐

Closed Tight

☐

Held at _____ PSID

Leaked

☐

Closed Tight

☐

Held at _____ PSID

Did not open

☐

Opened at _____ PSID

Did not open

☐

Opened Fully

Yes ☐No ☐

Opened at _____ PSID

Leaked

☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned

☐

Rubber Kit

☐

Rebuild

☐

Replaced

☐

Other

☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐

Closed Tight

☐

Held at _____ PSID

Closed Tight

☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully

☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4710

Backflow Prevention Assembly Test Report

HANGER PROSTHETICS & ORTHO

Location: LAB AREA. MECH.ROOM.

930 ORCHARD HILL RD.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

09639

☐

ZANESVILLE, OH 43701

Account #: HANGER P. & O. INC.

Manufacturer:

WATTS

☐

Site Use: Business Office

Model:

719

☐

Hazard: FIRE LINE CONNECTION-LOW

Type:

DCVA

☐

Mailing Address

Size:

2.00

☐

DAVID NELSON

Orientation:

☐

8670 SWISHER CREEK CROSSING

Protection:

PAST DUE

☐

NEW ALBANY, OH 43054

Test Due No Later than:

09/17/2020

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1379

Backflow Prevention Assembly Test Report

REMAX REALTY

1341 MAPLE AVENUE

ZANESVILLE, OH 43701

Site Use: Business Office

Hazard: CONTAINMENT COMM.LOW

Mailing Address

MONICA FRYE

927 WHEELING AVE. SUITE 206

CAMBRIDGE, OH 43725

Location: WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: REMAX REALTY

Serial #:

108402

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

06/28/2020

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 641

Backflow Prevention Assembly Test Report

C.C.C. FAMILY PROPERTIES

218 CAMBRIDGE ROAD

COSHOCTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

C.C.C. FAMILY PROPERTIES

955 KENSINGTON RD.

COSHOCTON, OH 43812

Location: WATER SERVICE CONTAINMENT. -IN RESTROOM BEHIND DOOR.

Meter#:

LID/Service:

Account #: CCC FAMILY PROP.

Serial #:

164577

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

02/25/2021

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4571

Backflow Prevention Assembly Test Report

AAA SPA & POOL SERVICES

Location: MECHANICAL ROOM

1735 MAPLE AVE.

Meter#:

Serial #:
31220

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: SHALOSKY REAL-1

Manufacturer:
WATTS

Site Use: POOL SERVICE

Model:

Hazard: CONTAINMENT COMM. MED.

719

Mailing Address

Type:

DCVA

IDA SHALOSKY

AAA SPA & POOL SERVICES

1735 MAPLE AVE.

Size:

0.75

Orientation:

ZANESVILLE, OH 43701

Protection:

Test Due No Later than:

05/08/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4572

Backflow Prevention Assembly Test Report

AAA SPA & POOL SERVICES

Location: MECHANICAL ROOM

1735 MAPLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

09457

☐

ZANESVILLE, OH 43701

Account #: SHALOSKY REAL-1

Manufacturer:

WATTS

☐

Site Use: POOL SERVICE

Model:

719

☐

Hazard: ISOLATION MED.

Type:

DCVA

☐

Mailing Address

Size:

2.00

☐

IDA SHALOSKY

AAA SPA & POOL SERVICES

1735 MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

05/08/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3599

Backflow Prevention Assembly Test Report

AAMCO TRANSMISSIONS

765 LINDEN AVE.

ZANESVILLE, OH 43701

Site Use: Auto Repair

Hazard: CONTAINMENT COMM.LOW

Mailing Address

RUSS EVANS
AAMCO TRANSMISSIONS
765 LINDEN AVE.

ZANESVILLE, OH 43701

Location: BY OVERHEAD DOOR ,FRONT OF BUILDING.

Meter#:

LID/Service:

Account #: AAMCO

Serial #:

28516

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

11/04/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3001

Backflow Prevention Assembly Test Report

AARON RENTS

2620 MAYSVILLE PIKE

ZANESVILLE, OH 43701

Site Use: RENTAL

Hazard: CONTAINMENT COMM.LOW

Mailing Address

AARON RENTS
2620 MAYSVILLE PIKE
CENTRAL REALTY
ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: AARONRENTS

Serial #:
14009Manufacturer:
WATTSModel:
719Type:
DCVASize:
0.75

Orientation:

Protection:
PAST DUE

Check if Correct Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

01/27/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3052

Backflow Prevention Assembly Test Report

AARON'S RENTAL

3282 MAPLE AVE.

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

AARON'S RENTAL

3282 MAPLE AVE.

ZANESVILLE, OH 43701

Location: REAR OF STORE.CONTAINMENT.

Meter#:

LID/Service:

Account #: AARON'S RENTAL

Serial #:

B08940

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

02/20/2010

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 645

Backflow Prevention Assembly Test Report

ABBOT HOME

1258 GREENWOOD AVENUE

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

KEVIN PINSON EXECUTIVE DIRECTOR
ABBOT HOME
1258 GREENWOOD AVENUE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT

Meter#:

LID/Service:

Account #: ABBOTHOME

Serial #:

324367

Manufacturer:

WATTS

Model:

909

Type:

RPPA

Size:

2.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

02/08/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2496

Backflow Prevention Assembly Test Report

ABBOT HOME

1258 GREENWOOD AVENUE

ZANESVILLE, OH 43701

Site Use:

Hazard: ISOLATION MED.

Mailing Address

KEVIN PINSON, EXECUTIVE DIRECTOR

ABBOT HOME

1258 GREENWOOD AVENUE

ZANESVILLE, OH 43701

Location: MECH. RM.(BOILER FEED)

Meter#:

LID/Service:

Account #: ABBOTHOME

Serial #:

07276

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

919

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

02/08/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3176

Backflow Prevention Assembly Test Report

ABBOTT INFUSION CARE

Location: WATER SERVICE CONTAINMENT.

720 S.2ND STREET

Meter#:

Serial #: 17436

Check if Correct

Corrections

COSHOCTON, OH 43812

LID/Service:

Account #: ABBOTTINFUSIONCARE

Manufacturer: WATTS

Site Use:

Hazard: CONTAINMENT COMM.LOW

Model: 719

Mailing Address

Type: DCVA

CINDY BRADFORD
ABBOTT INFUSION CARE
P.O.BOX 1076

Size: 0.75

Orientation:

COSHOCTON, OH 43812

Protection:

Test Due No Later than:

02/25/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2994

Backflow Prevention Assembly Test Report

ABELE, JEFF

Location: LAWN SPRINKLER.

154 MULBERRY LANE

Meter#:

Serial #: Check if Correct Corrections

NEW CONCORD, OH 43762

LID/Service:

G226607

Account #: ABELERESIDENCE

Manufacturer:

WILKINS

Site Use: LAWN IRRIGATION

Model:

720A

Hazard: IRRIGATION MED-ISOLATION

Type:

PVB

Mailing Address

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

05/01/2014

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3591

Backflow Prevention Assembly Test Report

ABF FREIGHT SYSTEM INC.

Location: WATER SERVICE COMES IN R.H. ROUSCH GARAGE DOORS.

1510 AUGUSTA ST.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: ABF SYSTEM INC.

Manufacturer:

WATTS

Site Use:

Hazard: ISOLATION LOW

Model:

7

Mailing Address

Type:

1024

Size:

0.75

Orientation:

Protection:

Nontestable

Test Due No Later than:

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1508

Backflow Prevention Assembly Test Report

ACTION TOTAL STAFFING

2239 MAPLE AVENUE

ZANESVILLE, OH 43701

Site Use: Business Office

Hazard: CONTAINMENT COMM.LOW

Mailing Address

ACTION TEMPORARY SERVICES
ACTION TOTAL STAFFING
2239 MAPLE AVENUE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT - BASEMENT

Meter#:

LID/Service:

Account #: ACTIONTOTALSTAFF

Serial #:

100426

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

04/17/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 94

Backflow Prevention Assembly Test Report

ADAMS LANE CARE CENTER

Location: MECH ROOM - WATER SERVICE CONTAINMENT

1856 ADAMS LANE

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

148133

☐

ZANESVILLE, OH 43701

Account #: ZANDEXADAMSLANE

Manufacturer:

WATTS

☐

Site Use:

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

3.00

☐

ADAMS LANE CARE CENTER

1856 ADAMS LANE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

02/10/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 96

Backflow Prevention Assembly Test Report

ADAMS LANE CARE CENTER

Location: MECH ROOM - FIRE LINE

1856 ADAMS LANE

Meter#:

Serial #:

Check if Correct

Corrections

4CL021

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

AMES

☐

Site Use:

Model:

4000 SILVER

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPPA

☐

Mailing Address

Size:

3.00

☐

ADAMS LANE CARE CENTER

1856 ADAMS LANE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

02/10/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 97

Backflow Prevention Assembly Test Report

ADAMS LANE CARE CENTER

Location: BASEMENT. WATER SERVICE CONTAINMENT.

1856 ADAMS LANE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

169822

☐

ZANESVILLE, OH 43701

Account #: ZANDEXADAMSLANE

Manufacturer:

WATTS

☐

Site Use:

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

ADAMS LANE CARE CENTER

1856 ADAMS LANE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

02/10/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5020

Backflow Prevention Assembly Test Report

ADAMS LANE CARE CENTER

Location: basement

1856 ADAMS LANE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

1045660708

Account #: ZANDEXADAMSLANE

Manufacturer:

AMES

Site Use:

Model:

5000

Hazard: CONTAINMENT COMM. MED.

Type:

RPDA

Mailing Address

Size:

4.00

Orientation:

Protection:

ADAMS LANE CARE CENTER

1856 ADAMS LANE

ZANESVILLE, OH 43701

Test Due No Later than:

02/10/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5021

Backflow Prevention Assembly Test Report

ADAMS LANE CARE CENTER

1856 ADAMS LANE

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

ADAMS LANE CARE CENTER
1856 ADAMS LANE

ZANESVILLE, OH 43701

Location: _____

Meter#:

LID/Service:

Account #: ZANDEXADAMSLANE

Serial #:

10067

Check if Correct

Corrections

Manufacturer:

AMES

Model:

4000B

Type:

RP

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

02/10/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 259

Backflow Prevention Assembly Test Report

ADAMSVILLE FIRE DEPARTMENT

Location: WATER SERVICE CONTAINMENT.

5345 MOLLIES ROCK ROAD

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

15457

☐

ADAMSVILLE, OH 43802

Account #: ADAMSVILLEFIREDEPT

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: CONTAINMENT COMM. MED.

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐ADAMSVILLE FIRE DEPARTMENT
5345 MOLLIES ROCK ROAD

Orientation:

☐

ADAMSVILLE, OH 43802

Protection:

PAST DUE

☐

Test Due No Later than:

02/08/2020

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3167

Backflow Prevention Assembly Test Report

ADAMSVILLE FIRE DEPARTMENT

Location: MECH. RM.*FILL FOR FIRE TRUCKS.

5345 MOLLIES ROCK ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

A43272

☐

ADAMSVILLE, OH 43802

Account #: ADAMSVILLEFIREDEPT

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

ADAMSVILLE FIRE DEPARTMENT

5345 MOLLIES ROCK ROAD

Orientation:

☐

ADAMSVILLE, OH 43802

Protection:

PAST DUE

☐

Test Due No Later than:

02/08/2020

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3121

Backflow Prevention Assembly Test Report

MUSK.CO.HWY.DEPT.- ADAMSVII

Location: WATER SERVICE CONTAINMENT - BATHROOM

6865 ADAMSVILLE ROAD

Meter#:

Serial #:

Check if Correct

Corrections

15033

☐

ADAMSVILLE, OH 43802

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐MUSKINGUM CO. HWY. DEPT.
ADAMSVILLE OUTPOST
155 REHL ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

06/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 467

Backflow Prevention Assembly Test Report

ADENA COURT APARTMENTS

41 SOUTH FOURTH STREET

ZANESVILLE, OH 43701

Site Use: Apartments

Hazard: CONTAINMENT COMM.LOW

Mailing Address

WORLD BUSINESS SERVICES, INC.
ADENA COURT APARTMENTS
P.O.Box 3419

WESTERVILLE, OH 43086

Location: WATER SERVICE CONTAINMENT - BASEMENT

Meter#:

LID/Service:

Account #: ADENACTAPARTMENTS

Serial #:

129468

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

1.50

Orientation:

Protection:

Test Due No Later than:

08/07/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2594

Backflow Prevention Assembly Test Report

ADORNETTO'S PIZZA

2224 MAPLE AVENUE

ZANESVILLE, OH 43701

Site Use: Restaurant

Hazard: CONTAINMENT COMM.LOW

Mailing Address

JOHN MONTGOMERY
ADORNETTO'S PIZZA
2224 MAPLE AVENUE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: ADORNETTOSMAPLE

Serial #:

205635

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

03/13/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3966

Backflow Prevention Assembly Test Report

ADVANCE AMERICA CASH ADVA

Location: BATH ROOM.

3267 MAPLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

30228

☐

ZANESVILLE, OH 43701

Account #: ADVANCE AMERICAN

Manufacturer:

WATTS

☐

Site Use: Business Office

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

ADVANCE AMERICA CASH ADVANCE

3267 MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

03/14/2014

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2478

Backflow Prevention Assembly Test Report

ADVANCE AUTO

1215 LINDEN AVE.

ZANESVILLE, OH 43701

Site Use: Retail

Hazard: CONTAINMENT COMM.LOW

Mailing Address

MELISSA ALDERMAN, PROPERTY ADMIN.
ADVANCE AUTO
5008 AIRPORT RD.

ROANOKE, VA 24012

Location: BACK OF STORE, NEXT TO REST RMS. WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: ADVANCEAUTO

Serial #:

209754

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

05/07/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2324

Backflow Prevention Assembly Test Report

ADVANCED AUTO PARTS

38 N. MAYSVILLE PIKE

S. ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

CARL BURTON, MANAGER
ADVANCED AUTO PARTS
38 N. MAYSVILLE PIKE

S. ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT, BY EYEWASH

Meter#:

LID/Service:

Account #: ADVANCEDAUTOPARTS

Serial #:

06402

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

1.00

Orientation:

Protection:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Test Due No Later than:

03/18/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2478

Backflow Prevention Assembly Test Report

ADVANCE AUTO

1215 LINDEN AVE.

ZANESVILLE, OH 43701

Site Use: Retail

Hazard: CONTAINMENT COMM.LOW

Mailing Address

MELISSA ALDERMAN ,PROPERTYADMIN.
ADVANCED AUTO
5008 AIRPORT RD.

ROANOKE, VA 24012

Location: BACK OF STORE,NEXT TO REST RMS. WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: ADVANCEAUTO

Serial #: Check if Correct Corrections

209754

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

05/07/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 975

Backflow Prevention Assembly Test Report

ADVANCED HEATING & COOLING

Location: BACK OF BUILDING COMPRESSOR ROOM.

435 LINDEN AVENUE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

190961

Account #: ADVANCED HVAC-2

Manufacturer:

WATTS

Site Use:

Model:

Hazard: CONTAINMENT COMM. MED.

009

Mailing Address

Type:

RPPA

JAMES CROWLEY

ADVANCED HEATING & COOLING

205 COHEN DRIVE

Size:

1.00

Orientation:

ZANESVILLE, OH 43701

Protection:

Test Due No Later than:

11/06/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 974

Backflow Prevention Assembly Test Report

ADVANCED HEATING & COOLING

Location: BACK OF BUILDING COMPRESSOR ROOM.

435 LINDEN AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

40164

☐

Account #: ADVANCED HVAC-1

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

JAMES CROWLEY

ADVANCED HEATING & COOLING

435 LINDEN AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

11/06/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2698

Backflow Prevention Assembly Test Report

ADVANCED SPINAL CARE & REH

112 CHESTNUT ST.

COSHOCTON, OH 43812

Site Use: Chiropractic

Hazard: CONTAINMENT COMM.LOW

Mailing Address

DANA LEWIS-OWNER
ADVANCED SPINAL CARE & REHAB
P.O.BOX 1057

COSHOCTON, OH 43812-5057

Location: MECH. ROOM.BACK OF BUILDING.

Meter#:

LID/Service:

Account #: COSHADVANCEDCHIROP

Serial #:

2572655

Manufacturer:

WILKINS

Model:

975XL

Type:

RP

Size:

1.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

07/19/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 505

Backflow Prevention Assembly Test Report

AEP COSHOCTON

405 BREWER LANE

COSHOCTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

VICTOR THOMPSON, MAINTENANCE
AEP COSHOCTON
405 BREWER LANE

COSHOCTON, OH 43812

Location: WATER SERVICE CONTAINMENT - MECH ROOM

Meter#:

LID/Service:

Account #: AEPCOSHOCTON

Serial #:

29540

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

1.50

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

09/14/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5035

Backflow Prevention Assembly Test Report

AEP COSHOCTON

Location: MECH ROOM

405 BREWER LANE

Meter#:

Serial #:

Check if Correct

Corrections

72978

☐

COSHOCTON, OH 43812

LID/Service:

Manufacturer:

AMES

☐

Site Use:

Model:

2000B

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

0.75

☐

VICTOR THOMPSON, MAINTENANCE

AEP COSHOCTON

405 BREWER LANE

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

09/14/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5036

Backflow Prevention Assembly Test Report

AEP COSHOCTON

Location: MECH ROOM

405 BREWER LANE

Meter#:

Serial #:

Check if Correct

Corrections

184530

☐

COSHOCTON, OH 43812

LID/Service:

Manufacturer:

AMES

☐

Site Use:

Model:

3000SS

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCDA

☐

Mailing Address

Size:

4.00

☐

VICTOR THOMPSON, MAINTENANCE

AEP COSHOCTON

405 BREWER LANE

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

09/14/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5427

Backflow Prevention Assembly Test Report

AFFORDABLE CARE #10015

Location: LAUNDRY-CONTAINMENT

423 ADAIR AVE.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

41583

☐

Account #: AFFORDABLE CARE

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

Protection:

☐

AFFORDABLE CARE #10015

423 ADAIR AVE.

, 43701

Test Due No Later than:

07/28/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2823

Backflow Prevention Assembly Test Report

AgPro

Location: MECH. ROOM.

4394 NORTHPOINT DR.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

A05711

☐

Account #: AgPro

Manufacturer:

WATTS

☐

Site Use: TRACTOR REPAIR & SALES

Model:

009

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

Orientation:

☐

Protection:

☐

AgPro

4394 NORTHPOINT DR.

ZANESVILLE, OH 43701

Test Due No Later than:

10/17/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3465

Backflow Prevention Assembly Test Report

AIRPORT AMPITHEATRE-COSH.A

Location: CLOSET BELOW WATER HEATER.

24632 AIRPORT RD.

Meter#:

Serial #: 09723

Check if Correct

Corrections

COSHOCOTON, OH 43812

LID/Service:

Account #: AIRPORTAMPITHEATRE

Manufacturer:

WATTS

Site Use:

Hazard: CONTAINMENT COMM. MED.

Model:

919

Mailing Address

Type:

RPPA

Size:

1.50

Orientation:

Protection:

PAST DUE

Test Due No Later than:

07/29/2016

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5121

Backflow Prevention Assembly Test Report

AK STEEL -COSH.

Location: MECH. ROOM.

17400 ST.RT.16

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

33824

☐

COSHOCTON, OH 43812

Account #: AK STEEL -COSH.

Manufacturer:

WATTS

☐

Site Use:

Model:

LF919QT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

2.00

☐

AK STEEL -COSH.

17400 ST.RT.16

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

03/24/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4051

Backflow Prevention Assembly Test Report

ROBERT C. ENGLAND, OPTOMETRIST

Location: BASEMENT.MECH ROOM.

1024 MILITARY RD.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

31171

☐

ZANESVILLE, OH 43701

Account #: ROBERT C. ENGLAND

Manufacturer:

WATTS

☐

Site Use: OPTOMETRY

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

ROBERT C. ENGLAND, OWNER

ALAN J. PATTERSON

1024 MILITARY RD.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/26/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 208

Backflow Prevention Assembly Test Report

ALBERT, WILLIAM EXCAVATING

Location: WATER SERVICE CONTAINMENT - 1ST FLOOR

2080 OTSEGO AVENUE

Meter#:

Serial #: Check if Correct Corrections

COSHOCTON, OH 43812

LID/Service:

142507

Account #: WILLIAMALBERTEXCAV

Manufacturer:

WATTS

Site Use:

Model:

Hazard: CONTAINMENT COMM.LOW

009

Mailing Address

Type:

RPPA

WILLIAM ALBERT, PRESIDENT
ALBERT, WILLIAM EXCAVATING
1300 CASSINGHAM HOLLOW

Size:

0.75

Orientation:

COSHOCTON, OH 43812

Protection:

Test Due No Later than:

07/20/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 125

Backflow Prevention Assembly Test Report

ALBERTSON LAWRENCE AGENCY

Location: MECH ROOM. - WATER SERVICE CONTAINMENT.

147 SOUTH 2ND STREET

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

175076

☐

COSHOCTON, OH 43812

Account #: LAWRENCEINSURANCE

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

FAYE ANN ALBERTSON, OWNER
ALBERTSON LAWRENCE AGENCY INC.
147 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/06/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1683

Backflow Prevention Assembly Test Report

ALDI FOODS #8

3500 MAPLE AVENUE

ZANESVILLE, OH 43701

Site Use: Grocery/Supermarket

Hazard: CONTAINMENT COMM.LOW

Mailing Address

STORE MANAGER
ALDI FOODS STORE #8
3500 MAPLE AVENUE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: ALDIFOODS#8

Serial #:

152682

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

06/28/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4545

Backflow Prevention Assembly Test Report

ALDI FOODS #8

3500 MAPLE AVENUE

ZANESVILLE, OH 43701

Site Use: Grocery/Supermarket

Hazard: FIRE LINE CONNECTION-MEDIUM

Mailing Address

STORE MANAGER

ALDI FOODS STORE #8

3500 MAPLE AVENUE

ZANESVILLE, OH 43701

Location: ALONG NORTH WALL OF STOCKROOM.

Meter#:

LID/Service:

Account #: ALDIFOODS#8

Serial #:

1260460612

Check if Correct

Corrections

Manufacturer:

AMES

Model:

4000SS

Type:

RP

Size:

4.00

Orientation:

Protection:

Test Due No Later than:

06/28/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 833

Backflow Prevention Assembly Test Report

ALDI'S

811 SOUTH 2ND STREET

COSHOCKTON, OH 43812

Site Use: Grocery/Supermarket

Hazard: CONTAINMENT COMM.LOW

Mailing Address

MANAGER / OWNER

ALDI'S

220 STONERIDGE DR. SUITE 200

COLUMBIA, SC 29210

Location: BEHIND COOLER

Meter#:

LID/Service:

Account #: ALDI'S COSHOCTON

Serial #:

341250

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

909

Type:

RPPA

Size:

1.00

Orientation:

Protection:

PAST DUE

Test Due No Later than:

05/21/2020

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 834

Backflow Prevention Assembly Test Report

ALDI'S

811 SOUTH 2ND STREET

COSHOCOTON, OH 43812

Site Use: Grocery/Supermarket

Hazard: FIRE LINE CONNECTION-LOW

Mailing Address

MANAGER / OWNER

ALDI'S

220 STONERIDGE DR. SUITE 200

COLUMBIA, SC 29210

Location: FIRE LINE - MECH ROOM.

Meter#:

LID/Service:

Account #: ALDI'S COSHOCTON

Serial #:

2810071

Check if Correct

Corrections

Manufacturer:

AMES

Model:

2000 SILVER

Type:

DCVA

Size:

4.00

Orientation:

Protection:

PAST DUE

Test Due No Later than:

05/21/2020

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

	Yes	No
Proper Installation	<input type="checkbox"/>	<input type="checkbox"/>
RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>
#2 Shutoff Closed	<input type="checkbox"/>	<input type="checkbox"/>
Service Restored	<input type="checkbox"/>	<input type="checkbox"/>

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 760

Backflow Prevention Assembly Test Report

HOLIDAY HAIR

115 DOWNTOWNER PLAZA

COSHOCTON, OH 43812

Site Use: Beauty Salon/Barber

Hazard: CONTAINMENT COMM.LOW

Mailing Address

ALDRICH MANAGEMENT CO.
1975 HEMPSTEAD TURNPIKE

EAST MEADOW, NY 11554

Location: BY BACK DOOR,BESIDE WATER HEATER.

Meter#:

LID/Service:

Account #: COSH.ASSOC.LLC-16

Serial #:

W108049

Manufacturer:

WILKINS

Model:

975XL

Type:

RP

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

11/14/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 852

Backflow Prevention Assembly Test Report

GENESIS HEART & VASCULAR G

Location: WATER SERVICE CONTAINMENT.* MECH ROOM.

420 DOWNTOWNER PLAZA

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

1708248

☐

COSHOCTON, OH 43812

Account #: COSH.ASSOC.LLC-03

Manufacturer:

WILKINS

☐

Site Use:

Model:

975

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RP

☐

Mailing Address

Size:

0.75

☐

PROPERTY MANAGER

ALDRICH MANAGEMENT CO, LLC

1975 HEMPSTEAD TURNPIKE

Orientation:

☐

EAST MEADOW, NY 11554

Protection:

☐

Test Due No Later than:

03/29/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 893

Backflow Prevention Assembly Test Report

TRACTOR SUPPLY CO.

Location: *WEST SIDE OF BLDG. * TO CEILING SPRINKLER W/ ANTIFREEZE.

499 DOWNTOWNER PLAZA

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

141282

☐

COSHOCTON, OH 43812

Account #: COSH.ASSOC.LLC-14

Manufacturer:

WILKINS

☐

Site Use:

Model:

975

☐

Hazard: FIRE LINE CONN.HIGH HEALTH HAZ

Type:

RP

☐

Mailing Address

Size:

1.50

☐

SIMONE HOSEIN

ALDRICH MANAGEMENT CO. LLC

1975 HEMPSTAD TURNPIKE,SUITE 309

Orientation:

☐

EAST MEADOW, NY 11554

Protection:

☐

Test Due No Later than:

01/21/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4988

Backflow Prevention Assembly Test Report

TRACTOR SUPPLY CO.

Location: BACK OF THE BUILDING / WEST

499 DOWNTOWNER PLAZA

Meter#:

Serial #:

Check if Correct

Corrections

010405

☐

COSHOCOTON, OH 43812

LID/Service:

Manufacturer:

AMES

☐

Site Use:

Model:

MAXIM 500-GV

☐

Hazard: FIRE LINE CONN.HIGH HEALTH HAZ

Type:

RPDA

☐

Mailing Address

Size:

8.00

☐

Orientation:

☐

Protection:

☐

SIMONE HOSEIN

ALDRICH MANAGEMENT CO. LLC

1975 HEMPSTAD TURNPIKE,SUITE 309

EAST MEADOW, NY 11554

Test Due No Later than:

01/21/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4989

Backflow Prevention Assembly Test Report

TRACTOR SUPPLY CO.

Location: BACK OF STORE/ WEST

499 DOWNTOWNER PLAZA

Meter#:

Serial #:

Check if Correct

Corrections

55145

☐

LID/Service:

Manufacturer:

WATTS

☐

COSHOCOTON, OH 43812

Account #: COSH.ASSOC.LLC-14

Model:

919QT

☐

Site Use:

Hazard: FIRE LINE CONN.HIGH HEALTH HAZ

Type:

RP

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

Protection:

☐

SIMONE HOSEIN

ALDRICH MANAGEMENT CO. LLC

1975 HEMPSTAD TURNPIKE,SUITE 309

EAST MEADOW, NY 11554

Test Due No Later than:

01/21/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 157

Backflow Prevention Assembly Test Report

SUBWAY SANDWICHES

10 DOWNTOWNER PLAZA

COSHOCTON, OH 43812

Site Use: Fast Food

Hazard: CONTAINMENT COMM.LOW

Mailing Address

ALDRICH MANAGEMENT CO. LLC
1975 HEMPSTEAD TURNPIKE

EAST MEADOW, NY 11554

Location: *AT METER - WATER SERVICE CONTAINMENT

Meter#:

LID/Service:

Account #: ALDRICH-09

Serial #:

1444665

Manufacturer:

WILKINS

Model:

975XL

Type:

RP

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

05/27/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1728

Backflow Prevention Assembly Test Report

THE RIVER CHURCH

Location: WATER SERVICE CONTAINMENT

494 DOWNTOWNER PLAZA

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

1594980

☐

COSHOCOTON, OH 43812

Account #: COSH.ASSOC.LLC-01

Manufacturer:

WILKINS

☐

Site Use: Retail

Model:

975

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RP

☐

Mailing Address

Size:

0.75

☐ALDRICH MANAGEMENT CO. LLC
1975 HEMPSTEAD TURNPIKE

Orientation:

☐

EAST MEADOW, NY 11554

Protection:

☐

Test Due No Later than:

01/21/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 198

Backflow Prevention Assembly Test Report

THE RIVER CHURCH

494 DOWNTOWNER PLAZA

COSHOCTON, OH 43812

Site Use: Retail

Hazard: CONTAINMENT COMM.LOW

Mailing Address

ALDRICH MANAGEMENT CO.,LLC
1975 HEMPSTEAD TURNPIKE

EAST MEADOW, NY 11554

Location: *JANITOR'S CLOSET IN BACK LEFT OF STORE.

Meter#:

LID/Service:

Account #: COSH.ASSOC.LLC-01

Serial #:

1401179

Manufacturer:

WILKINS

Model:

975XL

Type:

RP

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

01/21/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2924

Backflow Prevention Assembly Test Report

OHIO BUREAU OF MOTOR VEHIC

Location: WATER SERVICE CONTANMENT - MECH. ROOM

275 DOWNTOWNER PLAZA

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

02178

☐

COSHOCTON, OH 43812

Account #: BMV

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐ALDRICH MANAGEMENT CO.LLC
1975 HEMPSTEAD TURNPIKE

Orientation:

☐

EAST MEADOW, NY 11554

Protection:

☐

Test Due No Later than:

05/27/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1682

Backflow Prevention Assembly Test Report

ALL SEASONS GOLF CENTER

Location: WATER SERVICE CONTAINMENT - MECH ROOM

4250 DRESDEN ROAD

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

33055

☐

ZANESVILLE, OH 43701

Account #: ALLSEASONGOLFCNTR

Manufacturer:

WATTS

☐

Site Use: GOLF RANGE

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

KEVIN McCOLLISTER, OWNER
ALL SEASONS GOLF CENTER
4250 DRESDEN ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

03/01/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2791

Backflow Prevention Assembly Test Report

ALL STAR PHILLY SUBS

2572 MAPLE AVE.UNIT B

ZANESVILLE, OH 43701

Site Use: Fast Food

Hazard: CONTAINMENT COMM.LOW

Mailing Address

ALL STAR PHILLY SUBS
2572 MAPLE AVE.UNIT B

ZANESVILLE, OH 43701

Location: MECH.ROOM,*WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: ALLSTARPHILLYSUBS

Serial #:

14581

Manufacturer:

WATTS

Model:

919

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

05/08/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 802

Backflow Prevention Assembly Test Report

ALLEN COTTRILL GALLERY

110 SOUTH SIXTH STREET

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

ALAN COTTRILL, OWNER
ALLEN COTTRILL GALLERY
110 SOUTH SIXTH STREET

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT

Meter#:

LID/Service:

Account #: COTTRILLGALLERY

Serial #:

90115

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

03/15/2020

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3798

Backflow Prevention Assembly Test Report

ALLIED MACHINE WORKS INC.

Location: BLDG.#1 SOUTH WALL.

120 N. GRAHAM ST.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

28570

Account #: ALLIED MACHINE

Manufacturer:

WATTS

Site Use: MACHINE SHOP

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

STEVE DOUGLAS

ALLIED MACHINE WORKS INC.

120 N. GRAMHAM ST.

ZANESVILLE, OH 43701

Test Due No Later than:

11/29/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3931

Backflow Prevention Assembly Test Report

ALLSTATE INSURANCE

Location: BASEMENT

1277 MAPLE AVE.

Meter#:

Serial #: 32115 Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

719

Account #: ALLSTATE INS.

Manufacturer:

WATTS

Site Use: Business Office

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

08/13/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2190

Backflow Prevention Assembly Test Report

ALLSTATE

123 N. MAYSVILLE PIKE

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

DOUG GEYER
ALLSTATE
123 N. MAYSVILLE PIKE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT - ABOVE CEILING IN KITCHEN

Meter#:

LID/Service:

Account #: SOUTHPOINTE-01

Serial #:

06925

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

01/29/2021

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5425

Backflow Prevention Assembly Test Report

ALLSTATE

123 N. MAYSVILLE PIKE

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

DOUG GEYER

ALLSTATE

123 N. MAYSVILLE PIKE

ZANESVILLE, OH 43701

Location: _____

Meter#:

LID/Service:

Account #: SOUTHPOINTE-01

Serial #:

Check if Correct

Corrections

Manufacturer:

Model:

Type:

Size:

0.00

Orientation:

Protection:

☐ _____☐ _____☐ _____☐ _____☐ _____☐ _____☐ _____

Test Due No Later than:

01/29/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5235

Backflow Prevention Assembly Test Report

ALLWELL BEHAVIOR HEALTH SE

Location: MECH. ROOM

1710 MAIN STREET

Meter#:

Serial #: Check if Correct Corrections

COSHOCTON, OH 43812

LID/Service:

10588

☐

Account #: ALLWELL

Manufacturer:

WATTS

☐

Site Use: Doctors Office

Model:

LF719AQT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

1.50

☐

Orientation:

☐

Protection:

☐

ALLWELL BEHAVIOR HEALTH SERVICES

1710 MAIN STREET

COSHOCTON, OH 43812

Test Due No Later than:

05/21/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 48

Backflow Prevention Assembly Test Report

ALLWELL BEHAVIORAL HEALTH

Location: FIRE LINE. * MECHANICS ROOM.

2845 BELL STREET

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

2DN0637

Account #: ALLWELL-3

Manufacturer:

AMES

Site Use: Business Office

Model:

2000 SILVER

Hazard: FIRE LINE CONNECTION-LOW

Mailing Address

Type:

DCVA

Size:

4.00

Orientation:

Protection:

ALLWELL BEHAVIORAL HEALTH SERVICES

2845 BELL STREET

ZANESVILLE, OH 43701

Test Due No Later than:

02/17/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 49

Backflow Prevention Assembly Test Report

ALLWELL BEHAVIORAL HEALTH

Location: MECH ROOM.

2845 BELL STREET

Meter#:

Serial #:

Check if Correct

Corrections

158144

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Business Office

Model:

909

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RP

☐

Mailing Address

Size:

3.00

☐

ALLWELL BEHAVIORAL HEALTH SERVICES

2845 BELL STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

02/17/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 50

Backflow Prevention Assembly Test Report

ALLWELL BEHAVIORAL HEALTH

Location: ISOLATION - FEED TO CHILLER. * MECH ROOM.

2845 BELL STREET

Meter#:

Serial #:

Check if Correct

Corrections

191571

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Business Office

Model:

009

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

ALLWELL BEHAVIORAL HEALTH SERVICES

2845 BELL STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

02/17/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1746

Backflow Prevention Assembly Test Report

ALLWELL BEHAVIORAL HEALTH

Location: WATER SERVICE CONTAINMENT. * BASEMENT.

1521 MAPLE AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

194014

☐

ZANESVILLE, OH 43701

Account #: ALLWELL-4

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

JIM MORRISON

ALLWELL BEHAVIORAL HEALTH SERVICES

2845 BELL STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

12/11/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3955

Backflow Prevention Assembly Test Report

ALR INSURANCE SERVICES INC.

Location: BASEMENT

3600 CLIFF HANGER WAY, SUITE

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

33473

☐

Account #: ALR INSURANCE

Manufacturer:

WATTS

☐

Site Use: Business Office

Model:

LF719QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

MICHAEL C. YOUNG INS.

ALR INSURANCE SERVICES INC.

3600 CLIFF HANGER WAY, SUITE B

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

02/20/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 839

Backflow Prevention Assembly Test Report

ALTER CARE-COSHOCTON

Location: FIRE LINE. *MECH ROOM.

1991 OTSEGO AVENUE

Meter#:

Serial #: DV-1432

Check if Correct ☐ Corrections

COSHOCTON, OH 43812

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

957

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RP

☐

Mailing Address

Size:

4.00

☐

DAVE GUILLIAMS

ALTER CARE-COSHOCTON

1991 OTSEGO AVENUE

Orientation:

☐

COSHOCTON, OH 43812

Protection:

PAST DUE

☐

Test Due No Later than:

01/21/2020

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 840

Backflow Prevention Assembly Test Report

ALTER CARE-COSHOCTON

Location: FIRE LINE BYPASS. *BASEMENT MECH ROOM.

1991 OTSEGO AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

E4544

☐

COSHOCTON, OH 43812

Account #: ALTER CARE-COSH.

Manufacturer:
FLOMATIC☐

Site Use:

Model:

RPZ

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐

DAVE GUILLIAMS

ALTER CARE-COSHOCTON

1991 OTSEGO AVENUE

Orientation:

☐

COSHOCTON, OH 43812

Protection:

PAST DUE

☐

Test Due No Later than:

01/21/2020

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

	Yes	No
Proper Installation	<input type="checkbox"/>	<input type="checkbox"/>
RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>
#2 Shutoff Closed	<input type="checkbox"/>	<input type="checkbox"/>
Service Restored	<input type="checkbox"/>	<input type="checkbox"/>

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 842

Backflow Prevention Assembly Test Report

ALTER CARE-COSHOCTON

Location: WATER SERVICE 1ST FLOOR MECH ROOM.

1991 OTSEGO AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

1617257

☐

COSHOCTON, OH 43812

Account #: ALTER CARE-COSH.

Manufacturer:

WILKINS

☐

Site Use:

Model:

975XL

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

2.00

☐

DAVE GUILLIAMS

ALTER CARE-COSHOCTON

1991 OTSEGO AVENUE

Orientation:

☐

COSHOCTON, OH 43812

Protection:

PAST DUE

☐

Test Due No Later than:

01/21/2020

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2743

Backflow Prevention Assembly Test Report

ALTERCARE ZANESVILLE

4200 HARRINGTON DR.

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

ALTERCARE ZANESVILLE
4200 HARRINGTON DR.

ZANESVILLE, OH 43701

Location: MECH. ROOM, ROOM #099, WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: ZANESVILLE HEALTH

Serial #:

A02907

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

2.00

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

01/10/2019

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2744

Backflow Prevention Assembly Test Report

ALTERCARE ZANESVILLE

Location: MECH. ROOM, ROOM #099, FIRE MAIN

4200 HARRINGTON DR.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

M04675

☐

ZANESVILLE, OH 43701

Account #: ZANESVILLE HEALTH

Manufacturer:

WILKINS

☐

Site Use:

Model:

375

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

4.00

☐ALTERCARE ZANESVILLE
4200 HARRINGTON DR.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

01/10/2019

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2745

Backflow Prevention Assembly Test Report

ALTERCARE ZANESVILLE

4200 HARRINGTON DR.

ZANESVILLE, OH 43701

Site Use:

Hazard: FIRE LINE BYPASS-MEDIUM

Mailing Address

ALTERCARE ZANESVILLE
4200 HARRINGTON DR.

ZANESVILLE, OH 43701

Location: MECH. ROOM, ROOM #099, LOW FLOW READER

Meter#:

LID/Service:

Account #: ZANESVILLE HEALTH

Serial #:

2456620XLD

Check if Correct

Corrections

Manufacturer:

WILKINS

Model:

975XL

Type:

RP

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

01/10/2019

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 76

Backflow Prevention Assembly Test Report

WAL-MART - SOUTH #01-3581

Location: *BACK ROOM IN, *DELI,HOSE.

2850 MAYSVILLE PIKE

Meter#:

Serial #:

Check if Correct

Corrections

786454

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WILKINS

☐

Site Use: Retail

Model:

720A

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

1.00

☐

ATTN: STEPHANIE LANGE
ALTERNATIVE TESTING
1314 HIGHWAY DD

Orientation:

☐

DEFIANCE, MO 63341

Protection:

PAST DUE

☐

Test Due No Later than:

09/28/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 77

Backflow Prevention Assembly Test Report

WAL-MART - SOUTH #01-3581

Location: MAIN WATER SUPPLY. - *BY FIRE LINE IN THE BACK OF THE BLDG.

2850 MAYSVILLE PIKE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

Q00652

☐

ZANESVILLE, OH 43701

Account #: WALMARTSOUTH 02

Manufacturer:

WILKINS

☐

Site Use: Retail

Model:

475

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPDA

☐

Mailing Address

Size:

4.00

☐

Orientation:

☐

Protection:

PAST DUE

☐

Test Due No Later than:

09/24/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 78

Backflow Prevention Assembly Test Report

WAL-MART - SOUTH #01-3581

Location: *BACK DOCK AREA - CLOSE TO ROOF - PROTECTING FLOOR HYDRANTS.

2850 MAYSVILLE PIKE

Meter#:

Serial #:

Check if Correct

Corrections

1574883

☐

LID/Service:

Manufacturer:

WILKINS

☐

ZANESVILLE, OH 43701

Account #: WALMARTSOUTH 02

Model:

950XL

☐

Site Use: Retail

Hazard: ISOLATION MED.

Type:

DC

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

Protection:

PAST DUE

☐

ATTN: STEPHANIE LANGE
ALTERNATIVE TESTING
1314 HIGHWAY DD

DEFIANCE, MO 63341

Test Due No Later than:

09/21/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 79

Backflow Prevention Assembly Test Report

WAL-MART - SOUTH #01-3581

Location: MEAT FREEZER ROOM. - ISOLATION FOR HOSE.

2850 MAYSVILLE PIKE

Meter#:

Serial #:

Check if Correct

Corrections

816083

☐

LID/Service:

Manufacturer:

WILKINS

☐

ZANESVILLE, OH 43701

Account #: WALMARTSOUTH 02

Model:

720A

☐

Site Use: Retail

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

Protection:

PAST DUE

☐

ATTN: STEPHANIE LANGE
ALTERNATIVE TESTING
1314 HIGHWAY DD

DEFIANCE, MO 63341

Test Due No Later than:

09/28/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 80

Backflow Prevention Assembly Test Report

WAL-MART - SOUTH #01-3581

Location: *BACK ROOM PRODUCE - ISOLATION FOR HOSE.

2850 MAYSVILLE PIKE

Meter#:

Serial #:

Check if Correct

Corrections

815776

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WILKINS

☐

Site Use: Retail

Model:

720A

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.75

☐

ATTN: STEPHANIE LANGE
ALTERNATIVE TESTING
1314 HIGHWAY DD

Orientation:

☐

DEFIANCE, MO 63341

Protection:

PAST DUE

☐

Test Due No Later than:

09/28/2019

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 81

Backflow Prevention Assembly Test Report

WAL-MART - SOUTH #01-3581

Location: ABOVE COOLERS. - ISOLATION. HOSEBIB

2850 MAYSVILLE PIKE

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

1576053

☐

ZANESVILLE, OH 43701

Account #: WALMARTSOUTH 02

Manufacturer:

WILKINS

☐

Site Use: Retail

Model:

950XL

☐

Hazard: ISOLATION LOW

Type:

DC

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐ATTN: STEPHANIE LANGE
ALTERNATIVE TESTING
1314 HIGHWAY DD

Protection:

PAST DUE

☐

DEFIANCE, MO 63341

Test Due No Later than:

09/28/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 82

Backflow Prevention Assembly Test Report

WAL-MART - SOUTH #01-3581

Location: *BY FIRE LINE IN GARDEN CENTER. IRRIGATION

2850 MAYSVILLE PIKE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

1088591

☐

ZANESVILLE, OH 43701

Account #: WALMARTSOUTH 02

Manufacturer:

WILKINS

☐

Site Use: Retail

Model:

975

☐

Hazard: IRRIGATION MED-ISOLATION

Type:

RP

☐

Mailing Address

Size:

2.00

☐

Orientation:

☐

ATTN: STEPHANIE LANGE
ALTERNATIVE TESTING
1314 HIGHWAY DD

DEFIANCE, MO 63341

Protection:

PAST DUE

☐

Test Due No Later than:

09/28/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 84

Backflow Prevention Assembly Test Report

WAL-MART - SOUTH #01-3581

Location: *GARDEN CENTER - YARD HYDRANT -PARKING LOT,NEAR GARDEN CENTER DOOF

2850 MAYSVILLE PIKE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

W099990

☐

ZANESVILLE, OH 43701

Account #: WALMARTSOUTH 02

Manufacturer:

WILKINS

☐

Site Use: Retail

Model:

975XL

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

2.00

☐

Orientation:

☐

Protection:

PAST DUE

☐

Test Due No Later than:

09/28/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2240

Backflow Prevention Assembly Test Report

WAL-MART COSHOCTON

Location: WATER SERVICE CONTAINMENT.

23605 AIRPORT ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

174637

☐

COSHOCTON, OH 43055

Account #: WAL-MART-COSH

Manufacturer:

WATTS

☐

Site Use: Retail

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

3.00

☐

STEPHANIE LANGE

ALTERNATIVE TESTING

1314 HIGHWAY DD

Orientation:

☐

DEFIANCE, MO 63341

Protection:

PAST DUE

☐

Test Due No Later than:

02/21/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2241

Backflow Prevention Assembly Test Report

WAL-MART COSHOCTON

Location: FIRE LINE.*BACK ROOM.

23605 AIRPORT ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

00282

☐

COSHOCTON, OH 43055

Account #: WAL-MART-COSH

Manufacturer:

AMES

☐

Site Use: Retail

Model:

5000

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

8.00

☐

Orientation:

☐

Protection:

PAST DUE

☐

Test Due No Later than:

02/21/2021

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2242

Backflow Prevention Assembly Test Report

WAL-MART COSHOCTON

Location: FIRE LINE BY-PASS.

23605 AIRPORT ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

591810

☐

COSHOCTON, OH 43055

Account #: WAL-MART-COSH

Manufacturer:

WATTS

☐

Site Use: Retail

Model:

009

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

STEPHANIE LANGE

ALTERNATIVE TESTING

1314 HIGHWAY DD

Orientation:

☐

DEFIANCE, MO 63341

Protection:

PAST DUE

☐

Test Due No Later than:

02/21/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2244

Backflow Prevention Assembly Test Report

WAL-MART COSHOCTON

Location: *PRODUCE, BACK ROOM.

23605 AIRPORT ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

07026

☐

COSHOCTON, OH 43055

Account #: WAL-MART-COSH

Manufacturer:

WATTS

☐

Site Use: Retail

Model:

008

☐

Hazard: ISOLATION MED.

Type:

SRVB

☐

Mailing Address

Size:

0.75

☐STEPHANIE LANGE
ALTERNATIVE TESTING
1314 HIGHWAY DD

Orientation:

☐

DEFIANCE, MO 63341

Protection:

PAST DUE

☐

Test Due No Later than:

02/21/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2245

Backflow Prevention Assembly Test Report

WAL-MART COSHOCTON

Location: *MEAT PREP RM.BACK ROOM.

23605 AIRPORT ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

00131

☐

COSHOCTON, OH 43055

Account #: WAL-MART-COSH

Manufacturer:

WATTS

☐

Site Use: Retail

Model:

007

☐

Hazard: ISOLATION MED.

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐STEPHANIE LANGE
ALTERNATIVE TESTING
1314 HIGHWAY DD

Orientation:

☐

DEFIANCE, MO 63341

Protection:

PAST DUE

☐

Test Due No Later than:

02/21/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2246

Backflow Prevention Assembly Test Report

WAL-MART COSHOCTON

Location: MEAT HOSEBIB.*BACK ROOM.

23605 AIRPORT ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

07027

☐

COSHOCTON, OH 43055

Account #: WAL-MART-COSH

Manufacturer:

WATTS

☐

Site Use: Retail

Model:

008

☐

Hazard: ISOLATION MED.

Type:

SRVB

☐

Mailing Address

Size:

0.75

☐STEPHANIE LANGE
ALTERNATIVE TESTING
1314 HIGHWAY DD

Orientation:

☐

DEFIANCE, MO 63341

Protection:

PAST DUE

☐

Test Due No Later than:

02/21/2021

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2247

Backflow Prevention Assembly Test Report

WAL-MART COSHOCTON

Location: MAIN GARDEN CENTER, HOSE BIBS. *IN CLOSET, BACK ROOM.

23605 AIRPORT ROAD

Meter#:

Serial #:

Check if Correct

Corrections

241235

☐

COSHOCTON, OH 43055

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Retail

Model:

009

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐STEPHANIE LANGE
ALTERNATIVE TESTING
1314 HIGHWAY DD

Orientation:

☐

DEFIANCE, MO 63341

Protection:

PAST DUE

☐

Test Due No Later than:

02/21/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2249

Backflow Prevention Assembly Test Report

WAL-MART COSHOCTON

Location: *GARDEN CENTER (HOSE REAL),*BACK ROOM.

23605 AIRPORT ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

223657

☐

COSHOCTON, OH 43055

Account #: WAL-MART-COSH

Manufacturer:

WATTS

☐

Site Use: Retail

Model:

008

☐

Hazard: ISOLATION MED.

Type:

SRVB

☐

Mailing Address

Size:

0.75

☐STEPHANIE LANGE
ALTERNATIVE TESTING
1314 HIGHWAY DD

Orientation:

☐

DEFIANCE, MO 63341

Protection:

PAST DUE

☐

Test Due No Later than:

02/21/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2250

Backflow Prevention Assembly Test Report

WAL-MART COSHOCTON

Location: *GARDEN CENTER (HOSE REEL).

23605 AIRPORT ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

223706

☐

COSHOCTON, OH 43055

Account #: WAL-MART-COSH

Manufacturer:

WATTS

☐

Site Use: Retail

Model:

800

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.75

☐STEPHANIE LANGE
ALTERNATIVE TESTING
1314 HIGHWAY DD

Orientation:

☐

DEFIANCE, MO 63341

Protection:

PAST DUE

☐

Test Due No Later than:

02/21/2020

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2492

Backflow Prevention Assembly Test Report

WAL-MART - SOUTH #01-3581

Location: *GARDEN CENTER-HOSE REEL.

2850 MAYSVILLE PIKE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

344651

☐

ZANESVILLE, OH 43701

Account #: WALMARTSOUTH 02

Manufacturer:

WATTS

☐

Site Use: Retail

Model:

800

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

1.00

☐

ATTN: STEPHANIE LANGE
ALTERNATIVE TESTING
1314 HIGHWAY DD

Orientation:

☐

DEFIANCE, MO 63341

Protection:

PAST DUE

☐

Test Due No Later than:

09/28/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2539

Backflow Prevention Assembly Test Report

SAM'S CLUB GAS STATION

Location: MECH. RM. (BEHIND REST RM.).

3704 NORTHPOINTE RD.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

2944118

☐

ZANESVILLE, OH 43701

Account #: SAM'S CLUB 2

Manufacturer:

WILKINS

☐

Site Use: Gas Station

Model:

975XL

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

1.00

☐

Orientation:

☐

Protection:

☐

ATTN: LINDA YORK
ALTERNATIVE TESTING
1314 HIGHWAY DD
DEFIANCE, MO 63341

Test Due No Later than:

04/16/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2762

Backflow Prevention Assembly Test Report

WAL-MART - SOUTH #01-3581

Location: *HOSE REEL, GARDEN CENTER.

2850 MAYSVILLE PIKE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

606027

☐

ZANESVILLE, OH 43701

Account #: WALMARTSOUTH 02

Manufacturer:

WATTS

☐

Site Use: Retail

Model:

800

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

1.00

☐

Orientation:

☐

Protection:

PAST DUE

☐

Test Due No Later than:

09/28/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2842

Backflow Prevention Assembly Test Report

WAL-MART COSHOCTON

Location: *GARDEN CENTER, HOSE BIBB.

23605 AIRPORT ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

443259

☐

COSHOCTON, OH 43055

Account #: WAL-MART-COSH

Manufacturer:

WATTS

☐

Site Use: Retail

Model:

800M4QT

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.75

☐STEPHANIE LANGE
ALTERNATIVE TESTING
1314 HIGHWAY DD

Orientation:

☐

DEFIANCE, MO 63341

Protection:

PAST DUE

☐

Test Due No Later than:

02/21/2021

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3038

Backflow Prevention Assembly Test Report

WAL-MART COSHOCTON

Location: BAKERY, BACK ROOM.

23605 AIRPORT ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

308451

☐

COSHOCTON, OH 43055

Account #: WAL-MART-COSH

Manufacturer:

WATTS

☐

Site Use: Retail

Model:

800

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.75

☐STEPHANIE LANGE
ALTERNATIVE TESTING
1314 HIGHWAY DD

Orientation:

☐

DEFIANCE, MO 63341

Protection:

PAST DUE

☐

Test Due No Later than:

02/21/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3462

Backflow Prevention Assembly Test Report

WAL-MART - SOUTH #01-3581

Location: *GREENHOUSE WITHOUT ROOF, HOSE REEL.

2850 MAYSVILLE PIKE

Meter#:

Serial #:

Check if Correct

Corrections

697114

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Retail

Model:

800

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

1.00

☐

ATTN: STEPHANIE LANGE
ALTERNATIVE TESTING
1314 HIGHWAY DD

Orientation:

☐

DEFIANCE, MO 63341

Protection:

PAST DUE

☐

Test Due No Later than:

09/21/2021

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked

☐

Leaked

☐

Did not open

☐

Date _____

Closed Tight

☐

Closed Tight

☐

Did not open

☐

Opened Fully

☐

Time _____

Pass ☐ Fail ☐

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Leaked

☐

Held at _____ PSID

Repairs

Cleaned

☐

Rubber Kit

☐

Date _____

Rebuild

☐

Replaced

☐

Time _____

Other

☐

Final Test

Date _____

Closed Tight

☐

Closed Tight

☐

Opened Fully

☐

Time _____

Pass ☐ Fail ☐

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes

No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4730

Backflow Prevention Assembly Test Report

WAL-MART - SOUTH #01-3581

Location: FIRE LINE.*MECH.RM.

2850 MAYSVILLE PIKE

Meter#:

Serial #:

Check if Correct

Corrections

106267

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

AMES

☐

Site Use: Retail

Model:

5000

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

6.00

☐

ATTN: STEPHANIE LANGE

ALTERNATIVE TESTING

1314 HIGHWAY DD

Orientation:

☐

DEFIANCE, MO 63341

Protection:

☐

Test Due No Later than:

09/24/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4731

Backflow Prevention Assembly Test Report

WAL-MART - SOUTH #01-3581

Location: *MECH ROOM - BACK OF BUILDING - FIRE LINE - CHEATER LINE.

2850 MAYSVILLE PIKE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

13066

☐

ZANESVILLE, OH 43701

Account #: WALMARTSOUTH 02

Manufacturer:

AMES

☐

Site Use: Retail

Model:

4000B

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

Protection:

PAST DUE

☐

Test Due No Later than:

09/21/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4744

Backflow Prevention Assembly Test Report

SAM'S CLUB CAR WASH

Location: MECH. RM.

3724 NORTHPOINTE RD.

Meter#:

Serial #:

Check if Correct

Corrections

12618

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Car Wash

Model:

719QT

☐

Hazard: ISOLATION LOW

Type:

DC

☐

Mailing Address

Size:

1.00

☐LINDA YORK
ALTERNATIVE TESTING
1314 HIGHWAY DD

Orientation:

☐

DEFIANCE, MO 63341

Protection:

☐

Test Due No Later than:

04/16/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5042

Backflow Prevention Assembly Test Report

WAL-MART - SOUTH #01-3581

Location: MOP SINK.

2850 MAYSVILLE PIKE

Meter#:

Serial #:

Check if Correct

Corrections

13714

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Retail

Model:

LF008PCQT

☐

Hazard: ISOLATION MED.

Type:

SVB

☐

Mailing Address

Size:

0.75

☐

ATTN: STEPHANIE LANGE
ALTERNATIVE TESTING
1314 HIGHWAY DD

Orientation:

☐

DEFIANCE, MO 63341

Protection:

PAST DUE

☐

Test Due No Later than:

09/21/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5043

Backflow Prevention Assembly Test Report

WAL-MART - SOUTH #01-3581

Location: MOP SINK.

2850 MAYSVILLE PIKE

Meter#:

Serial #:

Check if Correct

Corrections

13681

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Retail

Model:

LF008PCQT

☐

Hazard: ISOLATION MED.

Type:

SVB

☐

Mailing Address

Size:

0.75

☐

ATTN: STEPHANIE LANGE
ALTERNATIVE TESTING
1314 HIGHWAY DD

Orientation:

☐

DEFIANCE, MO 63341

Protection:

PAST DUE

☐

Test Due No Later than:

09/21/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5044

Backflow Prevention Assembly Test Report

WAL-MART - SOUTH #01-3581

Location: HOSE BIB BAKERY.

2850 MAYSVILLE PIKE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

033365

Account #: WALMARTSOUTH 02

Manufacturer:

WATTS

Site Use: Retail

Model:

LF800M4QT

Hazard: ISOLATION MED.

Type:

PVB

Mailing Address

Size:

0.75

Orientation:

Protection:

PAST DUE

ATTN: STEPHANIE LANGE
ALTERNATIVE TESTING
1314 HIGHWAY DD

DEFIANCE, MO 63341

Test Due No Later than:

09/21/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5045

Backflow Prevention Assembly Test Report

WAL-MART - SOUTH #01-3581

Location: DELI COOLER

2850 MAYSVILLE PIKE

Meter#:

Serial #:

Check if Correct

Corrections

13691

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Retail

Model:

LF008PCQT

☐

Hazard: ISOLATION MED.

Type:

SVB

☐

Mailing Address

Size:

0.75

☐

ATTN: STEPHANIE LANGE
ALTERNATIVE TESTING
1314 HIGHWAY DD

Orientation:

☐

DEFIANCE, MO 63341

Protection:

PAST DUE

☐

Test Due No Later than:

09/21/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5046

Backflow Prevention Assembly Test Report

WAL-MART - SOUTH #01-3581

Location: HOSE BIB, DELI.

2850 MAYSVILLE PIKE

Meter#:

Serial #:

Check if Correct

Corrections

13713

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Retail

Model:

LF008PCQT

☐

Hazard: ISOLATION MED.

Type:

SVB

☐

Mailing Address

Size:

0.75

☐

ATTN: STEPHANIE LANGE
ALTERNATIVE TESTING
1314 HIGHWAY DD

Orientation:

☐

DEFIANCE, MO 63341

Protection:

PAST DUE

☐

Test Due No Later than:

09/21/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5047

Backflow Prevention Assembly Test Report

WAL-MART - SOUTH #01-3581

Location: HOSE BIB , PRODUCE.

2850 MAYSVILLE PIKE

Meter#:

Serial #:

Check if Correct

Corrections

13687

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Retail

Model:

LF008PCQT

☐

Hazard: ISOLATION MED.

Type:

SVB

☐

Mailing Address

Size:

0.75

☐

ATTN: STEPHANIE LANGE
ALTERNATIVE TESTING
1314 HIGHWAY DD

Orientation:

☐

DEFIANCE, MO 63341

Protection:

PAST DUE

☐

Test Due No Later than:

09/21/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5483

Backflow Prevention Assembly Test Report

WAL-MART - SOUTH #01-3581

Location: GARDEN CENTER, HOSE BIB.

2850 MAYSVILLE PIKE

Meter#:

Serial #:

Check if Correct

Corrections

816003

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WILKINS

☐

Site Use: Retail

Model:

720A

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

Protection:

☐

ATTN: STEPHANIE LANGE
ALTERNATIVE TESTING
1314 HIGHWAY DD

DEFIANCE, MO 63341

Test Due No Later than:

09/21/2022

Existing ☐
New ☐

Removed ☐
Replaced ☐

Commercial ☐
Industrial ☐

Residential ☐

Construction ☐

Domestic ☐

Irrigation ☐

Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5484

Backflow Prevention Assembly Test Report

WAL-MART - SOUTH #01-3581

Location: PRODUCE ABOVE SINK. MOP SINK.

2850 MAYSVILLE PIKE

Meter#:

Serial #:

Check if Correct

Corrections

13682

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Retail

Model:

LF008PCQT

☐

Hazard: ISOLATION MED.

Type:

SVB

☐

Mailing Address

Size:

0.75

☐

ATTN: STEPHANIE LANGE
ALTERNATIVE TESTING
1314 HIGHWAY DD

Orientation:

☐

DEFIANCE, MO 63341

Protection:

☐

Test Due No Later than:

09/24/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2029

Backflow Prevention Assembly Test Report

AMAAN INC.- SHELL

Location: WATER SERVICE CONTAINMENT.* UNDER 3-COMPARTMENT SINK , RIGHT SIDE.

2550 EAST PIKE

Meter#:

Serial #: Check if Correct Corrections

175007

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Gas Station

Model:

009QT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

0.75

☐

AMAAN INC.- SHELL

2550 EAST PIKE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

02/01/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3505

Backflow Prevention Assembly Test Report

AMERICAN EAGLE OUTFITTERS

Location: ABOVE CEILING RESTROOM.

3575 MAPLE AVE.#149

Meter#:

Serial #: 26156

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

Site Use: Retail

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

PAST DUE

MANAGER

AMERICAN EAGLE OUTFITTERS

3575 MAPLE AVE.#149

ZANESVILLE, OH 43701

Test Due No Later than:

01/28/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 386

Backflow Prevention Assembly Test Report

AMERICAN ELECTRIC POWER

1900 LICKING ROAD

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

VIC THOMPSON
AMERICAN ELECTRIC POWER
1900 LICKING ROAD

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT

Meter#:

LID/Service:

Account #: AEP-ZANESVILLE-1

Serial #:

32128

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

2.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

09/14/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 387

Backflow Prevention Assembly Test Report

AMERICAN ELECTRIC POWER

Location: FIRE LINE

1900 LICKING ROAD

Meter#:

Serial #:

Check if Correct

Corrections

113429

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

709

☐

Hazard: FIRE LINE CONNECTION-LOW

Type:

DC

☐

Mailing Address

Size:

6.00

☐

VIC THOMPSON

AMERICAN ELECTRIC POWER

1900 LICKING ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

09/14/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 388

Backflow Prevention Assembly Test Report

AMERICAN ELECTRIC POWER

Location: FIRE LINE BYPASS

1900 LICKING ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

28573

☐

ZANESVILLE, OH 43701

Account #: AEP-ZANESVILLE-3

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: FIRE LINE BYPASS-LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

VIC THOMPSON

AMERICAN ELECTRIC POWER

1900 LICKING ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

09/14/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 390

Backflow Prevention Assembly Test Report

AMERICAN ELECTRIC POWER

Location: RECLAIMER - WASH ROOM

1900 LICKING ROAD

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

286906

☐

Account #: AEP-ZANESVILLE-5

Manufacturer:

WATTS

☐

Site Use:

Model:

909

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

1.25

☐

Orientation:

☐

Protection:

☐

VIC THOMPSON

AMERICAN ELECTRIC POWER

1900 LICKING ROAD

ZANESVILLE, OH 43701

Test Due No Later than:

09/14/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4652

Backflow Prevention Assembly Test Report

AMERICAN ELECTRIC POWER

Location: ISOLATION - JANITOR'S ROOM

1900 LICKING ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

04559

☐

ZANESVILLE, OH 43701

Account #: AEP-ZANESVILLE-4

Manufacturer:

WATTS

☐

Site Use:

Model:

919

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

0.50

☐

VIC THOMPSON

AMERICAN ELECTRIC POWER

1900 LICKING ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

09/14/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2783

Backflow Prevention Assembly Test Report

AMERICAN HEALTH CENTER

Location: MECH.ROOM,*WATER SERVICE CONTAINMENT.

108 CHESTNUT ST.

Meter#:

Serial #: Check if Correct Corrections

COSHOCTON, OH 43812

LID/Service:

A25865

☐

Account #: AHC

Manufacturer:

WATTS

☐

Site Use: Health Club

Model:

009

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

Orientation:

☐

Protection:

☐AMERICAN HEALTH CENTER
108 CHESTNUT ST.

COSHOCTON, OH 43812

Test Due No Later than:

02/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3975

Backflow Prevention Assembly Test Report

AMERICAN LEGION AUXILIARY

1100 D BRANDYWINE BLVD.

ZANESVILLE, OH 43701

Site Use: Business Office

Hazard: CONTAINMENT COMM.LOW

Mailing Address

AMERICAN LEGION AUXILIARY
1100 D BRANDYWINE BLVD.

ZANESVILLE, OH 43701

Location: MECH. ROOM.

Meter#:

LID/Service:

Account #: AMER.LEGION AUX.

Serial #:

29456

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

04/18/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 140

Backflow Prevention Assembly Test Report

AMERICAN LEGION HOME

652 MAIN STREET

COSHOCTON, OH 43812

Site Use: Lodge

Hazard: CONTAINMENT COMM.LOW

Mailing Address

AMERICAN LEGION HOME
652 MAIN STREET

COSHOCTON, OH 43812

Location: MECH ROOM - WATER SERVICE CONTAINMENT

Meter#:

LID/Service:

Account #: AMERICANLEGIONHOME

Serial #:

60498

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

1.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

05/28/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1328

Backflow Prevention Assembly Test Report

AMERICAN LEGION POST #29

Location: FIRE LINE - BASEMENT

27 SOUTH 3RD STREET

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

2JN1838

Account #: AMERICANLEGION#29

Manufacturer:

AMES

Site Use:

Model:

Hazard: FIRE LINE CONNECTION-LOW

2000 SILVER

Mailing Address

Type:

DCVA

Size:

4.00

Orientation:

Protection:

Test Due No Later than:

10/02/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1329

Backflow Prevention Assembly Test Report

AMERICAN LEGION POST #29

Location: FIRE LINE - BASEMENT

27 SOUTH 3RD STREET

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

21K1135

☐

Account #: AMERICANLEGION#29

Manufacturer:

AMES

☐

Site Use:

Model:

2000 SILVER

☐

Hazard: FIRE LINE CONNECTION-LOW

Type:

DCVA

☐

Mailing Address

Size:

4.00

☐

Orientation:

☐

Protection:

☐

AMERICAN LEGION POST #29

27 SOUTH 3RD STREET

ZANESVILLE, OH 43701

Test Due No Later than:

10/02/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1330

Backflow Prevention Assembly Test Report

AMERICAN LEGION POST #29

Location: WATER SERVICE CONTAINMENT - BEHIND COOLER ON WEST WALL

27 SOUTH 3RD STREET

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

156900

☐

Account #: AMERICANLEGION#29

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

AMERICAN LEGION POST #29

27 SOUTH 3RD STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

10/02/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1331

Backflow Prevention Assembly Test Report

AMERICAN LEGION POST #29

Location: WATER SERVICE CONTAINMENT - BASEMENT

27 SOUTH 3RD STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

47114

☐

ZANESVILLE, OH 43701

Account #: AMERICANLEGION#29

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

AMERICAN LEGION POST #29

27 SOUTH 3RD STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

10/02/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1789

Backflow Prevention Assembly Test Report

AMERICAN LEGION POST #399

Location: WATER SERVICE CONTAINMENT - MECH ROOM

1384 MAIN STREET

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

21317

☐

DRESDEN, OH 43821

Account #: AMERICANLEGION#399

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

AMERICAN LEGION POST #399

P.O. BOX 399

Orientation:

☐

DRESDEN, OH 43821

Protection:

PAST DUE

☐

Test Due No Later than:

01/18/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1790

Backflow Prevention Assembly Test Report

AMERICAN LEGION POST #399

Location: FIRE LINE - SPRINKLER - MECH ROOM

1384 MAIN STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

14463

☐

DRESDEN, OH 43821

Account #: AMERICANLEGION#399

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: LIMITED AREA SPRINKLER

Type:

DCVA

☐

Mailing Address

Size:

1.50

☐

AMERICAN LEGION POST #399

P.O. BOX 399

Orientation:

☐

DRESDEN, OH 43821

Protection:

PAST DUE

☐

Test Due No Later than:

01/18/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3976

Backflow Prevention Assembly Test Report

AMERICAN LIGHT COMPANY

122 MAIN ST.

ZANESVILLE, OH 43701

Site Use: Retail

Hazard: CONTAINMENT COMM.LOW

Mailing Address

JOHN STUBBS
AMERICAN LIGHT COMPANY
122 MAIN ST.

ZANESVILLE, OH 43701

Location: BASEMENT BY OLD BOILER.

Meter#:

LID/Service:

Account #: AMER.LIGHT CO.

Serial #:

30628

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

02/01/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4323

Backflow Prevention Assembly Test Report

AMERICAN PRIDE POWER EQUIP

Location: WAREHOUSE

700 MCINTIRE AVE.

Meter#:

Serial #: 32934

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: AMERPRIDEEQUIP

Manufacturer:

WATTS

Site Use: LAWN MOWER REPAIR & SALES

Model:

919

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

Mailing Address

Size:

1.00

Orientation:

Protection:

PAST DUE

Test Due No Later than:

01/16/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4325

Backflow Prevention Assembly Test Report

AMERICAN PRIDE POWER EQUIP

Location: WAREHOUSE PRESSURE WASHER

700 MCINTIRE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

37854

☐

ZANESVILLE, OH 43701

Account #: AMERPRIDEEQUIP

Manufacturer:

WATTS

☐

Site Use: LAWN MOWER REPAIR & SALES

Model:

919

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐AMERICAN PRIDE POWER EQUIPMENT
700 MCINTIRE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

01/16/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5456

Backflow Prevention Assembly Test Report

AMG GUARD HOUSE

Location: MECH. ROOM.

3400 INOVATION WAY

Meter#:

Serial #: 44648

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: AMG-G.HOUSE

Manufacturer:

WATTS

Site Use:

Hazard: CONTAINMENT COMM.LOW

Model:

719QT

Mailing Address

Type:

DC

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

11/15/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5454

Backflow Prevention Assembly Test Report

AMG VANADIUM

Location: IN REST ROOM.

3400 EAST POINTE DRIVE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

44958

Account #: AMG

Manufacturer:

WATTS

Site Use: Warehouse

Model:

LF719QT

Hazard: CONTAINMENT COMM.LOW

Mailing Address

Type:

DC

Size:

0.75

Orientation:

Protection:

AMG VANADIUM

3400 EAST POINTE DRIVE

ZANESVILLE, OH 43701

Test Due No Later than:

11/03/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5488

Backflow Prevention Assembly Test Report

AMG VANADIUM

3400 EAST POINTE DRIVE

ZANESVILLE, OH 43701

Site Use: Warehouse

Hazard: CONTAINMENT COMM.LOW

Mailing Address

AMG VANADIUM

3400 EAST POINTE DRIVE

ZANESVILLE, OH 43701

Location: _____

Meter#:

LID/Service:

Account #: AMG

Serial #:

227132

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007M3QT

Type:

DC

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

06/23/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5489

Backflow Prevention Assembly Test Report

AMG VANADIUM

3400 EAST POINTE DRIVE

ZANESVILLE, OH 43701

Site Use: Warehouse

Hazard: CONTAINMENT COMM.LOW

Mailing Address

AMG VANADIUM

3400 EAST POINTE DRIVE

ZANESVILLE, OH 43701

Location: _____

Meter#:

LID/Service:

Account #: AMG

Serial #:

UL-2187

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

757

Type:

DC

Size:

8.00

Orientation:

Protection:

Test Due No Later than:

06/23/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5490

Backflow Prevention Assembly Test Report

AMG VANADIUM

3400 EAST POINTE DRIVE

ZANESVILLE, OH 43701

Site Use: Warehouse

Hazard: CONTAINMENT COMM.LOW

Mailing Address

AMG VANADIUM

3400 EAST POINTE DRIVE

ZANESVILLE, OH 43701

Location: _____

Meter#:

LID/Service:

Account #: AMG

Serial #: Check if Correct Corrections

N2101041031

Manufacturer:

FEBCO

Model:

LF860

Type:

RP

Size:

6.00

Orientation:

Protection:

Test Due No Later than:

06/23/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes No

☐ ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5491

Backflow Prevention Assembly Test Report

AMG VANADIUM

3400 EAST POINTE DRIVE

ZANESVILLE, OH 43701

Site Use: Warehouse

Hazard: CONTAINMENT COMM.LOW

Mailing Address

AMG VANADIUM

3400 EAST POINTE DRIVE

ZANESVILLE, OH 43701

Location: _____

Meter#:

LID/Service:

Account #: AMG

Serial #: Check if Correct Corrections

N2101041030

Manufacturer:

FEBCO

Model:

LF860

Type:

RP

Size:

6.00

Orientation:

Protection:

Test Due No Later than:

06/23/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes No

☐ ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5492

Backflow Prevention Assembly Test Report

AMG VANADIUM

3400 EAST POINTE DRIVE

ZANESVILLE, OH 43701

Site Use: Warehouse

Hazard: CONTAINMENT COMM.LOW

Mailing Address

AMG VANADIUM

3400 EAST POINTE DRIVE

ZANESVILLE, OH 43701

Location: _____

Meter#:

LID/Service:

Account #: AMG

Serial #: Check if Correct Corrections

N2101041029

Manufacturer:

FEBCO

Model:

LF860

Type:

RP

Size:

6.00

Orientation:

Protection:

Test Due No Later than:

10/21/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 473

Backflow Prevention Assembly Test Report

AMVETS POST# 36

986 OTSEGO AVENUE

COSHOCTON, OH 43812

Site Use: Recreation Center\Club Ho

Hazard: CONTAINMENT COMM.LOW

Mailing Address

MANAGER

AMVETS POST# 36

986 OTSEGO AVENUE

COSHOCTON, OH 43812

Location: WATER SERVICE CONTAINMENT - MECH ROOM

Meter#:

LID/Service:

Account #: AMVETSPST36

Serial #:
25661Manufacturer:
WATTSModel:
009Type:
RPPASize:
1.50

Orientation:

Protection:

Check if Correct Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

04/17/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3980

Backflow Prevention Assembly Test Report

AMY'S HALLMARK

Location: REST ROOM.

3257 MAPLE AVE.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

29310

Account #: AMY'S HALLMARK

Manufacturer:

WATTS

Site Use: Retail

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

01/10/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1793

Backflow Prevention Assembly Test Report

Habitat Restore

84 W. PINE STREET

COSHOCTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

ANCHOR CHURCH INC
84 W. PINE STREET

COSHOCTON, OH 43812

Location: WATER SERVICE CONTAINMENT. *MECH.ROOM

Meter#:

LID/Service:

Account #: HABITAT RESTORE

Serial #:

69995

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

01/19/2021

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3323

Backflow Prevention Assembly Test Report

ANGRY BULL SALOON

Location: BASEMENT

1406 LINDEN AVE.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

31441

☐

ZANESVILLE, OH 43701

Account #: ANGRY BULL SALOON

Manufacturer:

WATTS

☐

Site Use: Bar and Grill

Model:

719QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

0.75

☐

CORRY HAZEN

ANGRY BULL SALOON

1406 LINDEN AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

05/29/2018

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5233

Backflow Prevention Assembly Test Report

ANKRUM LAUNDROMAT #4

Location: MECH. ROOM

1100 MILITARY RD

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

09845

Account #: ANKRUM LAUNDROMAT

Manufacturer:

WATTS

Site Use: Laundromat

Model:

719QT

Hazard: CONTAINMENT COMM. MED.

Type:

DC

Mailing Address

Size:

2.00

Orientation:

Protection:

PAST DUE

Test Due No Later than:

01/15/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1323

Backflow Prevention Assembly Test Report

ANNIES COUNTRY STORE & RES

Location: WATER SERVICE CONTAINMENT - MEN'S RESTROOM

8800 CHANDLERSVILLE ROAD

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

50281

☐

CHANDLERSVILLE, OH 43727

Account #: ANNIESCOUNTRYSTORE

Manufacturer:

WATTS

☐

Site Use: Restaurant/STORE

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

ANN M. ADDIS

ANNIES COUNTRY STORE & DINER

8800 CHANDLERSVILLE ROAD

Orientation:

☐

CHANDLERSVILLE, OH 43727

Protection:

PAST DUE

☐

Test Due No Later than:

07/13/2017

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 835

Backflow Prevention Assembly Test Report

ANNIN FLAG

700 SOUTH 3RD STREET

COSHOCTON, OH 43812

Site Use: Factory

Hazard: CONTAINMENT COMM. MED.

Mailing Address

DAVID ROGERS, PLANT MANAGER
ANNIN & CO.
700 SOUTH 3RD STREET

COSHOCTON, OH 43812

Location: WATER SERVICE CONTAINMENT - 1ST FLOOR BY COL. C-7

Meter#:

LID/Service:

Account #: ANNINFLAG

Serial #:

169399

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

2.00

Orientation:

Protection:

PAST DUE

Test Due No Later than:

01/28/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 836

Backflow Prevention Assembly Test Report

ANNIN FLAG

700 SOUTH 3RD STREET

COSHOCOTON, OH 43812

Site Use: Factory

Hazard: FIRE LINE CONNECTION-MEDIUM

Mailing Address

DAVID ROGERS, PLANT MANAGER
ANNIN & CO.
700 SOUTH 3RD STREET

COSHOCOTON, OH 43812

Location: FIRE LINE - 1ST FLOOR, BY COLUMN D-10.

Meter#:

LID/Service:

Account #: ANNINFLAG

Serial #:

5JM0569

Check if Correct

Corrections

Manufacturer:

AMES

Model:

5000

Type:

RPDA

Size:

6.00

Orientation:

Protection:

PAST DUE

Test Due No Later than:

01/28/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

	Yes	No
Proper Installation	<input type="checkbox"/>	<input type="checkbox"/>
RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>
#2 Shutoff Closed	<input type="checkbox"/>	<input type="checkbox"/>
Service Restored	<input type="checkbox"/>	<input type="checkbox"/>

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 837

Backflow Prevention Assembly Test Report

ANNIN FLAG

700 SOUTH 3RD STREET

COSHOCKTON, OH 43812

Site Use: Factory

Hazard: FIRE LINE BYPASS-MEDIUM

Mailing Address

DAVID ROGERS, PLANT MANAGER
ANNIN & CO.
700 SOUTH 3RD STREET

COSHOCKTON, OH 43812

Location: FIRE LINE 1ST FLOOR, BY COLUMN D-10.

Meter#:

LID/Service:

Account #: ANNINFLAG

Serial #:

DE124

Check if Correct

Corrections

Manufacturer:

CONBRACO

Model:

40-204-A2

Type:

RPPA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

01/28/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

	Yes	No
Proper Installation	<input type="checkbox"/>	<input type="checkbox"/>
RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>
#2 Shutoff Closed	<input type="checkbox"/>	<input type="checkbox"/>
Service Restored	<input type="checkbox"/>	<input type="checkbox"/>

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3546

Backflow Prevention Assembly Test Report

ANSEL HEALTHCARE PRODUCTS

Location: BASEMENT

925 CHESTNUT STREET

Meter#:

Serial #: 25549

Check if Correct

Corrections

COSHOCTON, OH 43812

LID/Service:

Account #: ANSEL HEALTHCARE

Manufacturer:

WATTS

Site Use: Offices

Hazard: CONTAINMENT COMM.LOW

Model:

719

Mailing Address

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

10/25/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5260

Backflow Prevention Assembly Test Report

ANYTIME FITNESS

23635 AIRPORT RD.

COSHOCTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

ANYTIME FITNESS
23635 AIRPORT RD.

COSHOCTON, OH 43812

Location: MECH. ROOM.

Meter#:

LID/Service:

Account #: ANYTIME FITNESS

Serial #: Check if Correct Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3381

Backflow Prevention Assembly Test Report

A-1 TOWING

1619 PERSHING RD.

ZANESVILLE, OH 43701

Site Use:

Hazard: CONT.COMM.HIGH HEALTH HAZARD

Mailing Address

SODE JERRY H & BRENDA S
A-ONE TOWING
5400 COOPERMILL RD.

ZANESVILLE, OH 43701

Location: BASEMENT

Meter#:

LID/Service:

Account #: A-1 TOWING

Serial #:

33331

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

11/20/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1215

Backflow Prevention Assembly Test Report

JANICE MCMILLAN

223 MAIN STREET

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

JANICE MCMILLAN

P.O. BOX 207

ZANESVILLE, OH 43702-207

Location: WATER SERVICE CONTAINMENT. * BASEMENT.

Meter#:

LID/Service:

Account #: JANICE MCMILLAN

Serial #:

195855

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

06/20/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1216

Backflow Prevention Assembly Test Report

JANICE MCMILLAN

Location: FIRE LINE. * BYPASS.

223 MAIN STREET

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

36586

☐

Account #: JANICE MCMILLAN

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: FIRE LINE BYPASS-LOW

Type:

DCVA

☐

Mailing Address

Size:

0.50

☐

JANICE MCMILLAN

Orientation:

☐

P.O. BOX 207

Protection:

☐

ZANESVILLE, OH 43702-207

Test Due No Later than:

06/20/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1217

Backflow Prevention Assembly Test Report

JANICE MCMILLAN

Location: *FIRE LINE,MAIN.

223 MAIN STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

02554

☐

ZANESVILLE, OH 43701

Account #: JANICE MCMILLAN

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: FIRE LINE CONNECTION-LOW

Type:

DCVA

☐

Mailing Address

Size:

2.00

☐

JANICE MCMILLAN

Orientation:

☐

P.O. BOX 207

Protection:

☐

ZANESVILLE, OH 43702-207

Test Due No Later than:

06/20/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3817

Backflow Prevention Assembly Test Report

SEO RENTALS LLC

Location: BASEMENT.

963 ADAIR AVE.

Meter#:

Serial #: 33842 Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

Site Use: Offices

Model:

LF719QT

Hazard: CONTAINMENT COMM.LOW

Mailing Address

Type:

DC

SEO RENTALS

Size:

0.75

P.O. BOX 526

Orientation:

COCHOCTON, OH 43812

Protection:

PAST DUE

Test Due No Later than:

08/12/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3169

Backflow Prevention Assembly Test Report

CASH MAX**3126 MAPLE AVE.**

ZANESVILLE, OH 43701

Site Use: **Retail**Hazard: **CONTAINMENT COMM.LOW**

Mailing Address

KESCO INVESTMENTS**P.O. BOX 785****ZANESVILLE, OH 43702-0785**Location: **MECH. RM. NORTH SIDE.**

Meter#:

LID/Service:

Account #: **KESCO-2**

Serial #:

12456

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

09/15/2019Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4374

Backflow Prevention Assembly Test Report

B & H TOWING

430 PUTNAM AVE.

ZANESVILLE, OH 43701

Site Use: TOWING/REPAIR

Hazard: CONTAINMENT COMM.LOW

Mailing Address

JOHN WAGNER-LANDLORD

P.O. BOX 8161

ZANESVILLE, OH 43702

Location: REAR OF BUILDING.

Meter#:

LID/Service:

Account #: B & H TOWING

Serial #:

29021

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

01/22/2014

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3513

Backflow Prevention Assembly Test Report

CHEEZ-KAKE BAKERY

702 SOUTH 7TH STREET

COSHOCTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

PATRICK MOCULAITIS

P.O. BOX 866

NEW PHILADELPIA, OH 44663

Location: WATER SERVICE CONTAINMENT. EMPLOYEE REST ROOM.

Meter#:

LID/Service:

Account #: CHEEZ-KAKE BAKERY

Serial #:

14892

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

03/10/2014

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3697

Backflow Prevention Assembly Test Report

NU TO U THIFT SHOP

Location: BASEMENT

273 MAIN ST.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

27257

☐

DUNCAN FALLS, OH 43734

Account #: NU TO U THIFTSHOP

Manufacturer:

WATTS

☐

Site Use: Retail

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

TRACY GINETTINO

Orientation:

☐

P.O.BOX 74

Protection:

☐

DUNCAN FALLS, OH 43734-0074

Test Due No Later than:

05/16/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3209

Backflow Prevention Assembly Test Report

LEPI APARTMENT

1523 MAPLE AVENUE

ZANESVILLE, OH 43701

Site Use: Apartments

Hazard: CONTAINMENT COMM.LOW

Mailing Address

JIM LEPI
APARTMENT
630 G.W. MORSE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT - BASEMENT

Meter#:

LID/Service:

Account #: LEPI APARTMENT

Serial #:

20737

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

01/22/2021

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 650

Backflow Prevention Assembly Test Report

APPLEBEE'S

3181 MAPLE AVENUE

ZANESVILLE, OH 43701

Site Use: Restaurant

Hazard: CONTAINMENT COMM.LOW

Mailing Address

MANAGER
APPLEBEE'S
3181 MAPLE AVENUE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT - MECH ROOM

Meter#:

LID/Service:

Account #: APPLEBEESMAPLE

Serial #:

65157

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

1.50

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

04/02/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2197

Backflow Prevention Assembly Test Report

ARBY'S - COSHOCTON

245 SOUTH 2ND STREET

COSHOCTON, OH 43812

Site Use: Restaurant

Hazard: CONTAINMENT COMM.LOW

Mailing Address

SUMMER DAVIS, MANAGER
ARBY'S - COSHOCTON
245 SOUTH 2ND STREET

COSHOCTON, OH 43812

Location: WATER SERVICE CONTAINMENT - NORTH WALL

Meter#:

LID/Service:

Account #: ARBYSCOSHOCTON

Serial #:

09865

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

1.50

Orientation:

Protection:

PAST DUE

Test Due No Later than:

11/22/2015

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1846

Backflow Prevention Assembly Test Report

ARBY'S - MAYSVILLE

Location: FIRE LINE - INSIDE BACK DOOR

2840 MAYSVILLE PIKE

Meter#:

Serial #: 09556

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: ARBYS-MAYSVILLE

Manufacturer:

AMES

Site Use:

Hazard: FIRE LINE CONNECTION-LOW

Model:

2000B

Mailing Address

Type:

DC

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

12/03/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1847

Backflow Prevention Assembly Test Report

ARBY'S - MAYSVILLE

Location: WATER SERVICE CONTAINMENT - MECH ROOM BACK OF STORE BY BACK DOOR

2840 MAYSVILLE PIKE

Meter#:

Serial #:

Check if Correct

Corrections

384692

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

909

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

ARBY'S - MAYSVILLE

2840 MAYSVILLE PIKE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

12/03/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1848

Backflow Prevention Assembly Test Report

ARBY'S - MAYSVILLE

Location: LAWN SPRINKLER - MECH. ROOM, BACK OF STORE, BY BACK DOOR.

2840 MAYSVILLE PIKE

Meter#:

Serial #:

Check if Correct

Corrections

W074821

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WILKINS

☐

Site Use:

Model:

975XL

☐

Hazard: IRRIGATION MED-ISOLATION

Type:

RP

☐

Mailing Address

Size:

1.00

☐

ARBY'S - MAYSVILLE

2840 MAYSVILLE PIKE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

12/03/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3670

Backflow Prevention Assembly Test Report

ARBY'S

3330 MAPLE AVE.

ZANESVILLE, OH 43701

Site Use: Fast Food

Hazard: CONTAINMENT COMM.LOW

Mailing Address

ARBY'S

3330 MAPLE AVE.

ZANESVILLE, OH 43701

Location: STORAGE ROOM

Meter#:

LID/Service:

Account #: ARBY'S

Serial #:
10691Manufacturer:
WATTSModel:
719Type:
DCVASize:
1.00

Orientation:

Protection:
PAST DUE

Check if Correct Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

01/24/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2565

Backflow Prevention Assembly Test Report

ARMY NAVY GARRISON #628

Location: MECH. RM. WATER SERVICE CONTAINMENT.

133 S. 6TH ST.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

299029

☐

COSHOCTON, OH 43812

Account #: ARMY NAVY #628

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

JERALD TIPPIE

ARMY NAVY GARRISON #628

133 S. 6TH ST.

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

11/15/2020

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3557

Backflow Prevention Assembly Test Report

ARNOLD'S VAN & TRUCK

Location: BASEMENT.

334 PUTNAM AVE.

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

28913

☐

Account #: ARNOLD'S

Manufacturer:

WATTS

☐

Site Use: Retail

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐JIM ARNOLD
ARNOLD'S VAN & TRUCK
334 PUTNAM AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

08/23/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4470

Backflow Prevention Assembly Test Report

ARNOLD'S VAN & TRUCK

Location: GARAGE

334 PUTNAM AVE.

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

29865

☐

Manufacturer:

WATTS

☐

Model:

719

☐

Type:

DCVA

☐

Size:

0.75

☐

Orientation:

☐

Protection:

☐

Site Use: Retail

Hazard: CONTAINMENT COMM.LOW

Mailing Address

JIM ARNOLD
ARNOLD'S VAN & TRUCK
334 PUTNAM AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

08/23/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

	Yes	No
Proper Installation	<input type="checkbox"/>	<input type="checkbox"/>
RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>
#2 Shutoff Closed	<input type="checkbox"/>	<input type="checkbox"/>
Service Restored	<input type="checkbox"/>	<input type="checkbox"/>

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1576

Backflow Prevention Assembly Test Report

ARTISTIC DESIGN SYSTEMS

Location: WATER SERVICE CONTAINMENT - BASEMENT

18 BEAUMONT STREET

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

01779

Account #: ARTISTIC DESIGN

Manufacturer:

WATTS

Site Use:

Model:

Hazard: CONTAINMENT COMM.LOW

719

Mailing Address

Type:

DCVA

Size:

1.00

Orientation:

Protection:

ARTISTIC DESIGN SYSTEMS
18 BEAUMONT STREET

ZANESVILLE, OH 43701

Test Due No Later than:

09/05/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3173

Backflow Prevention Assembly Test Report

ASPEN DENTAL

3941 TARYN TRACE, OP1

ZANESVILLE, OH 43701

Site Use: Dentist

Hazard: CONTAINMENT COMM. MED.

Mailing Address

ATTN: VP REAL ESTATE
ASPEN DENTAL
281 SANDERS CREEK PARKWAY

EAST SYRACUSE, NY 13057

Location: MECH. ROOM

Meter#:

LID/Service:

Account #: ZAREMBA-ASPEN DENTAL

Serial #:

A77974

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

09/13/2021

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 667

Backflow Prevention Assembly Test Report

ASSOCIATED LAND GROUP, SAN

Location: BLDG #3 - WATER SERVICE CONTAINMENT - MECH ROOM

3139 SANDHURST DRIVE-OFFICE

Meter#:

Serial #:

Check if Correct

Corrections

61951

☐

ZANESVILLE, OH 43701

LID/Service:

Account #: SANDHURSTDRIEAPTS

Manufacturer:

WATTS

☐

Site Use: Apartments

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.50

☐

JOHN LOCKWOOD

ASSOCIATED LAND GROUP, SANDHURST APTS.

3139 SANDHURST DRIVE-OFFICE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/22/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 668

Backflow Prevention Assembly Test Report

ASSOCIATED LAND GROUP, SAN

Location: BLDG #10 - WATER SERVICE CONTAINMENT - MECH ROOM

3139 SANDHURST DRIVE-OFFICE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

61956

☐

ZANESVILLE, OH 43701

Account #: SANDHURSTDRIVEAPTS

Manufacturer:

WATTS

☐

Site Use: Apartments

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.50

☐

JOHN LOCKWOOD

ASSOCIATED LAND GROUP, SANDHURST APTS.

3139 SANDHURST DRIVE-OFFICE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

03/22/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 669

Backflow Prevention Assembly Test Report

ASSOCIATED LAND GROUP, SAN

Location: BLDG. #2 - WATER SERVICE CONTAINMENT - BASEMENT

3139 SANDHURST DRIVE-OFFICE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

60648

☐

ZANESVILLE, OH 43701

Account #: SANDHURSTDRIVEAPTS

Manufacturer:

WATTS

☐

Site Use: Apartments

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.50

☐

JOHN LOCKWOOD

ASSOCIATED LAND GROUP, SANDHURST APTS.

3139 SANDHURST DRIVE-OFFICE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/22/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 670

Backflow Prevention Assembly Test Report

ASSOCIATED LAND GROUP, SAN

Location: BLDG. #6 - WATER SERVICE CONTAINMENT - MECH ROOM

3139 SANDHURST DRIVE-OFFICE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

63336

☐

ZANESVILLE, OH 43701

Account #: SANDHURSTDRIVEAPTS

Manufacturer:

WATTS

☐

Site Use: Apartments

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.50

☐

JOHN LOCKWOOD

ASSOCIATED LAND GROUP, SANDHURST APTS.

3139 SANDHURST DRIVE-OFFICE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/22/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 671

Backflow Prevention Assembly Test Report

ASSOCIATED LAND GROUP, SAN

Location: BLDG. #7 - WATER SERVICE CONTAINMENT - MECH ROOM

3139 SANDHURST DRIVE-OFFICE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

60103

☐

ZANESVILLE, OH 43701

Account #: SANDHURSTDIVEAPTS

Manufacturer:

WATTS

☐

Site Use: Apartments

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.50

☐

JOHN LOCKWOOD

ASSOCIATED LAND GROUP, SANDHURST APTS.

3139 SANDHURST DRIVE-OFFICE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/22/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 672

Backflow Prevention Assembly Test Report

ASSOCIATED LAND GROUP, SAN

Location: BLDG. #1 - WATER SERVICE CONTAINMENT - MECH ROOM

3139 SANDHURST DRIVE-OFFICE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

58999

☐

ZANESVILLE, OH 43701

Account #: SANDHURSTDIVEAPTS

Manufacturer:

WATTS

☐

Site Use: Apartments

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.50

☐

JOHN LOCKWOOD

ASSOCIATED LAND GROUP, SANDHURST APTS.

3139 SANDHURST DRIVE-OFFICE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/22/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 673

Backflow Prevention Assembly Test Report

ASSOCIATED LAND GROUP, SAN

Location: BLDG. #8 - WATER SERVICE CONTAINMENT - MECH ROOM

3139 SANDHURST DRIVE-OFFICE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

60104

☐

ZANESVILLE, OH 43701

Account #: SANDHURSTDRIVEAPTS

Manufacturer:

WATTS

☐

Site Use: Apartments

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.50

☐

JOHN LOCKWOOD

ASSOCIATED LAND GROUP, SANDHURST APTS.

3139 SANDHURST DRIVE-OFFICE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/22/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 674

Backflow Prevention Assembly Test Report

ASSOCIATED LAND GROUP, SAN

Location: BLDG. #9 - WATER SERVICE CONTAINMENT - MECH ROOM

3139 SANDHURST DRIVE-OFFICE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

51948

☐

ZANESVILLE, OH 43701

Account #: SANDHURSTDRIVEAPTS

Manufacturer:

WATTS

☐

Site Use: Apartments

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.50

☐

JOHN LOCKWOOD

ASSOCIATED LAND GROUP, SANDHURST APTS.

3139 SANDHURST DRIVE-OFFICE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/22/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 675

Backflow Prevention Assembly Test Report

ASSOCIATED LAND GROUP, SAN

Location: BLDG. #4 - WATER SERVICE CONTAINMENT - MECH ROOM

3139 SANDHURST DRIVE-OFFICE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

63944

☐

ZANESVILLE, OH 43701

Account #: SANDHURSTDIVEAPTS

Manufacturer:

WATTS

☐

Site Use: Apartments

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.50

☐

JOHN LOCKWOOD

ASSOCIATED LAND GROUP, SANDHURST APTS.

3139 SANDHURST DRIVE-OFFICE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/22/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 676

Backflow Prevention Assembly Test Report

ASSOCIATED LAND GROUP, SAN

Location: BLDG. #5 - WATER SERVICE CONTAINMENT - MECH ROOM

3139 SANDHURST DRIVE-OFFICE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

63880

☐

ZANESVILLE, OH 43701

Account #: SANDHURSTDRIVEAPTS

Manufacturer:

WATTS

☐

Site Use: Apartments

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.50

☐

JOHN LOCKWOOD

ASSOCIATED LAND GROUP, SANDHURST APTS.

3139 SANDHURST DRIVE-OFFICE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/22/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4975

Backflow Prevention Assembly Test Report

AT&T COSHOCTON

641 WALNUT ST.

COSHOCTON, OH 43812

Site Use: Offices

Hazard: ISOLATION MED.

Mailing Address

AT&T COSHOCTON
641 WALNUT ST.

COSHOCTON, OH 43812

Location: MECH. ROOM. BASEMENT. CHILLER MAKEUP WATER.

Meter#:

LID/Service:

Account #: AT&T COSH.

Serial #:
37191Manufacturer:
WATTSModel:
919QTType:
RPSize:
0.75

Orientation:

Protection:
PAST DUE

Check if Correct Corrections

☐☐☐☐☐☐☐Test Due No Later than:
11/02/2021Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4976

Backflow Prevention Assembly Test Report

AT&T COSHOCTON

Location: BASEMENT, BOILER ROOM. MAKEUP WATER BOILER.

641 WALNUT ST.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

136H36

☐

COSHOCTON, OH 43812

Account #: AT&T COSH.

Manufacturer:

WATTS

☐

Site Use: Offices

Model:

909QT

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

0.75

☐AT&T COSHOCTON
641 WALNUT ST.

Orientation:

☐

COSHOCTON, OH 43812

Protection:

PAST DUE

☐

Test Due No Later than:

11/02/2021

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

	Yes	No
Proper Installation	<input type="checkbox"/>	<input type="checkbox"/>
RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>
#2 Shutoff Closed	<input type="checkbox"/>	<input type="checkbox"/>
Service Restored	<input type="checkbox"/>	<input type="checkbox"/>

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3528

Backflow Prevention Assembly Test Report

AT&T STORE

3197 MAPLE AVE.

ZANESVILLE, OH 43701

Site Use: Retail

Hazard: CONTAINMENT COMM.LOW

Mailing Address

MANAGER
AT&T STORE
3197 MAPLE AVE.

ZANESVILLE, OH 43701

Location: AT THE METER IN BATHROOM.

Meter#:

LID/Service:

Account #: AT&T STORE

Serial #:

249588

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

12/21/2012

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2999

Backflow Prevention Assembly Test Report

AT&T STORE-MALL #502

Location: ABOVE CEILING,BY MOP SINK.*WATER SERVICE CONTAINMENT.

3575 MAPLE AVE.#502

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

12269

☐

ZANESVILLE, OH 43701

Account #: COSQMALL#502

Manufacturer:

WATTS

☐

Site Use: Retail

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

DUANE PAISLEY

AT&T STORE-MALL #502

3575 MAPLE AVE.#502

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

06/02/2014

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1195

Backflow Prevention Assembly Test Report

AT&T-zanesville

Location: AT&T GARAGE - 2403 LINDEN AVENUE

2403 LINDEN AVENUE

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

16586

☐

ZANESVILLE, OH 43701

Account #: AT&T-3

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

DIANE WALKER, CORPORATE REAL ESTATE

AT&T

150 E. GAY ST.

Orientation:

☐

COLUMBUS, OH 43215

Protection:

☐

Test Due No Later than:

10/17/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4969

Backflow Prevention Assembly Test Report

AT&T-zanesville

Location: BOILER ROOM. CONTAINMENT

2403 LINDEN AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

20490

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

919

☐

Hazard: CONTAINMENT RESIDENTIAL MED.

Type:

RPPA

☐

Mailing Address

Size:

1.50

☐

Orientation:

☐

Protection:

☐

DIANE WALKER, CORPORATE REAL ESTATE

AT&T

150 E. GAY ST.

COLUMBUS, OH 43215

Test Due No Later than:

10/17/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1170

Backflow Prevention Assembly Test Report

AT&T

160 NORTH SIXTH STREET

ZANESVILLE, OH 43701

Site Use:

Hazard: ISOLATION MED.

Mailing Address

DIANE WALKER, CORPORATE REAL ESTATE

AT&T

150 E.GAY ST.

COLUMBUS, OH 43215

Location: 160 NORTH 6TH STREET.-*CHEMICALS*

Meter#:

LID/Service:

Account #: AT&T-1

Serial #:

255404

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

10/12/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3890

Backflow Prevention Assembly Test Report

AT&T

Location: IN MECH ROOM BEHIND BATTERY ROOM.

160 NORTH SIXTH STREET

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

000465

Account #: AT&T-1

Manufacturer:

WATTS

Site Use:

Model:

909

Hazard: CONTAINMENT COMM. MED.

Type:

RP

Mailing Address

Size:

3.00

Orientation:

Protection:

DIANE WALKER, CORPORATE REAL ESTATE

AT&T

150 E.GAY ST.

COLUMBUS, OH 43215

Test Due No Later than:

10/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 850

Backflow Prevention Assembly Test Report

ATD-Attention to Detail

Location: BATH ROOM

89 VINE STREET

Meter#:

Serial #: Check if Correct Corrections

COSHOCTON, OH 43812
740-502-0639

LID/Service:

109193

Account #: ATT. TO DETAIL

Manufacturer:

WATTS

Site Use:

Model:

007

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

01/09/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 285

Backflow Prevention Assembly Test Report

ATTYS: GOTTLIEB, JOHNSTON, E
240 SOUTH 4TH STREET

COSHOCOTON, OH 43812

Site Use:

Hazard: FIRE LINE CONNECTION-LOW

Mailing Address

ATTYS: GOTTLIEB, JOHNSTON, BEAM, DAL PONTE, PLL
240 SOUTH 4TH STREET
P.O. BOX 880
COSHOCOTON, OH 43812

Location: FIRE LINE

Meter#:

LID/Service:

Account #: COSHOCTONATTORNEYS

Serial #:

01708

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

07/12/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Submit completed
Test Report:

Fax:



Service Address

Hazard/CCID: 3775

Backflow Prevention Assembly Test Report

AUNTIE ANNE'S

3575 MAPLE AVE.#146

ZANESVILLE, OH 43701

Site Use: Restaurant

Hazard: CONTAINMENT COMM.LOW

Mailing Address

AUNTIE ANNE'S
3575 MAPLE AVE.#146

ZANESVILLE, OH 43701

Location: IN CEILING ABOVE WASHER

Meter#:

LID/Service:

Account #: AUNTIE ANNE'S

Serial #:

28444

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

01/21/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1111

Backflow Prevention Assembly Test Report

AUTO ZONE DISTRIBUTING

2110 SONORA ROAD

ZANESVILLE, OH 43701

Site Use:

Hazard: FIRE LINE CONNECTION-MEDIUM

Mailing Address

RANDY PORTER, MAINTENANCE MGR.
 AUTO ZONE DISTRIBUTING
 2110 SONORA ROAD

ZANESVILLE, OH 43701

Location: FIRE LINE - METER PIT BY ROAD

Meter#:

LID/Service:

Account #: AUTOZONEDIST-01

Serial #:

49095

Manufacturer:

WATTS

Model:

709

Type:

DCDA

Size:

10.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

05/09/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐
 Submit completed
 Test Report:

Fax:

Service Address

Hazard/CCID: 1112

Backflow Prevention Assembly Test Report

AUTO ZONE DISTRIBUTING

Location: WATER SERVICE CONTAINMENT - MECH ROOM DOCK AREA MOP ROOM

2110 SONORA ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

400510

☐

ZANESVILLE, OH 43701

Account #: AUTOZONEDIST-01

Manufacturer:

WATTS

☐

Site Use:

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

RANDY PORTER, MAINTENANCE MGR.

AUTO ZONE DISTRIBUTING

2110 SONORA ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

05/09/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1114

Backflow Prevention Assembly Test Report

AUTO ZONE DISTRIBUTING

Location: WATER SERVICE CONTAINMENT - MECH ROOM MAIN OFFICE

2110 SONORA ROAD

Meter#:

Serial #:

Check if Correct

Corrections

147389

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

3.00

☐

RANDY PORTER, MAINTENANCE MGR.

AUTO ZONE DISTRIBUTING

2110 SONORA ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

05/09/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1116

Backflow Prevention Assembly Test Report

AUTO ZONE DISTRIBUTING

Location: LAWN SPRINKLER - PIT IN YARD BY OFFICE. *CHEMICALS*

2110 SONORA ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

AJ4974

☐

ZANESVILLE, OH 43701

Account #: AUTOZONEDIST-01

Manufacturer:

FEBCO

☐

Site Use:

Model:

805Y

☐

Hazard: IRRIGATION MED-ISOLATION

Type:

DC

☐

Mailing Address

Size:

1.00

☐

RANDY PORTER, MAINTENANCE MGR.

AUTO ZONE DISTRIBUTING

2110 SONORA ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

05/09/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked

☐

Leaked

☐

Did not open

☐

Date _____

Closed Tight

☐

Closed Tight

☐

Did not open

☐

Opened Fully

☐

Time _____

Pass ☐ Fail ☐

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Leaked

☐

Held at _____ PSID

Repairs

Cleaned

☐

Rubber Kit

☐

Date _____

Rebuild

☐

Replaced

☐

Time _____

Other

☐

Final Test

Date _____

Closed Tight

☐

Closed Tight

☐

Opened Fully

☐

Time _____

Pass ☐ Fail ☐

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2527

Backflow Prevention Assembly Test Report

AUTO ZONE DISTRIBUTING

Location: BATTERY AREA ISOLATION , IN BATTERY AREA.

2110 SONORA ROAD

Meter#:

Serial #:

Check if Correct

Corrections

226427

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

009M3QT

☐

Hazard: ISOLATION HIGH HEALTH HAZ

Type:

RP

☐

Mailing Address

Size:

0.75

☐

RANDY PORTER, MAINTENANCE MGR.

AUTO ZONE DISTRIBUTING

2110 SONORA ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

05/09/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2632

Backflow Prevention Assembly Test Report

AUTO ZONE DISTRIBUTING

Location: PROTECTING HOSE BIBBS.

2110 SONORA ROAD

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

A26679

☐

Account #: AUTOZONEDIST-01

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: ISOLATION LOW

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

Orientation:

☐

Protection:

☐

RANDY PORTER, MAINTENANCE MGR.

AUTO ZONE DISTRIBUTING

2110 SONORA ROAD

ZANESVILLE, OH 43701

Test Due No Later than:

05/09/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2633

Backflow Prevention Assembly Test Report

AUTO ZONE DISTRIBUTING

Location: MECH. RM., WATER SERVICE CONTAINMENT.

2110 SONORA ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

A15852

☐

ZANESVILLE, OH 43701

Account #: AUTOZONEDIST-01

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.50

☐

RANDY PORTER, MAINTENANCE MGR.

AUTO ZONE DISTRIBUTING

2110 SONORA ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

05/09/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 116

Backflow Prevention Assembly Test Report

AUTO ZONE

Location: MEN'S RESTROOM

180 MAYSVILLE PIKE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

28095

Account #: AUTOZONEMAYS-03

Manufacturer:

WATTS

Site Use:

Model:

007

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

ATTN:MANAGER

AUTO ZONE

180 MAYSVILLE PIKE

Orientation:

ZANESVILLE, OH 43701

Protection:

Test Due No Later than:

10/05/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 117

Backflow Prevention Assembly Test Report

AUTO ZONE

2645 MAPLE AVENUE

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

ATTN;MANAGER
AUTO ZONE
2645 MAPLE AVENUE

ZANESVILLE, OH 43701

Location: WOMEN'S RESTROOM - WATER SERVICE CONTAINMENT

Meter#:

LID/Service:

Account #: AUTOZONEMAPLE-02

Serial #:

20827

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

09/19/2020

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5426

Backflow Prevention Assembly Test Report

AUTO ZONE-COSHOCTON

340 S. 2ND ST.

COSHOCTON, OH 43812

Site Use: Retail

Hazard: CONTAINMENT COMM.LOW

Mailing Address

AUTO ZONE-COSHOCTON

340 S. 2ND ST.

COSHOCTON, OH 43812

Location: MECH. ROOM.

Meter#:

LID/Service:

Account #: AUTO ZONE COSH.

Serial #:

44986

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

LF719QT

Type:

DC

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

09/03/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3380

Backflow Prevention Assembly Test Report

AVON PRODUCTS, INC.

Location: POWER PLANT AREA.

3605 EASTPOINTE DR.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

IB0679

☐

Account #: AVON

Manufacturer:

WATTS

☐

Site Use: Warehouse

Model:

957

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

4.00

☐

MATT FEILER, ENGINEERING MANAGER

AVON PRODUCTS, INC.

3605 EASTPOINTE DR.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

12/19/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3410

Backflow Prevention Assembly Test Report

AVON PRODUCTS, INC.

Location: JANITORS CLOSET #111, ***RAIN WATER HARVEST

3605 EASTPOINTE DR.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

IA1856

☐

ZANESVILLE, OH 43701

Account #: AVON

Manufacturer:

WATTS

☐

Site Use: Warehouse

Model:

957

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

3.00

☐

Orientation:

☐

Protection:

☐

MATT FEILER, ENGINEERING MANAGER

AVON PRODUCTS, INC.

3605 EASTPOINTE DR.

ZANESVILLE, OH 43701

Test Due No Later than:

12/19/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3411

Backflow Prevention Assembly Test Report

AVON PRODUCTS, INC.

Location: FIRE LINE

3605 EASTPOINTE DR.

Meter#:

Serial #:

Check if Correct

Corrections

00926

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

AMES

☐

Site Use: Warehouse

Model:

5000

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

10.00

☐

MATT FEILER, ENGINEERING MANAGER

AVON PRODUCTS, INC.

3605 EASTPOINTE DR.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

12/19/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3534

Backflow Prevention Assembly Test Report

AVON PRODUCTS, INC.

Location: Beside east mammoth heating unit

3605 EASTPOINTE DR.

Meter#:

Serial #:

Check if Correct

Corrections

434193

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Warehouse

Model:

909

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

1.25

☐

Orientation:

☐

Protection:

☐

MATT FEILER, ENGINEERING MANAGER

AVON PRODUCTS, INC.

3605 EASTPOINTE DR.

ZANESVILLE, OH 43701

Test Due No Later than:

12/19/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3535

Backflow Prevention Assembly Test Report

AVON PRODUCTS, INC.

Location: Beside west mammoth heating unit.

3605 EASTPOINTE DR.

Meter#:

Serial #:

Check if Correct

Corrections

434192

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Warehouse

Model:

909

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

1.25

☐

Orientation:

☐

Protection:

☐

MATT FEILER, ENGINEERING MANAGER

AVON PRODUCTS, INC.

3605 EASTPOINTE DR.

ZANESVILLE, OH 43701

Test Due No Later than:

12/19/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 90

Backflow Prevention Assembly Test Report

AVONDALE CAR WASH

4138 ROSEVILLE ROAD

ROSEVILLE, OH 43777

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

BOB CUNNINGHAM
AVONDALE CAR WASH
4140 ROSEVILLE RD.

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT - DOMESTIC

Meter#:

LID/Service:

Account #: AVONDALECARWASH

Serial #:

28106

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

07/14/2020

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 92

Backflow Prevention Assembly Test Report

AVONDALE CAR WASH

4138 ROSEVILLE ROAD

ROSEVILLE, OH 43777

Site Use:

Hazard: LIMITED AREA SPRINKLER

Mailing Address

BOB CUNNINGHAM
AVONDALE CAR WASH
4140 ROSEVILLE RD.

ZANESVILLE, OH 43701

Location: FIRE LINE

Meter#:

LID/Service:

Account #: AVONDALECARWASH

Serial #:

349737

Check if Correct

Corrections

☐

Manufacturer:

WATTS

☐

Model:

909

☐

Type:

RPPA

☐

Size:

1.00

☐

Orientation:

☐

Protection:

PAST DUE

☐

Test Due No Later than:

07/14/2020

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2306

Backflow Prevention Assembly Test Report

AVONDALE YOUTH CENTER

Location: EAST WATER SERVICE CONTAINMENT - BOILER ROOM

4155 ROSEVILLE ROAD

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

549299

☐

Account #: AVONDALEYOUTHCENTR

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

ATTN:James Williams

AVONDALE YOUTH CENTER

4155 ROSEVILLE RD.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

02/07/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3035

Backflow Prevention Assembly Test Report

AVONDALE YOUTH CENTER

Location: WEST WATER SERVICE CONTAINMENT - BOYS BASEMENT

4155 ROSEVILLE ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

246236

☐

ZANESVILLE, OH 43701

Account #: AVONDALEYOUTHCENTR

Manufacturer:

WATTS

☐

Site Use:

Model:

909

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

Orientation:

☐

Protection:

☐

ATTN:James Williams

AVONDALE YOUTH CENTER

4155 ROSEVILLE RD.

ZANESVILLE, OH 43701

Test Due No Later than:

02/11/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3047

Backflow Prevention Assembly Test Report

AVONDALE YOUTH CENTER

Location: *TO BOILER,MECH.ROOM.

4155 ROSEVILLE ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

32657

☐

ZANESVILLE, OH 43701

Account #: AVONDALEYOUTHCENTR

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

ATTN:James Williams

AVONDALE YOUTH CENTER

4155 ROSEVILLE RD.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

02/11/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3822

Backflow Prevention Assembly Test Report

DENNIS & NELSON INSURANCELocation: WATER SERVICE.**1501 MAYSVILLE AVE.**

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

31036☐Account #: **DENNIS NELSON INS.**

Manufacturer:

WATTS☐

Site Use:

Model:

719☐Hazard: **CONTAINMENT COMM.LOW**

Type:

DCVA☐

Mailing Address

Size:

0.75☐

Orientation:

☐**CAROL WILSON
AWC ENTERPRISES
2530 OLD FALLS RD.**

Protection:

☐**ZANESVILLE, OH 43701**

Test Due No Later than:

04/02/2023Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐**Reduced Pressure Principle Assembly****Double Check Valve Assembly****PVB/SVB****Check Valve #1****Check Valve #2****Relief Valve****Air Inlet****Check Valve****Initial Test**Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐**Repairs**Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐**Air Gap**

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 419

Backflow Prevention Assembly Test Report

AWESOME 87 LLC

7000 CREAMERY ROAD

NASHPORT, OH 43830

Site Use:

Hazard: CONTAINMENT RESIDENTIAL LOW

Mailing Address

JUSTIN EMBREY
AWESOME 87 LLC
7000 CREAMERY ROAD

NASHPORT, OH 43830

Location: PUMP HOUSE - WATER SERVICE CONTAINMENT

Meter#:

LID/Service:

Account #: MARK KVAMME

Serial #:

104559

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

2.00

Orientation:

Protection:

☐☐☐☐☐☐☐

Test Due No Later than:

04/30/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 420

Backflow Prevention Assembly Test Report

AWESOME 87 LLC

7000 CREAMERY ROAD

NASHPORT, OH 43830

Site Use:

Hazard: ISOLATION LOW

Mailing Address

JUSTIN EMBREY

AWESOME 87 LLC

7000 CREAMERY ROAD

NASHPORT, OH 43830

Location: ESCHMAN MEADOWS HOUSE, TOOL ROOM - WINE COOLER .

Meter#:

LID/Service:

Account #: MARK KVAMME

Serial #:

106235

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

1.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

04/30/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 421

Backflow Prevention Assembly Test Report

AWESOME 87 LLC

7000 CREAMERY ROAD

NASHPORT, OH 43830

Site Use:

Hazard: CONTAINMENT RESIDENTIAL LOW

Mailing Address

JUSTIN EMBREY

AWESOME 87 LLC

7000 CREAMERY ROAD

NASHPORT, OH 43830

Location: BARN - WATER SERVICE CONTAINMENT. - MECH ROOM.

Meter#:

LID/Service:

Account #: MARK KVAMME

Serial #:

217057

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

1.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

04/30/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 422

Backflow Prevention Assembly Test Report

AWESOME 87 LLC

7000 CREAMERY ROAD

NASHPORT, OH 43830

Site Use:

Hazard: CONTAINMENT RESIDENTIAL LOW

Mailing Address

JUSTIN EMBREY

AWESOME 87 LLC

7000 CREAMERY ROAD

NASHPORT, OH 43830

Location: POOL HOUSE. - BASEMENT MECH ROOM.ESCHMAN MEADOWS

Meter#:

LID/Service:

Account #: MARK KVAMME

Serial #:

97992

Manufacturer:

WATTS

Model:

007

Type:

DCDA

Size:

2.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

04/30/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2432

Backflow Prevention Assembly Test Report

AWESOME 87 LLC

7000 CREAMERY ROAD

NASHPORT, OH 43830

Site Use:

Hazard: CONTAINMENT RESIDENTIAL LOW

Mailing Address

JUSTIN EMBREY

AWESOME 87 LLC

7000 CREAMERY ROAD

NASHPORT, OH 43830

Location: PUMP HOUSE, BACKUP WELL, CONTAINMENT. ESCHMAN MEADOWS

Meter#:

LID/Service:

Account #: MARK KVAMME

Serial #:

06318

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

2.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

04/30/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5156

Backflow Prevention Assembly Test Report

AWESOME 87 LLC

7000 CREAMERY ROAD

NASHPORT, OH 43830

Site Use:

Hazard: CONTAINMENT RESIDENTIAL LOW

Mailing Address

JUSTIN EMBREY

AWESOME 87 LLC

7000 CREAMERY ROAD

NASHPORT, OH 43830

Location: mech room- pool fill

Meter#:

LID/Service:

Account #: MARK KVAMME

Serial #:

10157

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

04/30/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 812

Backflow Prevention Assembly Test Report

PANDA BEAR EXPRESS, B-1

Location: *WATER SERVICE CONTAINMENT - ABOVE BATH ROOM

2850 MAYSVILLE PIKE B-1

Meter#:

Serial #: Check if Correct Corrections

ZHEN FENG WENG OWNER

LID/Service:

1459697

☐

ZANESVILLE, OH 43701

Account #: MAYSVILLEMKT B-1

Manufacturer:

WILKINS

☐

740-450-8672

Model:

950XL

☐

Site Use: Restaurant

Type:

DCVA

☐

Hazard: CONTAINMENT COMM.LOW

Size:

0.75

☐

Mailing Address

Orientation:

☐

Protection:

☐

Test Due No Later than:

10/30/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4881

Backflow Prevention Assembly Test Report

B & K PROPERTIES OHIO LLC

Location: DEVICE LOCATED AT 16 N.6TH ST.METER LABELED #1

20 N. 6TH ST.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

33263

☐

ZANESVILLE, OH 43701

Account #: B & K PROPERTIES

Manufacturer:

WATTS

☐

Site Use:

Model:

LF719QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

0.75

☐

B & K PROPERTIES OHIO LLC

20 N. 6TH ST.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

09/05/2015

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1801

Backflow Prevention Assembly Test Report

BAKER'S PLACE

8115 EAST STREET

ADAMSVILLE, OH 43802

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

RODGER D. BAKER
BAKER'S PLACE
8115 EAST STREET

ADAMSVILLE, OH 43802

Location: WATER SERVICE CONTAINMENT - MECH ROOM

Meter#:

LID/Service:

Account #: BAKER'S PLACE

Serial #:

172768

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

08/01/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4878

Backflow Prevention Assembly Test Report

BALDLADY LLC

721 TAYLOR STREET

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

BALDLADY LLC
515 HANKINSON LN.

NEWARK, OH 43056

Location: WATER SERVICE CONTAINMENT - MECH ROOM

Meter#:

LID/Service:

Account #: BALDLADY LLC

Serial #:

34792

Manufacturer:

WATTS

Model:

LF719QT

Type:

DC

Size:

0.75

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

08/08/2015

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐

Leaked

☐

Closed Tight

☐

Held at _____ PSID

Leaked

☐

Closed Tight

☐

Held at _____ PSID

Did not open

☐

Opened at _____ PSID

Did not open

☐

Opened Fully

☐Yes ☐No ☐

Opened at _____ PSID

Leaked

☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned

☐

Rubber Kit

☐

Rebuild

☐

Replaced

☐

Other

☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐

Closed Tight

☐

Held at _____ PSID

Closed Tight

☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully

☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3636

Backflow Prevention Assembly Test Report

BALDWIN CONSTRUCTION CO.

Location: MECH ROOM

1117 CENTRAL AVE.

Meter#:

Serial #:

Check if Correct

Corrections

28549

☐

ZANESVILLE, OH 43701

LID/Service:

Account #: BALDWIN CONST.

Manufacturer:

WATTS

☐

Site Use: Business Office

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

BALDWIN CONSTRUCTION CO.

1117 CENTRAL AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

01/25/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 624

Backflow Prevention Assembly Test Report

BALLAS EGG CORP

40 NORTH SECOND STREET

ZANESVILLE, OH 43701

Site Use:

Hazard: ISOLATION MED.

Mailing Address

CRAIG J. BALLAS, VICE PRESIDENT
BALLAS EGG CORP
P.O. BOX 2217

ZANESVILLE, OH 43702-2217

Location: ISOLATION - MECH ROOM - 2ND FLOOR

Meter#:

LID/Service:

Account #: BALLAS EGG

Serial #:

148929

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

10/09/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 625

Backflow Prevention Assembly Test Report

BALLAS EGG CORP

40 NORTH SECOND STREET

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

CRAIG J. BALLAS, VICE PRESIDENT
BALLAS EGG CORP
P.O. BOX 2217

ZANESVILLE, OH 43702-2217

Location: WATER SERVICE CONTAINMENT - MECH ROOM

Meter#:

LID/Service:

Account #: BALLAS EGG

Serial #:

274891

Manufacturer:

WATTS

Model:

909

Type:

RPPA

Size:

2.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

10/09/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2031

Backflow Prevention Assembly Test Report

BALLAS EGG CORP

40 NORTH SECOND STREET

ZANESVILLE, OH 43701

Site Use:

Hazard: ISOLATION MED.

Mailing Address

CRAIG J. BALLAS, VICE PRESIDENT
BALLAS EGG CORP
P.O. BOX 2217

ZANESVILLE, OH 43702-2217

Location:

ISOLATION - EGG DRYER SW CORNER MECH ROOM 1ST FLOOR NEED 6' LADDER

Meter#:

LID/Service:

Account #: BALLAS EGG

Serial #:

575304

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

10/09/2022

 Existing ☐
New ☐

 Removed ☐
Replaced ☐

 Commercial ☐
Industrial ☐

 Residential ☐

 Construction ☐

 Domestic ☐

 Irrigation ☐

 Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐
 Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5033

Backflow Prevention Assembly Test Report

BALLAS EGG CORP

40 NORTH SECOND STREET

ZANESVILLE, OH 43701

Site Use:

Hazard: ISOLATION MED.

Mailing Address

CRAIG J. BALLAS, VICE PRESIDENT
BALLAS EGG CORP
P.O. BOX 2217

ZANESVILLE, OH 43702-2217

Location: MECH. ROOM.

Meter#:

LID/Service:

Account #: BALLAS EGG

Serial #:

396635

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

909QT

Type:

RP

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

10/12/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

	Yes	No
Proper Installation	<input type="checkbox"/>	<input type="checkbox"/>
RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>
#2 Shutoff Closed	<input type="checkbox"/>	<input type="checkbox"/>
Service Restored	<input type="checkbox"/>	<input type="checkbox"/>

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5034

Backflow Prevention Assembly Test Report

BALLAS EGG CORP

40 NORTH SECOND STREET

ZANESVILLE, OH 43701

Site Use:

Hazard: ISOLATION MED.

Mailing Address

CRAIG J. BALLAS, VICE PRESIDENT
BALLAS EGG CORP
P.O. BOX 2217

ZANESVILLE, OH 43702-2217

Location: OFFICE BUILDING.

Meter#:

LID/Service:

Account #: BALLAS EGG

Serial #:

230058

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.50

Orientation:

Protection:

Test Due No Later than:

10/12/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5341

Backflow Prevention Assembly Test Report

BALLAS EGG CORP

40 NORTH SECOND STREET

ZANESVILLE, OH 43701

Site Use:

Hazard: ISOLATION MED.

Mailing Address

CRAIG J. BALLAS, VICE PRESIDENT
BALLAS EGG CORP
P.O. BOX 2217

ZANESVILLE, OH 43702-2217

Location: HEAT ROOM EQUIPMENT AREA.

Meter#:

LID/Service:

Account #: BALLAS EGG

Serial #:

062247

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

LF909QT

Type:

RP

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

10/09/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5188

Backflow Prevention Assembly Test Report

BANDIT ENERGY

2660 NATIONAL RD.

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

BANDIT ENERGY
4200 PINECREST DR.

ZANESVILLE, OH 43701

Location: BATH ROOM ON LEFT IN VANITY.

Meter#:

LID/Service:

Account #: BANDIT ENERGY

Serial #:

42837

Manufacturer:

WATTS

Model:

719QT

Type:

DC

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

05/10/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2332

Backflow Prevention Assembly Test Report

BRANNON SERVICES REALTY LL

Location: NORTH SIDE WATER SERVICE.

1510 MOXAHALA AVENUE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

07719

Account #: CHIPCO LLC

Manufacturer:

WATTS

Site Use:

Model:

Hazard: CONTAINMENT COMM.LOW

719

Mailing Address

Type:

DCVA

BANNON SERVICES REALTY LLC
3735 MILLERS LANE

Size:

2.00

Orientation:

DUNCAN FALLS, OH 43734-9721

Protection:

Test Due No Later than:

03/07/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 683

Backflow Prevention Assembly Test Report

BARNES ADVERTISING CORP.

Location: MECH.ROOM.

1580 FAIRVIEW ROAD

Meter#:

Serial #:

Check if Correct

Corrections

112068

☐

ZANESVILLE, OH 43701

LID/Service:

Account #: BARNESADVERTISING

Manufacturer:

WATTS

☐

Site Use:

Hazard: CONTAINMENT COMM.LOW

Model:

007

☐

Mailing Address

Type:

DCVA

☐

Size:

0.75

☐

Orientation:

☐

Protection:

☐

BARNES ADVERTISING CORP.

1580 FAIRVIEW ROAD

ZANESVILLE, OH 43701

Test Due No Later than:

03/02/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐

Leaked

☐

Closed Tight

☐

Held at _____ PSID

Leaked

☐

Closed Tight

☐

Held at _____ PSID

Did not open

☐

Opened at _____ PSID

Did not open

☐

Opened Fully

☐

Yes

☐

No

☐

Opened at _____ PSID

Leaked

☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned

☐

Rubber Kit

☐

Rebuild

☐

Replaced

☐

Other

☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐

Closed Tight

☐

Held at _____ PSID

Closed Tight

☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully

☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1396

Backflow Prevention Assembly Test Report

BASKETS & MORE-CLOSED

506 MAIN STREET

DRESDEN, OH 43821

Site Use: Retail

Hazard: CONTAINMENT COMM.LOW

Mailing Address

CATHY SLOAN
BASKETS & MORE
P.O. BOX 731

DRESDEN, OH 43821

Location: WATER SERVICE CONTAINMENT - BASEMENT

Meter#:

LID/Service:

Account #: BASKETS & MORE

Serial #:

57462

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

04/24/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5439

Backflow Prevention Assembly Test Report

BASS ENVIRONMENTAL

120 GRAHAM ST.

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

BASS ENVIRONMENTAL
120 GRAHAM ST.

ZANESVILLE, OH 43701

Location: LOCATED ON SOUTH SIDE OF BUILDING NEAR MIDDLE.

Meter#:

LID/Service:

Account #: BASS ENVIRONMENTAL

Serial #:

147775

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

09/21/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3747

Backflow Prevention Assembly Test Report

BATES AUTO ISLE

Location: REST ROOM.

1324 WEST MAIN ST.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

26757

Account #: BATES AUTO-2

Manufacturer:

WATTS

Site Use: AUTO SALES

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

FRED H. BATES
BATES AUTO ISLE
1317 WEST MAIN ST.

ZANESVILLE, OH 43701

Test Due No Later than:

09/01/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3748

Backflow Prevention Assembly Test Report

BATES AUTO ISLE

1317 WEST MAIN ST.

ZANESVILLE, OH 43701

Site Use: AUTO SALES

Hazard: CONTAINMENT COMM.LOW

Mailing Address

FRED H. BATES

BATES AUTO ISLE

1317 WEST MAIN ST.

ZANESVILLE, OH 43701

Location: BASEMENT.

Meter#:

LID/Service:

Account #: BATES AUTO -1

Serial #:

27248

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

09/01/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3752

Backflow Prevention Assembly Test Report

BATES AUTO-RUBBER DUCK

1498 AUGUSTA ST.

ZANESVILLE, OH 43701

Site Use: Car Wash-CAR DETAIL

Hazard: CONTAINMENT COMM.LOW

Mailing Address

FRED H. BATES
BATES AUTO-RUBBER DUCK
1498 AUGUSTA ST.

ZANESVILLE, OH 43701

Location: RIGHTSIDE OF GARAGE.

Meter#:

LID/Service:

Account #: BATES AUTO-3

Serial #:

276687

Check if Correct

Corrections

Manufacturer:

APOLLO

Model:

DC-4A

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

09/01/2020

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1213

Backflow Prevention Assembly Test Report

BATTERIES UNLIMITED**1080 LINDEN AVENUE**

ZANESVILLE, OH 43701

Site Use:

Hazard: **CONTAINMENT COMM.LOW**

Mailing Address

KENT CURRY
BATTERIES UNLIMITED
1080 LINDEN AVENUE

ZANESVILLE, OH 43701

Location: **WATER SERVICE CONTAINMENT**

Meter#:

LID/Service:

Account #: **BATTERIES UNLIMITED**

Serial #:

06711

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

04/23/2022Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4959

Backflow Prevention Assembly Test Report

BAYER CREDIT UNION
3280 NORTHPOINT DR.

ZANESVILLE, OH 43701

Site Use: Bank

Hazard: CONTAINMENT COMM.LOW

Mailing Address

BAYER CREDIT UNION
3280 NORTHPOINT DR.

ZANESVILLE, OH 43701

Location: MECH. ROOM.

Meter#:

LID/Service:

Account #: BAYER CREDIT UNION

Serial #:

085124

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

1.50

Orientation:

Protection:

Test Due No Later than:

09/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____



Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1457

Backflow Prevention Assembly Test Report

BAYER HERITAGE FEDERAL CRE

Location: BASEMENT-ABOVE WATER SOFTNER.

1917 RIDGE AVENUE

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

116546

☐

ZANESVILLE, OH 43701

Account #: BAYER HERITAGE

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

BAYER HERITAGE FEDERAL CREDIT UNION

1917 RIDGE AVENUE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

12/07/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1675

Backflow Prevention Assembly Test Report

BAYMONT INN & SUITES - ZANES

Location: WATER SERVICE CONTAINMENT.

230 SCENIC CREST DRIVE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

247275

Account #: BAYMONT INN

Manufacturer:

WATTS

Site Use: Motels/Hotels

Model:

009

Hazard: CONTAINMENT COMM.LOW

Mailing Address

Type:

RPPA

ATTN:SONNY, GEN.MANAGER

Size:

2.00

BAYMONT INN

Orientation:

230 SCENIC CREST DRIVE

Protection:

ZANESVILLE, OH 43701

Test Due No Later than:

08/29/2022Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1676

Backflow Prevention Assembly Test Report

BAYMONT INN & SUITES - ZANES

Location: *FIRE MAIN (MECH ROOM - 1ST FLOOR MECH ROOM)

230 SCENIC CREST DRIVE

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

3DL1346

☐

ZANESVILLE, OH 43701

Account #: BAYMONT INN

Manufacturer:

AMES

☐

Site Use: Motels/Hotels

Model:

3000 SILVER

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

DCDA

☐

Mailing Address

Size:

4.00

☐

ATTN:SONNY, GEN.MANAGER

Orientation:

BAYMONT INN

☐

230 SCENIC CREST DRIVE

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

08/29/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1677

Backflow Prevention Assembly Test Report

BAYMONT INN & SUITES - ZANES

Location: FIRE LINE,*READER

230 SCENIC CREST DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

74581

☐

ZANESVILLE, OH 43701

Account #: BAYMONT INN

Manufacturer:

WATTS

☐

Site Use: Motels/Hotels

Model:

007

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

ATTN:SONNY, GEN.MANAGER

BAYMONT INN

230 SCENIC CREST DRIVE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

08/29/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2149

Backflow Prevention Assembly Test Report

BEAM, JOHNSTON, GOTTLIEB & |
326 MAIN STREET

ZANESVILLE, OH 43701

Site Use: **Business Office**Hazard: **CONTAINMENT COMM.LOW**

Mailing Address

BEAM, JOHNSTON, GOTTLIEB & DALPONTE
P.O. BOX 190

ZANESVILLE, OH 43702

Location: **WATER SERVICE CONTAINMENT - BASEMENT,**

Meter#:

LID/Service:

Account #: **BEAMJOHNSTONGOTTLI**

Serial #:

06652

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

10/18/2022Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3568

Backflow Prevention Assembly Test Report

BEAN BRAKE

814 PUTNAM AVE.

ZANESVILLE, OH 43701

Site Use: REPAIR SHOP

Hazard: CONTAINMENT COMM.LOW

Mailing Address

DAVE DALRYMPLE
BEAN BRAKE
814 PUTNAM AVE.

ZANESVILLE, OH 43701

Location: BY METER IN GARAGE.

Meter#:

LID/Service:

Account #: BEAN BRAKE

Serial #:

29272

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

04/18/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3584

Backflow Prevention Assembly Test Report

BECKERT'S OUTDOOR POWER E

Location: SOUTHWEST CORNER OF GARAGE.

1527 W.MAIN ST.

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

29273

Account #: BECKERT'S

Manufacturer:

WATTS

Site Use: LAWN MOWER REPAIR & SALES

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

FRED BECKERT

BECKERT'S OUTDOOR POWER EQUIPMENT

1527 W.MAIN ST.

ZANESVILLE, OH 43701

Test Due No Later than:

05/14/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1341

Backflow Prevention Assembly Test Report

BECKETT HOUSE - CONTINUING

Location: WATER SERVICE CONTAINMENT. *MECH.RM.

1280 FRIENDSHIP DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

144938

☐

NEW CONCORD, OH 43762

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

3.00

☐

CONTINUING HEALTHCARE

BECKETT HOUSE

1280 FRIENDSHIP DRIVE

Orientation:

☐

NEW CONCORD, OH 43762

Protection:

☐

Test Due No Later than:

12/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1342

Backflow Prevention Assembly Test Report

BECKETT HOUSE - CONTINUING

Location: FIRE LINE. *MECH.RM.

1280 FRIENDSHIP DRIVE

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

9507140859

☐

NEW CONCORD, OH 43762

Account #: BECKETTHOUSE

Manufacturer:

FEBCO

☐

Site Use:

Model:

880V

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RP

☐

Mailing Address

Size:

4.00

☐

Orientation:

☐

Protection:

☐

CONTINUING HEALTHCARE

BECKETT HOUSE

1280 FRIENDSHIP DRIVE

NEW CONCORD, OH 43762

Test Due No Later than:

12/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1343

Backflow Prevention Assembly Test Report

BECKETT HOUSE - CONTINUING

Location: ISOLATION. *BOILER FEED.

1280 FRIENDSHIP DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

395546

☐

NEW CONCORD, OH 43762

Account #: BECKETTHOUSE

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

CONTINUING HEALTHCARE

BECKETT HOUSE

1280 FRIENDSHIP DRIVE

Orientation:

☐

NEW CONCORD, OH 43762

Protection:

☐

Test Due No Later than:

12/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3586

Backflow Prevention Assembly Test Report

BEE CLEAN CAR WASH

Location: MECH. ROOM

3411 MAPLE AVE.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

1418024

Account #: BEE CLEAN CAR WASH

Manufacturer:

WILKINS

Site Use: Car Wash

Model:

975XL

Hazard: CONTAINMENT COMM. MED.

Type:

RP

Mailing Address

Size:

2.00

Orientation:

Protection:

Test Due No Later than:

03/30/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4003

Backflow Prevention Assembly Test Report

BELL STREET TATOO SHOP

Location: IN BASEMENT, BACK WALL.

2548 BELL ST.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

28721

☐

ZANESVILLE, OH 43701

Account #: BELL ST. TATOO

Manufacturer:

WATTS

☐

Site Use: TATOO PARLOR

Model:

719

☐

Hazard: CONTAINMENT COMM. MED.

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

JASON AYRES

BELL STREET TATOO SHOP

2548 BELL ST.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2403

Backflow Prevention Assembly Test Report

BELTONE HEARING AID CENTER

Location: *REAR HALLWAY BEHIND ACCESS PANEL.

2800-M1 MAPLE AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

08643

☐

ZANESVILLE, OH 43701

Account #: BELTONE HEARING

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐BELTONE HEARING AID CENTER
2800 M1-MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/10/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1383

Backflow Prevention Assembly Test Report

BEST WESTERN

4929 EAST PIKE

ZANESVILLE, OH 43701

Site Use: Motels/Hotels

Hazard: FIRE LINE CONNECTION-MEDIUM

Mailing Address

BEST WESTERN OF ZANESVILLE

BEST WESTERN

4929 EAST PIKE

ZANESVILLE, OH 43701

Location: FIRE LINE - MECH ROOM

Meter#:

LID/Service:

Account #: BESTWESTERN

Serial #: Check if Correct Corrections

4LM1357

Manufacturer:

AMES

Model:

4000 SILVER

Type:

RPPA

Size:

2.50

Orientation:

Protection:

Test Due No Later than:

04/25/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1384

Backflow Prevention Assembly Test Report

BEST WESTERN

4929 EAST PIKE

ZANESVILLE, OH 43701

Site Use: Motels/Hotels

Hazard: CONTAINMENT COMM.LOW

Mailing Address

BEST WESTERN OF ZANESVILLE

BEST WESTERN

4929 EAST PIKE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT. - MECH ROOM

Meter#:

LID/Service:

Account #: BESTWESTERN

Serial #:

130352

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

709

Type:

DC

Size:

3.00

Orientation:

Protection:

Test Due No Later than:

04/25/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3833

Backflow Prevention Assembly Test Report

BETHEL MISSION

126 ONTARIO ST.

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

BETHEL MISSION
126 ONTARIO ST.

ZANESVILLE, OH 43701

Location: UTILITY ROOM.

Meter#:

LID/Service:

Account #: BETHEL MISSION

Serial #:

31437

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

05/15/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3872

Backflow Prevention Assembly Test Report

BGT RENTALS LLC

2459 BELL ST.

ZANESVILLE, OH 43701

Site Use: Business Office

Hazard: CONTAINMENT COMM.LOW

Mailing Address

BRAD GOFF
BGT RENTALS LLC
323 PLEASANT GROVE RD.

ZANESVILLE, OH 43701

Location: BASEMENT.

Meter#:

LID/Service:

Account #: BGT RENTALS

Serial #:

432601

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719QT

Type:

DC

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

02/04/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Submit completed
Test Report:

Fax:



Service Address

Hazard/CCID: 689

Backflow Prevention Assembly Test Report

BIG BROTHERS BIG SISTERS

Location: WATER SERVICE CONTAINMENT.

4 NORTH 7TH STREET

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

34665

Account #: BIGBROSBIGSISTERS

Manufacturer:

WATTS

Site Use:

Model:

007

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

EXEC. DIRECTOR

BIG BROTHERS BIG SISTERS

4 NORTH 7TH STREET

ZANESVILLE, OH 43701

Test Due No Later than:

02/26/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 690

Backflow Prevention Assembly Test Report

BIG BROTHERS BIG SISTERS

Location: FIRE LINE.

4 NORTH 7TH STREET

Meter#:

Serial #:

Check if Correct

Corrections

89393

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: FIRE LINE CONNECTION-LOW

Type:

DCVA

☐

Mailing Address

Size:

2.00

☐

EXEC. DIRECTOR

BIG BROTHERS BIG SISTERS

4 NORTH 7TH STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

02/26/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1647

Backflow Prevention Assembly Test Report

BIG LOTS - MAPLE

Location: *MECH RISER ROOM.

3515 MAPLE AVENUE- north side

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

102619

☐

ZANESVILLE, OH 43701

Account #: BIG LOTS MAPLE

Manufacturer:

WATTS

☐

Site Use: Retail

Model:

709

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

2.50

☐

MANAGER

BIG LOTS

3515 MAPLE AVENUE- north side space

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/08/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2193

Backflow Prevention Assembly Test Report

BIG SANDY

3528 MAPLE AVE.

ZANESVILLE, OH 43701

Site Use: Retail

Hazard: FIRE LINE CONNECTION-MEDIUM

Mailing Address

C/O MIKE MILLER
BIG SANDY-ZANESVILLE, OH.
8375 GALLIA PIKE

FRANKLIN FURNACE, OH. 45629

Location: *IN JANITOR'S CLOSET.BACK OF BUILDING,(FIRE LINE).

Meter#:

LID/Service:

Account #: BIG SANDY

Serial #: Check if Correct Corrections

2DK0161

Manufacturer:

AMES

Model:

2000 SILVER

Type:

DCVA

Size:

4.00

Orientation:

Protection:

Test Due No Later than:

03/10/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5077

Backflow Prevention Assembly Test Report

BIG SANDY

Location: MECH. ROOM

3528 MAPLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

38457

☐

ZANESVILLE, OH 43701

Account #: BIG SANDY

Manufacturer:

WATTS

☐

Site Use: Retail

Model:

719QT

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

DC

☐

Mailing Address

Size:

0.75

☐

C/O MIKE MILLER

BIG SANDY-ZANESVILLE, OH.

8375 GALLIA PIKE

Orientation:

☐

FRANKLIN FURNACE, OH. 45629

Protection:

☐

Test Due No Later than:

03/10/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2603

Backflow Prevention Assembly Test Report

BILCO COMPANY**3400 JIM GRANGER**

ZANESVILLE, OH 43701

Site Use: **Manufacturing- Light**Hazard: **CONTAINMENT COMM. MED.**

Mailing Address

LEE BUGGLIN, PLANT MANAGER
BILCO COMPANY
3400 JIM GRANGER DR.

ZANESVILLE, OH 43701

Location: **WATER SERVICE CONTAINMENT.**

Meter#:

LID/Service:

Account #: **BILCO**

Serial #:

A09028

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

2.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

03/07/2023Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2604

Backflow Prevention Assembly Test Report

BILCO COMPANY

3400 JIM GRANGER

ZANESVILLE, OH 43701

Site Use: Manufacturing- Light

Hazard: ISOLATION MED.

Mailing Address

LEE BUGGLIN, PLANT MANAGER

BILCO COMPANY

3400 JIM GRANGER DR.

ZANESVILLE, OH 43701

Location: CHILLER ,PROCESS WATER.* 6-7'OFF FLOOR,MECH.RM.

Meter#:

LID/Service:

Account #: BILCO

Serial #:

A10829

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

03/07/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2605

Backflow Prevention Assembly Test Report

BILCO COMPANY

3400 JIM GRANGER

ZANESVILLE, OH 43701

Site Use: Manufacturing- Light

Hazard: FIRE LINE BYPASS-MEDIUM

Mailing Address

LEE BUGGLIN, PLANT MANAGER

BILCO COMPANY

3400 JIM GRANGER DR.

ZANESVILLE, OH 43701

Location: WEST WALL, *MAIN FLOOR FIRE RISER, BYPASS DETECTOR ASSEMBLY.

Meter#:

LID/Service:

Account #: BILCO

Serial #:

08800

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

919

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

03/07/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2606

Backflow Prevention Assembly Test Report

BILCO COMPANY

3400 JIM GRANGER

ZANESVILLE, OH 43701

Site Use: Manufacturing- Light

Hazard: FIRE LINE CONNECTION-MEDIUM

Mailing Address

LEE BUGGLIN, PLANT MANAGER

BILCO COMPANY

3400 JIM GRANGER DR.

ZANESVILLE, OH 43701

Location: WEST WALL *FIRE RISER, MAIN LINE.

Meter#:

LID/Service:

Account #: BILCO

Serial #:

HA-1020

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

957

Type:

RP

Size:

8.00

Orientation:

Protection:

Test Due No Later than:

03/07/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2859

Backflow Prevention Assembly Test Report

BILCO COMPANY

3400 JIM GRANGER

ZANESVILLE, OH 43701

Site Use: Manufacturing- Light

Hazard: ISOLATION LOW

Mailing Address

LEE BUGGLIN, PLANT MANAGER

BILCO COMPANY

3400 JIM GRANGER DR.

ZANESVILLE, OH 43701

Location: FOAMER.

Meter#:

LID/Service:

Account #: BILCO

Serial #:

A12722

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.50

Orientation:

Protection:

Test Due No Later than:

03/07/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5162

Backflow Prevention Assembly Test Report

BILCO COMPANY

3400 JIM GRANGER

ZANESVILLE, OH 43701

Site Use: Manufacturing- Light

Hazard: ISOLATION LOW

Mailing Address

LEE BUGGLIN, PLANT MANAGER

BILCO COMPANY

3400 JIM GRANGER DR.

ZANESVILLE, OH 43701

Location: WATER FOR REST ROOM -FLOOR ABOVE.

Meter#:

LID/Service:

Account #: BILCO

Serial #:

33436

Manufacturer:

WATTS

Model:

919

Type:

RPPA

Size:

2.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

03/07/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 311

Backflow Prevention Assembly Test Report

BILES, LEE

Location: LAWN SPRINKLER. - BASEMENT.

3000 CHANDLERSVILLE ROAD

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

355831

Account #: LEE BILES

Manufacturer:

WATTS

Site Use:

Model:

909

Hazard: IRRIGATION MED-ISOLATION

Type:

RPPA

Mailing Address

Size:

1.00

Orientation:

Protection:

LEE BILES, OWNER

BILES, LEE

3000 CHANDLERSVILLE ROAD

ZANESVILLE, OH 43701

Test Due No Later than:

05/01/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3156

Backflow Prevention Assembly Test Report

WILLIAM A. NICOLOZAKES, RESID

Location: BASEMENT, MECH. RM.

6400 CANTERBURY WAY

Meter#:

Serial #: 23480

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: NICOLOZAKES

Manufacturer:

WATTS

Site Use: LAWN SPRINKLER

Model:

919

Hazard: IRRIGATION MED-ISOLATION

Type:

RPPA

Mailing Address

Size:

0.75

Orientation:

Protection:

BILL NICOLOZAKES

BILL NICOLOZAKES, RESIDENCE

6400 CANTERBURY WAY

ZANESVILLE, OH 43701

Test Due No Later than:

06/28/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4888

Backflow Prevention Assembly Test Report

BILL'S REAL PIT BAR-B-Q

5945 FRAZEYSBURG ROAD

NASHPORT, OH 43830

Site Use: Restaurant

Hazard: CONTAINMENT COMM.LOW

Mailing Address

RUSS STARCHER
BILL'S BBQ PIT
5945 FRAZEYSBURG ROAD

NASHPORT, OH 43830

Location: MECH ROOM NEXT TO HOT WATER TANK.

Meter#:

LID/Service:

Account #: BILLS BBQ PIT

Serial #:

391956

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

09/24/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 392

Backflow Prevention Assembly Test Report

BIMBO BAKERIES USA INC.

Location: FIRE LINE.

3005 EAST POINTE DRIVE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

100396

☐

Account #: BIMBO -2

Manufacturer:

AMES

☐

Site Use:

Model:

5000

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

8.00

☐

Orientation:

☐

Protection:

☐

Test Due No Later than:

10/11/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 393

Backflow Prevention Assembly Test Report

BIMBO BAKERIES USA INC.

Location: ISOLATION - WEST END, SOUTH WALL.

3005 EAST POINTE DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

370611

☐

ZANESVILLE, OH 43701

Account #: BIMBO -2

Manufacturer:

WATTS

☐

Site Use:

Model:

909

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

1.50

☐

ADAM CONN

BIMBO BAKERIES USA INC.

3005 EAST POINTE DRIVE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

10/11/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 395

Backflow Prevention Assembly Test Report

BIMBO BAKERIES USA INC.

Location: WATER SERVICE CONTAINMENT. - MECH ROOM.

3005 EAST POINTE DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

164136

☐

ZANESVILLE, OH 43701

Account #: BIMBO -2

Manufacturer:

WATTS

☐

Site Use:

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

3.00

☐

ADAM CONN

BIMBO BAKERIES USA INC.

3005 EAST POINTE DRIVE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

10/11/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 396

Backflow Prevention Assembly Test Report

BIMBO BAKERIES USA INC.

Location: WATER SERVICE CONTAINMENT. - MECH ROOM.

3005 EAST POINTE DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

199630

Manufacturer:

WATTS

Site Use:

Model:

909

Hazard: CONTAINMENT COMM. MED.

Type:

RP

Mailing Address

Size:

4.00

Orientation:

Protection:

ADAM CONN

BIMBO BAKERIES USA INC.

3005 EAST POINTE DRIVE

ZANESVILLE, OH 43701

Test Due No Later than:

10/11/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 397

Backflow Prevention Assembly Test Report

BIMBO BAKERIES USA INC.

Location: COOLING TOWER MUFW.

3005 EAST POINTE DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

369471

☐

ZANESVILLE, OH 43701

Account #: BIMBO -2

Manufacturer:

WATTS

☐

Site Use:

Model:

909

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

ADAM CONN

BIMBO BAKERIES USA INC.

3005 EAST POINTE DRIVE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

10/11/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 398

Backflow Prevention Assembly Test Report

BIMBO BAKERIES USA INC.

Location: PROCESS WATER PIPING.

3005 EAST POINTE DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

163702

☐

Manufacturer:

WATTS

☐

Model:

909

☐

Type:

RP

☐

Size:

3.00

☐

Orientation:

☐

Protection:

☐

Site Use:

Hazard: ISOLATION MED.

Mailing Address

ADAM CONN

BIMBO BAKERIES USA INC.

3005 EAST POINTE DRIVE

ZANESVILLE, OH 43701

Test Due No Later than:

10/11/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 399

Backflow Prevention Assembly Test Report

BIMBO BAKERIES USA INC.

Location: WATER SERVICE CONTAINMENT. - BOILER FEED. - BOILER ROOM.

3005 EAST POINTE DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

369463

☐

ZANESVILLE, OH 43701

Account #: BIMBO -2

Manufacturer:

WATTS

☐

Site Use:

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

ADAM CONN

BIMBO BAKERIES USA INC.

3005 EAST POINTE DRIVE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

10/11/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 400

Backflow Prevention Assembly Test Report

BIMBO BAKERIES USA INC.

Location: BATCH ROOM,SOUTH WALL

3005 EAST POINTE DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

373590

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

909

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

1.50

☐

ADAM CONN

BIMBO BAKERIES USA INC.

3005 EAST POINTE DRIVE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

10/11/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 401

Backflow Prevention Assembly Test Report

BIMBO BAKERIES USA INC.

Location: TRAY WASHROOM WEST WALL 1ST FLOOR.

3005 EAST POINTE DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

528126

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

909

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

ADAM CONN

BIMBO BAKERIES USA INC.

3005 EAST POINTE DRIVE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

10/11/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5029

Backflow Prevention Assembly Test Report

BIMBO BAKERIES USA INC.

Location: WEST END OF BLDG.LEFT OF ENTRY.

3005 EAST POINTE DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

13538

☐

ZANESVILLE, OH 43701

Account #: BIMBO -2

Manufacturer:

WATTS

☐

Site Use:

Model:

LF909M1QT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

1.50

☐

ADAM CONN

BIMBO BAKERIES USA INC.

3005 EAST POINTE DRIVE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

10/11/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5030

Backflow Prevention Assembly Test Report

BIMBO BAKERIES USA INC.

Location: MECH. ROOM. FIRELINE BYPASS.

3005 EAST POINTE DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

13012

☐

Manufacturer:

AMES

☐

Model:

4000B

☐

Type:

RP

☐

Size:

0.75

☐

Orientation:

☐

Protection:

☐

Site Use:

Hazard: FIRE LINE BYPASS-MEDIUM

Mailing Address

ADAM CONN

BIMBO BAKERIES USA INC.

3005 EAST POINTE DRIVE

ZANESVILLE, OH 43701

Test Due No Later than:

10/11/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1300

Backflow Prevention Assembly Test Report

BIMBO QSR BAKERIES

Location: ISOLATION - SOUTHWEST WALL NEAR ENTRANCE.

750 AIRPORT ROAD

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

05663

Account #: BIMBO QSR-01

Manufacturer:

WATTS

Site Use: BAKERY

Model:

009

Hazard: ISOLATION MED.

Type:

RPPA

Mailing Address

Size:

1.25

Orientation:

Protection:

MARK CHURCH
BIMBO QSR BAKERIES
750 AIRPORT ROAD

ZANESVILLE, OH 43701

Test Due No Later than:

03/12/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1306

Backflow Prevention Assembly Test Report

BIMBO QSR BAKERIES

Location: ISOLATION - MAKEUP WATER - 1990 BOILER ROOM

750 AIRPORT ROAD

Meter#:

Serial #:

Check if Correct

Corrections

128791

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: BAKERY

Model:

909

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

1.50

☐

MARK CHURCH

BIMBO QSR BAKERIES

750 AIRPORT ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1308

Backflow Prevention Assembly Test Report

BIMBO QSR BAKERIES

750 AIRPORT ROAD

ZANESVILLE, OH 43701

Site Use: BAKERY

Hazard: ISOLATION MED.

Mailing Address

MARK CHURCH

BIMBO QSR BAKERIES

750 AIRPORT ROAD

ZANESVILLE, OH 43701

Location: ISOLATION - INTERIOR DOMESTIC SUPPLY

Meter#:

LID/Service:

Account #: BIMBO QSR-01

Serial #:

07367

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

1.25

Orientation:

Protection:

Test Due No Later than:

03/12/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1311

Backflow Prevention Assembly Test Report

BIMBO QSR BAKERIES

750 AIRPORT ROAD

ZANESVILLE, OH 43701

Site Use: BAKERY

Hazard: ISOLATION MED.

Mailing Address

MARK CHURCH

BIMBO QSR BAKERIES

750 AIRPORT ROAD

ZANESVILLE, OH 43701

Location: ISOLATION - WATER TREATMENT BLDG. - BELOW EYEWASH.

Meter#:

LID/Service:

Account #: BIMBO QSR-01

Serial #:

164439

Manufacturer:

WATTS

Model:

800

Type:

PVB

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

03/12/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2910

Backflow Prevention Assembly Test Report

BIMBO QSR BAKERIES

Location: FIRE MAIN AT WEST WALL, MAIN ENTRANCE OF PLANT.

750 AIRPORT ROAD

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

1E-0501

Account #: BIMBO QSR-01

Manufacturer:

AMES

Site Use: BAKERY

Model:

C500 COLT

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

Mailing Address

Size:

6.00

Orientation:

Protection:

Test Due No Later than:

03/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3227

Backflow Prevention Assembly Test Report

BIMBO QSR BAKERIES

Location: SOUTH WALL,SPRINKLER HEAD,ANTIFREEZE SYSTEM.*GLYCOL.

750 AIRPORT ROAD

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

07193

Account #: BIMBO QSR-01

Manufacturer:

WATTS

Site Use: BAKERY

Model:

919

Hazard: FIRE LINE CONN.HIGH HEALTH HAZ

Mailing Address

Type:

RPPA

Size:

1.00

Orientation:

Protection:

MARK CHURCH

BIMBO QSR BAKERIES

750 AIRPORT ROAD

ZANESVILLE, OH 43701

Test Due No Later than:

03/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5131

Backflow Prevention Assembly Test Report

BIMBO QSR BAKERIES

Location: MECH. ROOM.

750 AIRPORT ROAD

Meter#:

Serial #:

Check if Correct

Corrections

01807

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: BAKERY

Model:

LF008PCQT

☐

Hazard: ISOLATION MED.

Type:

SVB

☐

Mailing Address

Size:

1.00

☐

MARK CHURCH

BIMBO QSR BAKERIES

750 AIRPORT ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/12/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Date _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Time _____

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5132

Backflow Prevention Assembly Test Report

BIMBO QSR BAKERIES

Location: FIRST FLOOR BATTERY CHARGING STATION.

750 AIRPORT ROAD

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

69095

☐

Account #: BIMBO QSR-01

Manufacturer:

WATTS

☐

Site Use: BAKERY

Model:

919QT

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

Protection:

☐

MARK CHURCH

BIMBO QSR BAKERIES

750 AIRPORT ROAD

ZANESVILLE, OH 43701

Test Due No Later than:

03/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 100

Backflow Prevention Assembly Test Report

BISHOP FENWICK ELEMENTARY

Location: MECH ROOM - ISOLATION

139 NORTH 5TH STREET

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

36385

☐

Account #: BISHOPFENWICK 02

Manufacturer:

WATTS

☐

Site Use: School

Model:

009

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

Protection:

☐

KELLY SAGAN

BISHOP FENWICK SCHOOL

139 NORTH 5TH STREET

ZANESVILLE, OH 43701

Test Due No Later than:

08/22/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 101

Backflow Prevention Assembly Test Report

BISHOP FENWICK ELEMENTARY

Location: MECH ROOM - WATER SERVICE CONTAINMENT

139 NORTH 5TH STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

309588

☐

ZANESVILLE, OH 43701

Account #: BISHOPFENWICK 02

Manufacturer:

WATTS

☐

Site Use: School

Model:

909

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

KELLY SAGAN

BISHOP FENWICK SCHOOL

139 NORTH 5TH STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

08/22/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 455

Backflow Prevention Assembly Test Report

ST NICHOLAS ACTIVITY CENTER

Location: *ACTIVITY CENTER - WATER SERVICE CONTAINMENT.

1032 EAST MAIN STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

51466

☐

ZANESVILLE, OH 43701

Account #: STNICHOLASACTIVITY

Manufacturer:

WATTS

☐

Site Use: activity center

Model:

009

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

☐

Mailing Address

Size:

1.50

☐

KELLY SAGAN

BISHOP FENWICK SCHOOL

139 NORTH 5TH STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

08/22/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 457

Backflow Prevention Assembly Test Report

ST NICHOLAS ACTIVITY CENTER

Location: *ACTIVITY CENTER - WATER SERVICE CONTAINMENT.

1032 EAST MAIN STREET

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

05409

Account #: STNICHOLASACTIVITY

Manufacturer:

WATTS

Site Use: activity center

Model:

007

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

1.50

Orientation:

Protection:

KELLY SAGAN

BISHOP FENWICK SCHOOL

139 NORTH 5TH STREET

ZANESVILLE, OH 43701

Test Due No Later than:

08/22/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 458

Backflow Prevention Assembly Test Report

BISHOP FENWICK MIDDLE SCHO

Location: MIDDLE SCHOOL - WATER SERVICE CONTAINMENT

1030 EAST MAIN STREET

Meter#:

Serial #:

Check if Correct

Corrections

54066

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: School

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

2.00

☐

KELLY SAGAN

BISHOP FENWICK SCHOOL

139 NORTH 5TH STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

08/22/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3164

Backflow Prevention Assembly Test Report

BISHOP FENWICK MIDDLE SCHO

Location: MECH. RM. BOILER FEED.

1030 EAST MAIN STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

24311

☐

ZANESVILLE, OH 43701

Account #: BISHOPFENWICK 01

Manufacturer:

WATTS

☐

Site Use: School

Model:

919

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

KELLY SAGAN

BISHOP FENWICK SCHOOL

139 NORTH 5TH STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

08/22/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3644

Backflow Prevention Assembly Test Report

BISHOP MACHINE SHOPLocation: **IN SHOP.****2304 HOGE AVE.**

Meter#:

Serial #: **31848**

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: **BISHOP MACH.SHOP**

Manufacturer:

WATTSSite Use: **MACHINE SHOP**

Model:

719Hazard: **CONTAINMENT COMM.LOW**

Mailing Address

Type:

DCVA**JOHN & ROBERT BISHOP
BISHOP MACHINE SHOP
2304 HOGE AVE.**

Size:

0.75

Orientation:

ZANESVILLE, OH 43701

Protection:

Test Due No Later than:

08/15/2022Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3641

Backflow Prevention Assembly Test Report

TRIUMPH MATERIAL TESTING

1907 LINDEN AVE.

ZANESVILLE, OH 43701

Site Use: Business Office

Hazard: CONTAINMENT COMM.LOW

Mailing Address

TIM H. LINN
BISON DEVELOPMENT LLC
534 MARKET ST.

ZANESVILLE, OH 43701

Location: BASEMENT.

Meter#:

LID/Service:

Account #: TRIUMPH MATERIAL

Serial #:

32082

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

10/31/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4704

Backflow Prevention Assembly Test Report

BISTRO B**1405 (REAR) MAPLE AVENUE**

ZANESVILLE, OH 43701

Site Use: **Restaurant**Hazard: **CONTAINMENT COMM.LOW**

Mailing Address

CAROL BRYAN**BISTRO B****1405 (REAR) MAPLE AVENUE****ZANESVILLE, OH 43701**Location: **WATER SERVICE CONTAINMENT.* MECH ROOM.***

Meter#:

LID/Service:

Account #: **BISTROB**

Serial #:

32720

Manufacturer:

WATTS

Model:

LF719QT

Type:

DC

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

03/16/2022Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4483

Backflow Prevention Assembly Test Report

AUTO GLASS FITTERS

968 MCINTIRE AVE.

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

KYLE BALDWIN, OWNER
BKO DEVELOPMENT, LLC
P.O. BOX 0451

ZANESVILLE, OH 43701

Location: MECH.ROOM.

Meter#:

LID/Service:

Account #: A.GLASS FITTERS

Serial #:
29951Manufacturer:
WATTSModel:
719Type:
DCVASize:
0.75

Orientation:

Protection:
PAST DUE

Check if Correct Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

10/01/2012

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3592

Backflow Prevention Assembly Test Report

BLACK'S SPRING & ALIGNMENTLocation: INSIDE GARAGE, RIGHT SIDE.**1516 STATE ST.**

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

26075☐Account #: **BLACK'S SPRING**

Manufacturer:

WATTS☐Site Use: **REPAIR SHOP**

Model:

719☐Hazard: **CONTAINMENT COMM.LOW**

Type:

DCVA☐

Mailing Address

Size:

0.75☐

Orientation:

☐

Protection:

☐**THOM BLACK****BLACK'S SPRING & ALIGNMENT****1516 STATE ST.****ZANESVILLE, OH 43701**

Test Due No Later than:

06/09/2022Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3242

Backflow Prevention Assembly Test Report

BLUE FRONT CAFE

1414 LINDEN AVENUE

ZANESVILLE, OH 43701

Site Use: Bar and Grill

Hazard: CONTAINMENT COMM.LOW

Mailing Address

PAT HARMON
BLUE FRONT CAFE
1414 LINDEN AVENUE

ZANESVILLE, OH 43701

Location: BASEMENT.

Meter#:

LID/Service:

Account #: BLUE FRONT CAFE

Serial #:

30443

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

01/10/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1791

Backflow Prevention Assembly Test Report

BOB EVANS FARMS, INC #462

Location: LAWN SPRINKLER - MECH ROOM

2844 MAYSVILLE PIKE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

190608

Account #: BOBEVANS-02

Manufacturer:

WATTS

Site Use: Restaurant

Model:

009

Hazard: IRRIGATION MED-ISOLATION

Type:

RPPA

Mailing Address

Size:

1.00

Orientation:

Protection:

PAST DUE

Test Due No Later than:

01/28/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1792

Backflow Prevention Assembly Test Report

BOB EVANS FARMS, INC #462

Location: WATER SERVICE CONTAINMENT - MECH ROOM

2844 MAYSVILLE PIKE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

209756

☐

ZANESVILLE, OH 43701

Account #: BOBEVANS-02

Manufacturer:

WATTS

☐

Site Use: Restaurant

Model:

009

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

BOB EVANS FARMS, INC #462

2844 MAYSVILLE PIKE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

01/28/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 363

Backflow Prevention Assembly Test Report

BOB EVANS FARM INC. #60

Location: WATER SERVICE CONTAINMENT - MECH ROOM BEHIND WATER HEATER

3006 MAPLE AVENUE

Meter#:

Serial #: Check if Correct Corrections

149839

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Restaurant

Model:

009

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

KERBY STAKER, GENERAL MANAGER

BOB EVANS RESTAURANT

3006 MAPLE AVENUE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

04/18/2020

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 364

Backflow Prevention Assembly Test Report

BOB EVANS FARM INC. #60

Location: LAWN SPRINKLER - MECH ROOM BEHIND WATER HEATER

3006 MAPLE AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

310359

☐

ZANESVILLE, OH 43701`

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Restaurant

Model:

009

☐

Hazard: IRRIGATION MED-ISOLATION

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

KERBY STAKER, GENERAL MANAGER

BOB EVANS RESTAURANT

3006 MAPLE AVENUE

Orientation:

☐

ZANESVILLE, OH 43701`

Protection:

PAST DUE

☐

Test Due No Later than:

04/18/2020

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3094

Backflow Prevention Assembly Test Report

BOB EVANS FARM INC. #60

Location: FIRE LINE - MECH ROOM

3006 MAPLE AVENUE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701`

LID/Service:

B01205

☐

Account #: BOBEVANS-01

Manufacturer:

WATTS

☐

Site Use: Restaurant

Model:

007

☐

Hazard: FIRE LINE CONNECTION-LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

Orientation:

☐

Protection:

PAST DUE

☐

Test Due No Later than:

04/18/2020

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

	Yes	No
Proper Installation	<input type="checkbox"/>	<input type="checkbox"/>
RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>
#2 Shutoff Closed	<input type="checkbox"/>	<input type="checkbox"/>
Service Restored	<input type="checkbox"/>	<input type="checkbox"/>

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 698

Backflow Prevention Assembly Test Report

BOB EVANS FARMS, INC #97

Location: LAWN SPRINKLER - MECH ROOM

450 UNDERWOOD STREET

Meter#:

Serial #:

Check if Correct

Corrections

112833

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: IRRIGATION MED-ISOLATION

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

MANAGER

BOB EVANS RESTAURANT

450 UNDERWOOD STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

05/26/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3090

Backflow Prevention Assembly Test Report

BOB EVANS FARMS, INC #97

Location: WATER SERVICE CONTAINMENT - MECH ROOM

450 UNDERWOOD STREET

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

A49163

Account #: BOBEVANS-03

Manufacturer:

WATTS

Site Use:

Model:

009

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

Mailing Address

Size:

2.00

Orientation:

Protection:

MANAGER

BOB EVANS RESTAURANT

450 UNDERWOOD STREET

ZANESVILLE, OH 43701

Test Due No Later than:

05/26/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐ ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4438

Backflow Prevention Assembly Test Report

BOB EVANS

80 S. WHITEWOMAN ST.

COSHOCTON, OH 43812

Site Use: Restaurant

Hazard: CONTAINMENT COMM.LOW

Mailing Address

BOB EVANS

80 S. WHITEWOMAN ST.

COSHOCTON, OH 43812

Location: MECH. ROOM

Meter#:

LID/Service:

Account #: BOBEVANS

Serial #:

4910174

Check if Correct

Corrections

Manufacturer:

WILKINS

Model:

950XL

Type:

DC

Size:

1.50

Orientation:

Protection:

Test Due No Later than:

05/13/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2735

Backflow Prevention Assembly Test Report

FRIENDS HAIR SALON

Location: MECH. RM.*WATER SERVICE CONTAINMENT.

2930 MAYSVILLE PIKE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

A50206

Account #: FRIENDSHAIR SALON

Manufacturer:

WATTS

Site Use:

Model:

Hazard: CONTAINMENT COMM.LOW

009

Mailing Address

Type:

RPPA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

01/07/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1057

Backflow Prevention Assembly Test Report

BOB SUMEREL TIRE & SERVICE

Location: *RIGHT SIDE WAREHOUSE, WEST RISER.

1600 SOUTHPOINTE DRIVE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

174254

Account #: B.SUMEREL TIRE

Manufacturer:

WATTS

Site Use: TIRE SHOP

Model:

007

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

1.00

Orientation:

Protection:

PAST DUE

Test Due No Later than:

01/10/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1058

Backflow Prevention Assembly Test Report

BOB SUMEREL TIRE & SERVICE

Location: *IN WAREHOUSE, WEST RISER, *FIRE LINE BYPASS*

1600 SOUTHPOINTE DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

06961

☐

ZANESVILLE, OH 43701

Account #: B.SUMEREL TIRE

Manufacturer:

AMES

☐

Site Use: TIRE SHOP

Model:

2000B

☐

Hazard: FIRE LINE BYPASS-LOW

Type:

DC

☐

Mailing Address

Size:

0.75

☐

BOB SUMEREL TIRE & SERVICE

1600 SOUTHPOINTE DRIVE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

01/10/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1059

Backflow Prevention Assembly Test Report

BOB SUMEREL TIRE & SERVICE

Location: *RIGHT SIDE WAREHOUSE, WEST RISER. *FIRE MAIN*

1600 SOUTHPOINTE DRIVE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

3E01210

Account #: B.SUMEREL TIRE

Manufacturer:

AMES

Site Use: TIRE SHOP

Model:

3000 SILVER

Hazard: FIRE LINE CONNECTION-LOW

Type:

DCDA

Mailing Address

Size:

8.00

Orientation:

Protection:

PAST DUE

BOB SUMEREL TIRE & SERVICE
1600 SOUTHPOINTE DRIVE

ZANESVILLE, OH 43701

Test Due No Later than:

01/10/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1271

Backflow Prevention Assembly Test Report

BOB'S PIZZA, L.A. DRIVE THRU

Location: WATER SERVICE CONTAINMENT. - REST ROOM.

4140 ROSEVILLE ROAD

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

06057

Account #: BOB'S PIZZA

Manufacturer:

WATTS

Site Use:

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

BOB CUNNINGHAM

BOB'S PIZZA, L.A. DRIVE THRU

4140 ROSEVILLE ROAD

Orientation:

ZANESVILLE, OH 43701

Protection:

PAST DUE

Test Due No Later than:

08/09/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2579

Backflow Prevention Assembly Test Report

BOGEY'S TAVERN

5845 FRAZEYSBURG ROAD

NASHPORT, OH 43830

Site Use: Bar and Grill

Hazard: CONTAINMENT COMM.LOW

Mailing Address

MARCIA R. SEIDERS
BOGEY'S BAR GRILL
5845 FRAZEYSBURG RD.

NASHPORT, OH 43830

Location: WATER SERVICE: BASEMENT

Meter#:

LID/Service:

Account #: BOGEY'S TAVERN

Serial #:

A09509

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

12/16/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4680

Backflow Prevention Assembly Test Report

BOLIN-DIERKES CREMATORIUM

Location: REST ROOM.

15 MADISON ST.

Meter#:

Serial #: 32716

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

Site Use: CREMATORIUM

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

BOLIN- DIERKES FUNERAL HOME
1271 BLUE AVENUE**ZANESVILLE, OH 43701**

Test Due No Later than:

03/15/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3999

Backflow Prevention Assembly Test Report

BOLIN-DIERKINS FUNERAL HOMI

Location: BASEMENT.

1271 BLUE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

12233

☐

Account #: BOLINS-DIERKINS

Manufacturer:

WATTS

☐

Site Use: FUNERAL HOME

Model:

719

☐

Hazard: CONTAINMENT COMM. MED.

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

BOLIN-DIERKINS FUNERAL HOME

1271 BLUE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/15/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4667

Backflow Prevention Assembly Test Report

BOLIN-DIERKINS FUNERAL HOMI

Location: BASEMENT.MECH.RM.

1271 BLUE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

43825

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: FUNERAL HOME

Model:

919

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

BOLIN-DIERKINS FUNERAL HOME

1271 BLUE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/15/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4008

Backflow Prevention Assembly Test Report

BOYER INSURANCE

810 MAIN ST.

ZANESVILLE, OH 43701

Site Use: Business Office

Hazard: CONTAINMENT COMM.LOW

Mailing Address

BOYER INSURANCE

810 MAIN ST.

ZANESVILLE, OH 43701

Location: MECH. ROOM.

Meter#:

LID/Service:

Account #: CNS REAL ESTATE

Serial #:

31206

Check if Correct

Corrections

☐

Manufacturer:

WATTS

☐

Model:

719

☐

Type:

DCVA

☐

Size:

0.75

☐

Orientation:

☐

Protection:

☐

Test Due No Later than:

05/22/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4148

Backflow Prevention Assembly Test Report

BP STATION

1311 MAYSVILLE AVE.

ZANESVILLE, OH 43701

Site Use: Convenience

Hazard: CONTAINMENT COMM. MED.

Mailing Address

BP STATION -MAYS.
1311 MAYSVILLE AVE.

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT. MECH.RM.

Meter#:

LID/Service:

Account #: BP STATION MAYS.

Serial #:

28786

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

02/08/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4926

Backflow Prevention Assembly Test Report

EXXON

6220 FRAZEYSBURG RD.

NASHPORT, OH 43830

Site Use: Gas Station

Hazard: CONTAINMENT COMM. MED.

Mailing Address

BP

3193 NEWARK ROAD ZANESVILLE OHIO 43701

, OH

Location: MECH. ROOM.

Meter#:

LID/Service:

Account #: EXXON-FRAZEYSBURG

Serial #:

364810

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009M3QT

Type:

RP

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

08/21/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2194

Backflow Prevention Assembly Test Report

BRADFORD & ASSOCIATES

636 CHESTNUT STREET

COSHOCTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

JASON BRADFORD
BRADFORD & ASSOCIATES
636 CHESTNUT STREET

COSHOCTON, OH 43812

Location: WATER SERVICE CONTAINMENT. - BASEMENT.

Meter#:

LID/Service:

Account #: BRADFORDFINANCIAL

Serial #:

328224

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

1.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

11/05/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4010

Backflow Prevention Assembly Test Report

BRANDYWINE HOSPITAL FOR PE
1384 BRANDYWINE BLVD.

ZANESVILLE, OH 43701

Site Use: Veterinarian

Hazard: CONTAINMENT COMM. MED.

Mailing Address

BRANDYWINE HOSPITAL FOR PETS
1384 BRANDYWINE BLVD.

ZANESVILLE, OH 43701

Location: IN ISOLATION ROOM.

Meter#:

LID/Service:

Account #: BRANDYWINEPETHOSP

Serial #:

11904

Manufacturer:

WATTS

Model:

LF719QT

Type:

DC

Size:

1.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

08/10/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1744

Backflow Prevention Assembly Test Report

BRANNON SERVICES REALTY LL

Location: BOILER FEED.*MECH.RM.- ROOM 112

1510 MOXAHALA AVENUE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

196651

Account #: CHIPCO LLC

Manufacturer:

WATTS

Site Use:

Model:

Hazard: ISOLATION MED.

009

Mailing Address

Type:

RPPA

Size:

0.75

Orientation:

Protection:

BRANNON SERVICES REALTY LLC
3735 MILLERS LANE

DUNCAN FALLS, OH 43734-9721

Test Due No Later than:

03/07/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5329

Backflow Prevention Assembly Test Report

BRIAN JONARD RESIDENCE

Location: BASEMENT. LAWN SPRINKLER

6008 SHALA CIRCLE

Meter#:

Serial #: Check if Correct Corrections

NASHPORT, OH 43830

LID/Service:

59157

☐

Account #: BRIAN JONARD

Manufacturer:

WATTS

☐

Site Use:

Model:

919QT

☐

Hazard: IRRIGATION MED-ISOLATION

Type:

RP

☐

Mailing Address

Size:

1.00

☐

Orientation:

☐

Protection:

☐

Test Due No Later than:

07/20/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1652

Backflow Prevention Assembly Test Report

BRIGHT BEGINNINGS DAYCARELocation: WATER SERVICE CONTAINMENT.**3921 NORTH POINTE DRIVE**

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

34903☐Account #: **BRIGHTBEGINNINGS**

Manufacturer:

WATTS☐

Site Use:

Model:

007☐Hazard: **CONTAINMENT COMM.LOW**

Type:

DCVA☐

Mailing Address

Size:

0.75☐

Orientation:

☐

Protection:

☐**MICHELLE PATTERSON****BRIGHT BEGINNINGS DAYCARE CENTER****3921 NORTH POINTE DRIVE****ZANESVILLE, OH 43701**

Test Due No Later than:

11/05/2022Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4013

Backflow Prevention Assembly Test Report

BRIGHTON PRESBYTERIAN CHURCH

Location: BATHROOM UNDER STAIRS.

771 LEXINGTON AVE.

Meter#:

Serial #: 31851

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: PRESBYTERIANCHURCH

Manufacturer: WATTS

Site Use: Church

Model:

Hazard: CONTAINMENT COMM.LOW

719

Mailing Address

Type:

DCVA

Size:

0.75

Orientation:

Protection:

BRIGHTON PRESBYTERIAN CHURCH
771 LEXINGTON AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

08/15/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4990

Backflow Prevention Assembly Test Report

BRIGHTVIEW**2572 MAPLE AVE.**

ZANESVILLE, OH 43701

Site Use:

Hazard: **CONTAINMENT COMM. MED.**

Mailing Address

JASON
BRIGHTVIEW
2572 MAPLE AVE.

ZANESVILLE, OH 43701

Location: **MECH. ROOM.**

Meter#:

LID/Service:

Account #: **BRIGHTVIEW**

Serial #:

86405

Manufacturer:

WATTS

Model:

919

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

06/11/2022Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 40

Backflow Prevention Assembly Test Report

BROOKDALE

1575 BOWERS LANE

ZANESVILLE, OH 43701

Site Use: NURSING HOME

Hazard: CONTAINMENT COMM.LOW

Mailing Address

MTCE. DIRECTOR
BROOKDALE
1575 BOWERS LANE

ZANESVILLE, OH 43701

Location: *MECHANICS ROOM. (WATER SERVICE CONTAINMENT).

Meter#:

LID/Service:

Account #: BROOKDALE

Serial #:

02147

Check if Correct

Corrections

☐

Manufacturer:

WATTS

☐

Model:

007

☐

Type:

DC

☐

Size:

2.50

☐

Orientation:

☐

Protection:

☐

Test Due No Later than:

05/09/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐

Leaked

☐

Closed Tight

☐

Held at _____ PSID

Leaked

☐

Closed Tight

☐

Held at _____ PSID

Did not open

☐

Opened at _____ PSID

Did not open

☐

Opened Fully

Yes ☐No ☐

Opened at _____ PSID

Leaked

☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned

☐

Rubber Kit

☐

Rebuild

☐

Replaced

☐

Other

☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐

Closed Tight

☐

Held at _____ PSID

Closed Tight

☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully

☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2362

Backflow Prevention Assembly Test Report

BROOKDALE

1575 BOWERS LANE

ZANESVILLE, OH 43701

Site Use: NURSING HOME

Hazard: FIRE LINE BYPASS-MEDIUM

Mailing Address

MTCE. DIRECTOR
BROOKDALE
1575 BOWERS LANE

ZANESVILLE, OH 43701

Location: (FIRE LINE BYPASS) *MECH RM.

Meter#:

LID/Service:

Account #: BROOKDALE

Serial #:

07361

Check if Correct

Corrections

Manufacturer:

AMES

Model:

4000B

Type:

RP

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

05/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2363

Backflow Prevention Assembly Test Report

BROOKDALE

1575 BOWERS LANE

ZANESVILLE, OH 43701

Site Use: NURSING HOME

Hazard: FIRE LINE CONNECTION-MEDIUM

Mailing Address

MTCE. DIRECTOR
BROOKDALE
1575 BOWERS LANE

ZANESVILLE, OH 43701

Location: (FIRELINE MAIN) *MECH.RM.

Meter#:

LID/Service:

Account #: BROOKDALE

Serial #:

2002831005

Check if Correct

Corrections

Manufacturer:

AMES

Model:

5000

Type:

RPDA

Size:

4.00

Orientation:

Protection:

Test Due No Later than:

05/09/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2896

Backflow Prevention Assembly Test Report

BROOKOVER APARTMENTS

Location: WATER SERVICE CONTAINMENT - APT. 19 BEDROOM CLOSET

1240 COUNTRY CLUB DR. APT.19

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

08815

Account #: BROOKOVERAPTS

Manufacturer:

WATTS

Site Use:

Model:

Hazard: CONTAINMENT COMM.LOW

719

Mailing Address

Type:

DCVA

MARK D. DEMPSEY

Size:

0.75

BROOKOVER APARTMENTS

Orientation:

1240 COUNTRY CLUB DR. APT.19

Protection:

ZANESVILLE, OH 43701

Test Due No Later than:

05/01/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3506

Backflow Prevention Assembly Test Report

BROWN'S BODY SHOP

Location: MECH. ROOM.

199 PLEASANT GROVE RD.

Meter#:

Serial #:

Check if Correct

Corrections

15034

☐

ZANESVILLE, OHIO 43701

LID/Service:

Account #: BROWN'S BODY SHOP

Manufacturer:

WATTS

☐

Site Use: AUTO BODY

Model:

LF719QT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

DC

☐

Mailing Address

Size:

0.75

☐

Dusty Brown

BROWN'S BODY SHOP

199 PLEASANT GROVE RD.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/22/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 700

Backflow Prevention Assembly Test Report

BRYAN PLACE**49 NORTH 6TH STREET**

ZANESVILLE, OH 43701

Site Use: **Restaurant**Hazard: **ISOLATION MED.**

Mailing Address

CAROL BRYAN
BRYAN PLACE
49 NORTH 6TH STREET

ZANESVILLE, OH 43701

Location: **BASEMENT. *BOILER.***NEED CONTAINMENT INSTALLED.**

Meter#:

LID/Service:

Account #: **BRYANPLACE**

Serial #: Check if Correct Corrections

126870

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

01/15/2005Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4699

Backflow Prevention Assembly Test Report

BRYAN STONEY'S RV LLC

Location: WATER SERVICE CONTAINMENT. *BY HOT WATER TANK.

8820 EAST PIKE-ZANE GREY RD.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

33466

☐

NORWICH, OH 43767

Account #: STONEY'S/RV

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

BRYAN STONEY'S RV LLC

59454 CHERRY HILL RD.,

Orientation:

☐

BYESVILLE, OH 43723

Protection:

☐

Test Due No Later than:

11/20/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4638

Backflow Prevention Assembly Test Report

BUCKEYE BRINE

23986 AIRPORT RD.

COSHOCTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

BUCKEYE BRINE
23986 AIRPORT RD.

COSHOCTON, OH 43812

Location: _____

Meter#:

LID/Service:

Account #: BUCKEYE BRINE

Serial #:

463194

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

909M1QT

Type:

RP

Size:

2.00

Orientation:

Protection:

Test Due No Later than:

09/15/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4884

Backflow Prevention Assembly Test Report

BUCKEYE BRINE

23986 AIRPORT RD.

COSHOCOTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

BUCKEYE BRINE
23986 AIRPORT RD.

COSHOCOTON, OH 43812

Location: MECH. ROOM.

Meter#:

LID/Service:

Account #: BUCKEYE BRINE

Serial #:

34768

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

LF719QT

Type:

DC

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

09/15/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 901

Backflow Prevention Assembly Test Report

D.L. DENT LLC

448 MAIN STREET

COSHOCTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

D.L. DENT LLC
BUCKEYE BUILDING
448 MAIN STREET

COSHOCTON, OH 43812

Location: D.L. DENT BLDG. (BASEMENT)

Meter#:

LID/Service:

Account #: D.L.DENT BLDG.

Serial #:

1040852

Manufacturer:

WILKINS

Model:

975XL

Type:

RP

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

03/09/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 902

Backflow Prevention Assembly Test Report

D.L. DENT LLC

448 MAIN STREET

COSHOCTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

D.L. DENT LLC
BUCKEYE BUILDING
448 MAIN STREET

COSHOCTON, OH 43812

Location: D.L.DENT BLDG.

Meter#:

LID/Service:

Account #: D.L.DENT BLDG.

Serial #:

31260

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

☐☐☐☐☐☐☐

Test Due No Later than:

03/09/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4762

Backflow Prevention Assembly Test Report

BEDFORD PLACE
11987 KENDRA ST.

DRESDEN, OH 43821

Site Use:

Hazard: **CONTAINMENT COMM.LOW**

Mailing Address

BUCKEYE COMMUNITY
3021 EAST DUBLIN-GRANVILLE RD.

COLUMBUS, OH 43231

Location: **MECH.ROOM.**

Meter#:

LID/Service:

Account #: **BEDFORD PLACE**Serial #:
32121Manufacturer:
WATTSModel:
719Type:
DCVASize:
0.75

Orientation:

Protection:

Check if Correct Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

12/07/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2668

Backflow Prevention Assembly Test Report

BUCKEYE FABRIC FINISHING CO

Location: IN LAB, PROTECTING LAB & BOILER.

1260 E. MAIN ST.

Meter#:

Serial #: Check if Correct Corrections

COSHOCTON, OH 43812

LID/Service:

BJA0148

☐

Account #: BUCKEYE FABRIC

Manufacturer:

WILKINS

☐

Site Use:

Model:

350XL

☐

Hazard: ISOLATION MED.

Type:

DC

☐

Mailing Address

Size:

1.00

☐

Orientation:

☐

Protection:

☐BUCKEYE FABRIC
1260 E. MAIN ST.

COSHOCTON, OH 43812

Test Due No Later than:

10/13/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2709

Backflow Prevention Assembly Test Report

BUCKEYE PEIZ

5320 DILLON HILLS DR.

NASHPORT, OH 43830

Site Use: Restaurant

Hazard: CONTAINMENT COMM.LOW

Mailing Address

BUCKEYE PEIZ
3630 RAINER WAY

ZANESVILLE, OH 43701

Location: *AT MAIN SHUT OFF, WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: BUCKEYE PEIZ

Serial #:

11458

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

12/03/2020

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2984

Backflow Prevention Assembly Test Report

BUCKEYE SUPPLY COMPANIES

Location: WATER SERVICE CONTAINMENT - MECHANICAL ROOM - ELEC. ROOM

999 ZANE STREET

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

A00174

☐

Account #: BUCKEYESUPPLY

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

2.00

☐

Orientation:

☐

Protection:

☐BUCKEYE SUPPLY COMPANIES
999 ZANE STREET

ZANESVILLE, OH 43701

Test Due No Later than:

09/11/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2985

Backflow Prevention Assembly Test Report

BUCKEYE SUPPLY COMPANIES

Location: WATER SERVICE CONTAINMENT - REAR OF PAINT BOOTH ROOM.

999 ZANE STREET

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

11064

☐

Account #: BUCKEYESUPPLY

Manufacturer:

WATTS

☐

Site Use:

Model:

919

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

BUCKEYE SUPPLY COMPANIES

999 ZANE STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

09/11/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2986

Backflow Prevention Assembly Test Report

BUCKEYE SUPPLY COMPANIES

Location: WATER SERVICE CONTAINMENT - GARAGE (PARTS ROOM)

999 ZANE STREET

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

A00160

☐

Account #: BUCKEYESUPPLY

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

2.00

☐

BUCKEYE SUPPLY COMPANIES

999 ZANE STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

09/11/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2987

Backflow Prevention Assembly Test Report

BUCKEYE SUPPLY COMPANIES

Location: WATER SERVICE CONTAINMENT - PERSONAL STORAGE GARAGE

999 ZANE STREET

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

12618

Account #: BUCKEYESUPPLY

Manufacturer:

WATTS

Site Use:

Hazard: CONTAINMENT COMM.LOW

Model:

719

Mailing Address

Type:

DCVA

Size:

0.75

Orientation:

Protection:

BUCKEYE SUPPLY COMPANIES

999 ZANE STREET

ZANESVILLE, OH 43701

Test Due No Later than:

09/11/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2988

Backflow Prevention Assembly Test Report

BUCKEYE SUPPLY COMPANIES

Location: WATER SERVICE CONTAINMENT - MACHINE SHOP

999 ZANE STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

14023

☐

ZANESVILLE, OH 43701

Account #: BUCKEYESUPPLY

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

BUCKEYE SUPPLY COMPANIES

999 ZANE STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

09/11/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2989

Backflow Prevention Assembly Test Report

BUCKEYE SUPPLY COMPANIES

Location: WATER SERVICE CONTAINMENT.

999 ZANE STREET

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

16048

Account #: BUCKEYESUPPLY

Manufacturer:

WATTS

Site Use:

Model:

919

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

Mailing Address

Size:

1.00

Orientation:

Protection:

BUCKEYE SUPPLY COMPANIES

999 ZANE STREET

ZANESVILLE, OH 43701

Test Due No Later than:

09/11/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 119

Backflow Prevention Assembly Test Report

BUEHLER'S FOOD MARKET

830 SOUTH 2ND STREET

COSHOCTON, OH 43812

Site Use: Grocery/Supermarket

Hazard: CONTAINMENT COMM.LOW

Mailing Address

BUEHLER'S MARKET
BUEHLER'S FOOD MARKET
830 SOUTH 2ND STREET

COSHOCTON, OH 43812

Location: MECH ROOM NW - WATER SERVICE CONTAINMENT

Meter#:

LID/Service:

Account #: BUEHLERSMARKET

Serial #:

Z22762

Check if Correct

Corrections

Manufacturer:

WILKINS

Model:

575

Type:

RPPA

Size:

2.00

Orientation:

Protection:

Test Due No Later than:

05/27/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Submit completed
Test Report:

Fax:



Service Address

Hazard/CCID: 121

Backflow Prevention Assembly Test Report

BUEHLER'S FOOD MARKET

Location: BYPASS

830 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

447036

☐

COSHOCKTON, OH 43812

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Grocery/Supermarket

Model:

909

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

BUEHLER'S MARKET

BUEHLER'S FOOD MARKET

830 SOUTH 2ND STREET

Orientation:

☐

COSHOCKTON, OH 43812

Protection:

☐

Test Due No Later than:

05/27/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 122

Backflow Prevention Assembly Test Report

BUEHLER'S FOOD MARKET

Location: SPRINKLER SYSTEM,ANTI FREEZE LOOP.

830 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

366962

☐

COSHOCOTON, OH 43812

Account #: BUEHLERSMARKET

Manufacturer:

WATTS

☐

Site Use: Grocery/Supermarket

Model:

909

☐

Hazard: FIRE LINE CONN.HIGH HEALTH HAZ

Mailing Address

Type:

RPPA

☐

Size:

2.00

☐

Orientation:

☐

Protection:

☐

BUEHLER'S MARKET

BUEHLER'S FOOD MARKET

830 SOUTH 2ND STREET

COSHOCOTON, OH 43812

Test Due No Later than:

05/27/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 123

Backflow Prevention Assembly Test Report

BUEHLER'S FOOD MARKET

Location: PRESSURE WASHER.

830 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

87635

☐

COSHOCKTON, OH 43812

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Grocery/Supermarket

Model:

009

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

BUEHLER'S MARKET

BUEHLER'S FOOD MARKET

830 SOUTH 2ND STREET

Orientation:

☐

COSHOCKTON, OH 43812

Protection:

☐

Test Due No Later than:

05/27/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2920

Backflow Prevention Assembly Test Report

BUEHLER'S FOOD MARKET

Location: OUTSIDE HYDRANT

830 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

192524

☐

LID/Service:

Manufacturer:

WATTS

☐

COSHOCOTON, OH 43812

Account #: BUEHLERSMARKET

Model:

800

☐

Site Use: Grocery/Supermarket

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.75

☐

BUEHLER'S MARKET

BUEHLER'S FOOD MARKET

830 SOUTH 2ND STREET

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

05/27/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4381

Backflow Prevention Assembly Test Report

BUFFALO WILD WINGS

1352 BRANDYWINE BLVD.

ZANESVILLE, OH 43701

Site Use: Bar and Grill

Hazard: CONTAINMENT COMM.LOW

Mailing Address

BOB SPARKS
BUFFALO WILD WINGS
1352 BRANDYWINE BLVD.

ZANESVILLE, OH 43701

Location: MECH. ROOM

Meter#:

LID/Service:

Account #: BW3'S

Serial #:

3530680

Check if Correct

Corrections

Manufacturer:

WILKINS

Model:

975XL

Type:

RP

Size:

1.50

Orientation:

Protection:

PAST DUE

Test Due No Later than:

01/10/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4382

Backflow Prevention Assembly Test Report

BUFFALO WILD WINGS

Location: MECH. ROOM

1352 BRANDYWINE BLVD.

Meter#:

Serial #:

Check if Correct

Corrections

RO3854

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WILKINS

☐

Site Use: Bar and Grill

Model:

475

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RPDA

☐

Mailing Address

Size:

4.00

☐

BOB SPARKS

BUFFALO WILD WINGS

1352 BRANDYWINE BLVD.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

01/10/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4383

Backflow Prevention Assembly Test Report

BUFFALO WILD WINGS

1352 BRANDYWINE BLVD.

ZANESVILLE, OH 43701

Site Use: Bar and Grill

Hazard: CONTAINMENT COMM.LOW

Mailing Address

BOB SPARKS

BUFFALO WILD WINGS

1352 BRANDYWINE BLVD.

ZANESVILLE, OH 43701

Location: MECH. ROOM

Meter#:

LID/Service:

Account #: BW3'S

Serial #:

3552062

Check if Correct

Corrections

Manufacturer:

WILKINS

Model:

375XL

Type:

RP

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

01/10/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2179

Backflow Prevention Assembly Test Report

BURGER KING COSHOCTON #639Location: WATER SERVICE CONTAINMENT.**23711 AIRPORT ROAD**

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

2125528☐

COSHOCTON, OH 43812

Account #: **BURGER KING COSH.**

Manufacturer:

WILKINS☐Site Use: **Restaurant**

Model:

975XL☐Hazard: **CONTAINMENT COMM.LOW**

Type:

RP☐

Mailing Address

Size:

1.50☐**713600 CARROLS CORPORATION MS #15****BURGER KING COSHOCTON #639****P.O. BOX 182655**

Orientation:

☐**COLUMBUS, OH 43218**

Protection:

☐

Test Due No Later than:

09/14/2022Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1452

Backflow Prevention Assembly Test Report

BURGER KING MAYSVILLE

Location: FIRE LINE STOCK ROOM.

150 MAYSVILLE AVENUE

Meter#:

Serial #: 01236

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: BURGERKINGMAYSVILL

Manufacturer:

WATTS

Site Use: Fast Food

Model:

719

Hazard: FIRE LINE CONNECTION-LOW

Type:

DCVA

Mailing Address

Size:

1.50

Orientation:

Protection:

PAST DUE

Test Due No Later than:

04/22/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1453

Backflow Prevention Assembly Test Report

BURGER KING MAYSVILLE

Location: STOCK ROOM.

150 MAYSVILLE AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

01365

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Fast Food

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

2.00

☐

MANAGER

BURGER KING MAYSVILLE

150 MAYSVILLE AVENUE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

04/22/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 702

Backflow Prevention Assembly Test Report

BURGER KING #675**2565 MAPLE AVENUE NORTH**

ZANESVILLE, OH 43701

Site Use: **Fast Food**Hazard: **CONTAINMENT COMM.LOW**

Mailing Address

MANAGER
BURGER KING
2565 MAPLE AVENUE

ZANESVILLE, OH 43701

Location: **WATER SERVICE CONTAINMENT - MECH ROOM - COMPLETE BLDG.**

Meter#:

LID/Service:

Account #: **BURGERKINGMAPLEAVE**

Serial #:

3078945

Manufacturer:

WILKINS

Model:

975

Type:

RP

Size:

2.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

04/19/2022Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3202

Backflow Prevention Assembly Test Report

BURGER KING #675

Location: LAWN IRRIGATION SYSTEM - MECH ROOM

2565 MAPLE AVENUE NORTH

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

2944130

Account #: BURGERKINGMAPLEAVE

Manufacturer:

WILKINS

Site Use: Fast Food

Model:

975

Hazard: IRRIGATION MED-ISOLATION

Type:

RP

Mailing Address

Size:

1.00

Orientation:

Protection:

MANAGER

BURGER KING

2565 MAPLE AVENUE

ZANESVILLE, OH 43701

Test Due No Later than:

04/19/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 703

Backflow Prevention Assembly Test Report

BURREL FUNERAL HOME

Location: MECH.ROOM.

414 LASALLE STREET

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

191741

Account #: BURRELLFUNERALHOME

Manufacturer:

WATTS

Site Use: FUNERAL HOME

Model:

009

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

Mailing Address

Size:

0.75

ROB BURRELL

BURREL FUNERAL HOME

414 LASALLE STREET

ZANESVILLE, OH 43701

Orientation:

Protection:

Test Due No Later than:

04/15/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3366

Backflow Prevention Assembly Test Report

LIND ARENA

Location: MECH. ROOM.

900 LINDEN AVENUE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

33965

Account #: LINDARENA/BURRELL

Manufacturer:

WATTS

Site Use: ROLLER SKATING

Model:

LF719QT

Hazard: CONTAINMENT COMM.LOW

Mailing Address

Type:

DC

ROB BURRELL

Size:

0.75

BURRELL OPERATING LLC

Orientation:

P.O. BOX 665

ZANESVILLE, OH 43702

Protection:

Test Due No Later than:

04/15/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1600

Backflow Prevention Assembly Test Report

BUTLER POTTERY

465 MAIN STREET

DUNCAN FALLS, OH 43734

Site Use: Retail

Hazard: CONTAINMENT COMM.LOW

Mailing Address

TRINA DILLON
BUTLER POTTERY
P.O.BOX 155

DUNCAN FALLS, OH 43734

Location: WATER SERVICE CONTAINMENT - MECH ROOM

Meter#:

LID/Service:

Account #: BUTLERPOTTERY

Serial #:

31679

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

08/15/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1731

Backflow Prevention Assembly Test Report

WESTAFFBETTER

929 PUTNAM AVENUE

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

ATTN:Constantine(DENO)Neofotistos
 BYZANTINE INC.
 P.O. BOX 1567

BEAVER FALLS, PA 15010

Location: WATER SERVICE CONTAINMENT = BESIDE LAUNDRY TUB

Meter#:

LID/Service:

Account #: PUTNAMSTRIP MALL 3

Serial #:

176067

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

09/06/2009

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
 Test Report:

Fax:

Service Address

Hazard/CCID: 1732

Backflow Prevention Assembly Test Report

SALON CENTRIC

935 PUTNAM AVENUE

ZANESVILLE, OH 43701

Site Use: Retail

Hazard: CONTAINMENT COMM.LOW

Mailing Address

ATTN:ATTN:Constantine (DENO) Neo
BYZANTINE INC.
P.O. BOX 1567

BEAVER FALLS, PA 15010

Location: WATER SERVICE CONTAINMENT - BESIDE LAUNDRY TUB

Meter#:

LID/Service:

Account #: PUTNAMSTRIPMALL 4

Serial #:

117135

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

11/11/2020

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1733

Backflow Prevention Assembly Test Report

RC1 OUTFITTERS

923 PUTNAM AVENUE

ZANESVILLE, OH 43701

Site Use: Retail

Hazard: CONTAINMENT COMM.LOW

Mailing Address

ATTN:Constantine(DENO)Neofotistinos
BYZANTINE INC.
P.O.BOX 1567

BEAVER FALLS, PA 15010

Location: WATER SERVICE CONTAINMENT.* BACK ROOM.

Meter#:

LID/Service:

Account #: PUTNAMSTRIP MALL 2

Serial #:

165128

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

05/25/2018

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1734

Backflow Prevention Assembly Test Report

DOLLAR GENERAL- #6283 CLOS
933 PUTNAM AVENUE

ZANESVILLE, OH 43701

Site Use: Retail

Hazard: CONTAINMENT COMM.LOW

Mailing Address

Constantine(DENO)Neofotistos
 BYZANTINE,INC.
 P.O.BOX 1567

BEAVER FALLS, PA 15010

Location: WATER SERVICE CONTAINMENT. - MEN'S ROOM

Meter#:

LID/Service:

Account #: PUTNAMSTRIP MALL-0

Serial #:

165225

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

09/13/2015

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4026

Backflow Prevention Assembly Test Report

C F AUTO REPAIRS

45 DEWEY AVE.

ZANESVILLE, OH 43701

Site Use: REPAIR SHOP

Hazard: CONTAINMENT COMM. MED.

Mailing Address

C F AUTO REPAIRS
45 DEWEY AVE.

ZANESVILLE, OH 43701

Location: BASEMENT.

Meter#:

LID/Service:

Account #: C F AUTO REPAIRS

Serial #:

195901

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

08/01/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4398

Backflow Prevention Assembly Test Report

CA HOUSE OF MUSIC

Location: BASEMENT.

828 MARKET STREET

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OHIO 43701

LID/Service:

383994

Account #: C.A.HOUSE-2

Manufacturer:

APOLLO/CONBRAC

Site Use:

Model:

Hazard: CONTAINMENT COMM.LOW

DC4A

Mailing Address

Type:

DC

STEVE CHEO

Size:

1.00

C.A.HOUSE OF MUSIC

Orientation:

828 MARKET ST.

Protection:

PAST DUE

ZANESVILLE, OH 43701

Test Due No Later than:

04/17/2020

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4657

Backflow Prevention Assembly Test Report

C.C.B.D.D. HOPEWELL INDUSTRIES
637 CHESTNUT ST.

Location: MECH. RM.

COSHOCTON, OH 43812

Meter#:

LID/Service:

Account #: C.C.B.D.D.

Serial #: Check if Correct Corrections

ML-0554

Manufacturer:

WATTS

Model:

957NRPDA-BF

Type:

RPDA

Size:

4.00

Orientation:

Protection:

Site Use:

Hazard: FIRE LINE CONNECTION-MEDIUM

Mailing Address

C.C.B..D.D. HOPEWELL INDUSTRIES
 23720 CO.RD.202

COSHOCTON, OH 43812

Test Due No Later than:

10/23/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4658

Backflow Prevention Assembly Test Report

C.C.B.D.D. HOPEWELL INDUSTRIES

Location: MECH. RM.

637 CHESTNUT ST.

Meter#:

Serial #:

Check if Correct

Corrections

24651

☐

COSHOCOTON, OH 43812

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

919

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

Protection:

☐C.C.B..D.D. HOPEWELL INDUSTRIES
23720 CO.RD.202

COSHOCOTON, OH 43812

Test Due No Later than:

10/23/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4659

Backflow Prevention Assembly Test Report

C.C.B.D.D. HOPEWELL INDUSTRIES

Location: MECH. RM.

637 CHESTNUT ST.

Meter#:

Serial #:

Check if Correct

Corrections

06528

☐

COSHOCOTON, OH 43812

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.50

☐C.C.B..D.D. HOPEWELL INDUSTRIES
23720 CO.RD.202

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

10/23/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5447

Backflow Prevention Assembly Test Report

KESCO-PROPERTY

2809 BELL STREET

ZANESVILLE, OH 43701

Site Use: Dentist

Hazard: CONTAINMENT COMM.LOW

Mailing Address

LAVERE H. JENKINS, SECRETARY
C.F.J. REALTY, INC.
2809 BELL STREET

ZANESVILLE, OH 43701

Location: MECH. ROOM.BASEMENT.

Meter#:

LID/Service:

Account #: CFJREALTY-1

Serial #:

340721

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

10/08/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 414

Backflow Prevention Assembly Test Report

DRESDEN SENIOR CENTER

Location: FIRE LINE.

1348 MAIN STREET

Meter#:

Serial #: Check if Correct Corrections

DRESDEN, OH 43822

LID/Service:

50802

Account #: DRES.SEN. CENTER

Manufacturer:

WATTS

Site Use:

Model:

Hazard: FIRE LINE CONNECTION-LOW

007

Mailing Address

Type:

DCVA

DRESDEN SENIOR CENTER
C/O VILLAGE OF DRESDEN
P.O. BOX 539

Size:

2.00

Orientation:

DRESDEN, OH 43830

Protection:

Test Due No Later than:

10/30/2022Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 415

Backflow Prevention Assembly Test Report

DRESDEN SENIOR CENTER

Location: WATER SERVICE CONTAINMENT

1348 MAIN STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

91775

☐

DRESDEN, OH 43822

Account #: DRES.SEN. CENTER

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

DRESDEN SENIOR CENTER

C/O VILLAGE OF DRESDEN

P.O. BOX 539

Orientation:

☐

DRESDEN, OH 43830

Protection:

☐

Test Due No Later than:

10/30/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1546

Backflow Prevention Assembly Test Report

CAIRN RECOVERY

Location: FIRE LINE

216 HAZLETT COURT

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

1021890803

Account #: CAIRN REC

Manufacturer:

AMES

Site Use:

Model:

5000

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

Mailing Address

Size:

4.00

Orientation:

Protection:

JARRETT BARNHOUSE
CAIRN RECOVERY
216 HAZLETT COURT

ZANESVILLE, OH 43701

Test Due No Later than:

09/06/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1547

Backflow Prevention Assembly Test Report

CAIRN RECOVERY

216 HAZLETT COURT

ZANESVILLE, OH 43701

Site Use:

Hazard: FIRE LINE BYPASS-MEDIUM

Mailing Address

JARRETT BARNHOUSE

CAIRN RECOVERY

216 HAZLETT COURT

ZANESVILLE, OH 43701

Location: FIRE LINE. * BASEMENT.

Meter#:

LID/Service:

Account #: CAIRN REC

Serial #:

05538

Check if Correct

Corrections

Manufacturer:

AMES

Model:

4000B

Type:

RP

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

09/06/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4880

Backflow Prevention Assembly Test Report

CAIRN RECOVERY

216 HAZLETT COURT

ZANESVILLE, OH 43701

Site Use:

Hazard:

Mailing Address

JARRETT BARNHOUSE
CAIRN RECOVERY
216 HAZLETT COURT

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT. * BASEMENT.

Meter#:

LID/Service:

Account #: CAIRN REC

Serial #:

46870

Manufacturer:

WATTS

Model:

919QT

Type:

RP

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

09/06/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5451

Backflow Prevention Assembly Test Report

CAIRN RECOVERY

216 HAZLETT COURT

ZANESVILLE, OH 43701

Site Use:

Hazard:

Mailing Address

JARRETT BARNHOUSE

CAIRN RECOVERY

216 HAZLETT COURT

ZANESVILLE, OH 43701

Location: BASEMENT

Meter#:

LID/Service:

Account #: CAIRN REC

Serial #:

28712

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719QT

Type:

DC

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

09/06/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4681

Backflow Prevention Assembly Test Report

CAMBRIAN WELL SERVICES, LLC

Location: MECH RM.

7676 EAST PIKE

Meter#:

Serial #:

Check if Correct

Corrections

NORWICH, OH 43767

LID/Service:

32126

☐

Account #: BOB ORR-#2

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

BOB ORR

CAMBRIAN WELL SERVICES LLC

P.O. BOX 2683

Orientation:

☐

ZANESVILLE, OH 43702

Protection:

☐

Test Due No Later than:

01/04/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 18

Backflow Prevention Assembly Test Report

DUNCAN FALLS MARATHON

Location: IN BACK ROOM. KITCHEN

252 MAIN STREET

Meter#:

Serial #: Check if Correct Corrections

DUNCAN FALLS, OH 43734

LID/Service:

154624

Account #: CAMPBELL OIL-8

Manufacturer:

WATTS

Site Use:

Model:

009M3QT

Hazard: CONTAINMENT COMM. MED.

Type:

RP

Mailing Address

Size:

0.75

Orientation:

Protection:

PAST DUE

CAMPBELL OIL CO.

7977 HILLS & BALES RD. N.E.

MASSILLON, OH 44646

Test Due No Later than:

12/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3354

Backflow Prevention Assembly Test Report

R & R GULF STATION

Location: BACK OF BUILDING, MECH. ROOM

84 MAIN STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

28572

☐

ROSEVILLE, OH 43777

Account #: CAMPBELL OIL-7

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM. MED.

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

CAMPBELL OIL CO.

7977 HILLS & BALES RD. N.E.

Orientation:

☐

MASSILLON, OH 44646

Protection:

☐

Test Due No Later than:

12/30/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4147

Backflow Prevention Assembly Test Report

STARFIRE EXPRESS

727 PERSHING ROAD

ZANESVILLE, OH 43701

Site Use: Convenience

Hazard: CONTAINMENT COMM.LOW

Mailing Address

DOUG SMITH
CAMPBELL OIL CO.
7977 HILLS & BALES RD. N.E.

MASILLION, OH 44646

Location: * UNDER 3-COMPARTMENT SINK, IN KITCHEN.

Meter#:

LID/Service:

Account #: CAMPBELL OIL-1

Serial #:

24624

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

01/04/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3354

Backflow Prevention Assembly Test Report

R & R GULF STATION

84 MAIN STREET

ROSEVILLE, OH 43777

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

CAMPBELL OIL CO.

7977 HILLS & DALES RD. N.E.

MASSILLON, OH 44646

Location: BACK OF BUILDING, MECH. ROOM

Meter#:

LID/Service:

Account #: CAMPBELL OIL-7

Serial #:

28572

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

12/30/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 724

Backflow Prevention Assembly Test Report

CAMPBELL'S MARKET

414 MAIN STREET

DUNCAN FALLS, OH 43734

Site Use: Grocery/Supermarket

Hazard: CONTAINMENT COMM.LOW

Mailing Address

CLARK R. & JEFFREY P. CAMPBELL
CAMPBELL'S MARKET
P.O. BOX 275

DUNCAN FALLS, OH 43734

Location: WATER SERVICE CONTAINMENT - BESIDE WALKIN FREEZER

Meter#:

LID/Service:

Account #: CAMPBELLSMKT DUNFAL

Serial #:

61925

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

03/15/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3503

Backflow Prevention Assembly Test Report

CAMPER'S GROVE, CAMP

Location: MECH ROOM, WELL PIT AT DUMP STATION.

8905 HOPEWELL NATIONAL RD.

Meter#:

Serial #:

Check if Correct

Corrections

66137

☐

HOPEWELL, OHIO 43746

LID/Service:

Account #: CAMPER'S GROVE

Manufacturer:

WATTS

☐

Site Use: CAMP GROUNDS

Model:

009

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

RON ZWAHLEN

CAMPER'S GROVE

8905 HOPEWELL NATIONAL RD.

Orientation:

☐

HOPEWELL, OH 43746

Protection:

☐

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4997

Backflow Prevention Assembly Test Report

CANAAAN MENNONITE CHURCH

1335 FLINTRIDGE RD.

HOPEWELL, OH 43746

Site Use: Church

Hazard: ISOLATION MED.

Mailing Address

JAMES N. MILLER
CANAAAN MENNONITE CHURCH
4230 WEST PIKE

ZANESVILLE, OH 43701

Location: MAKEUP WATER BOILER FEED LINE.

Meter#:

LID/Service:

Account #: CANAAAN MENN.CHURCH

Serial #:

01988

Manufacturer:

WATTS

Model:

919

Type:

RPPA

Size:

0.50

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

09/24/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5000

Backflow Prevention Assembly Test Report

CANAAN MENNONITE CHURCH

Location: MECH. ROOM.

1335 FLINTRIDGE RD.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

42898

☐

HOPEWELL, OH 43746

Account #: CANAAN MENN.CHURCH

Manufacturer:

WATTS

☐

Site Use: Church

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

JAMES N. MILLER

CANAAN MENNONITE CHURCH

4230 WEST PIKE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

09/24/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5431

Backflow Prevention Assembly Test Report

CANAL LEWISVILLE CHURCH

198 E. CHURCH ST.

COSHOCTON, OH 43812

Site Use:

Hazard: ISOLATION MED.

Mailing Address

CANAL LEWISVILLE CHURCH
198 E. CHURCH ST.

COSHOCTON, OH 43812

Location: BOILER MAKEUP WATER.

Meter#:

LID/Service:

Account #: CANAL LEWISVILLE

Serial #:

2820641

Manufacturer:

WILKINS

Model:

975XLBMS

Type:

RP

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

09/09/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5432

Backflow Prevention Assembly Test Report

CANAL LEWISVILLE CHURCH

Location: WOMEN'S REST ROOM UNDER SINK.

198 E. CHURCH ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

17630

☐

COSHOCOTON, OH 43812

Account #: CANAL LEWISVILLE

Manufacturer:

WATTS

☐

Site Use:

Model:

009M3QT

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

0.75

☐

CANAL LEWISVILLE CHURCH

198 E. CHURCH ST.

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

09/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2872

Backflow Prevention Assembly Test Report

CANDY BOUQUET

432 N. WHITEWOMAN ST.

COSHOCTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

DARLENE HAMILTON, OWNER
CANDY BOUQUET
432 N. WHITEWOMAN ST.

COSHOCTON, OH 43812

Location: BASEMENT,*WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: CANDYBOUQUET

Serial #:

12619

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

04/23/2010

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2337

Backflow Prevention Assembly Test Report

CANTWELL CREEK GARDEN CEN
601 W. CHESTNUT ST.

COSHOCTON, OH 43812

Site Use:

Hazard: **CONTAINMENT COMM. MED.**

Mailing Address

JEFFREY A. HENDERSON
CANTWELL CREEK GARDEN CENTER
601 W. CHESTNUT ST.

COSHOCTON, OH 43812

Location: **RESTROOM, WATER SERVICE CONTAINMENT**

Meter#:

LID/Service:

Account #: **CANCKGARCENTER**

Serial #:

602606

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Test Due No Later than:

04/15/2022Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2338

Backflow Prevention Assembly Test Report

CANTWELL CREEK GARDEN CEN

Location: RESTROOM-GREENHOUSE WATER.

601 W. CHESTNUT ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

602587

☐

COSHOCOTON, OH 43812

Account #: CANCKGARCENTER

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

JEFFREY A. HENDERSON

CANTWELL CREEK GARDEN CENTER

601 W. CHESTNUT ST.

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

04/15/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3307

Backflow Prevention Assembly Test Report

CAPTAIN D'S SEAFOOD #3360

Location: MECH. ROOM.

2820 MAPLE AVENUE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

250366

☐

Account #: CAPTAIN D'S

Manufacturer:

WATTS

☐

Site Use: Restaurant

Model:

009

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

1.50

☐

Orientation:

☐

Protection:

PAST DUE

☐

Test Due No Later than:

01/22/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 943

Backflow Prevention Assembly Test Report

CAPT'N MORGAN

5815 EAST PIKE

ZANESVILLE, OH 43701

Site Use: Bar and Grill

Hazard: CONTAINMENT COMM.LOW

Mailing Address

KELLI MORGAN - OWNER
CAPT'N MORGAN
5815 EAST PIKE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT.BASEMENT.

Meter#:

LID/Service:

Account #: CAPTAINMORGAN

Serial #:

186367

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

04/24/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4020

Backflow Prevention Assembly Test Report

CAR CLUB/NORTHEND WELDING

Location: IN REST ROOM.

941 ORCHARD HILL RD.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

30611

☐

ZANESVILLE, OH 43701

Account #: CAR CLUB/N.E.WELD

Manufacturer:

WATTS

☐

Site Use: REPAIR SHOP

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

BRIAN HUGHES

CAR CLUB

941 ORCHARD HILL RD.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

02/11/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 451

Backflow Prevention Assembly Test Report

CAR NATION AUTO SALES

2706 MAPLE AVENUE

ZANESVILLE, OH 43701

Site Use: AUTO SALES

Hazard: CONTAINMENT COMM.LOW

Mailing Address

CAR NATION AUTO SALES
2706 MAPLE AVE.

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: CAR NATION SALES-1

Serial #:

18577

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

06/16/2010

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3828

Backflow Prevention Assembly Test Report

CAR NATION AUTO SALES

Location: MECH ROOM ,SHOP WALL.

2706 MAPLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

25536

☐

ZANESVILLE, OH 43701

Account #: CAR NATION AUTO-2

Manufacturer:

WATTS

☐

Site Use: Auto Repair

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

Protection:

PAST DUE

☐

Test Due No Later than:

01/22/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1291

Backflow Prevention Assembly Test Report

CARDINAL HEALTH

3540 EAST PIKE

ZANESVILLE, OH 43701

Site Use:

Hazard: FIRE LINE CONNECTION-LOW

Mailing Address

TAYLOR RUSSELL
CARDINAL HEALTH
850 AIRPORT DIST. DR.

ZANESVILLE, OH 43701

Location: FIRE LINE - RECEIVING AREA

Meter#:

LID/Service:

Account #: CARDINALHEALTHPIK

Serial #:

100846

Check if Correct

Corrections

Manufacturer:

AMES

Model:

2000 SILVER

Type:

DCVA

Size:

6.00

Orientation:

Protection:

PAST DUE

Test Due No Later than:

12/06/2018

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1292

Backflow Prevention Assembly Test Report

CARDINAL HEALTH

3540 EAST PIKE

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

TAYLOR RUSSELL
CARDINAL HEALTH
850 AIRPORT DIST. DR.

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT-WEST WALL

Meter#:

LID/Service:

Account #: CARDINALHEALTH

Serial #:

53945

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

2.00

Orientation:

Protection:

PAST DUE

Test Due No Later than:

12/06/2018

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

	Yes	No
Proper Installation	<input type="checkbox"/>	<input type="checkbox"/>
RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>
#2 Shutoff Closed	<input type="checkbox"/>	<input type="checkbox"/>
Service Restored	<input type="checkbox"/>	<input type="checkbox"/>

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 725

Backflow Prevention Assembly Test Report

CAREY TOWN DAY CARE

Location: FIRE LINE

527 PERSHING ROAD

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

39813

☐

ZANESVILLE, OH 43701

Account #: CAREYTOWNDAYCARE

Manufacturer:

WATTS

☐

Site Use: Child/Day Care/Nursery

Model:

007M1QT

☐

Hazard: LIMITED AREA SPRINKLER

Mailing Address

Type:

DC

☐

ZANESVILLE METROPOLITAN HOUSING

CAREY TOWN DAY CARE

527 PERSHING ROAD

Size:

1.00

☐

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

02/04/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 726

Backflow Prevention Assembly Test Report

CAREY TOWN DAY CARE

Location: BOILER - MECH ROOM

527 PERSHING ROAD

Meter#:

Serial #:

Check if Correct

Corrections

65590

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Child/Day Care/Nursery

Model:

009

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

ZANESVILLE METROPOLITAN HOUSING

CAREY TOWN DAY CARE

527 PERSHING ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

02/04/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 727

Backflow Prevention Assembly Test Report

CAREY TOWN DAY CARE

Location: WATER SERVICE CONTAINMENT

527 PERSHING ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

366644

☐

ZANESVILLE, OH 43701

Account #: CAREYTOWNDAYCARE

Manufacturer:

WATTS

☐

Site Use: Child/Day Care/Nursery

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Mailing Address

Type:

RPPA

☐

ZANESVILLE METROPOLITAN HOUSING

Size:

2.00

☐

CAREY TOWN DAY CARE

Orientation:

☐

527 PERSHING ROAD

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

03/26/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3310

Backflow Prevention Assembly Test Report

CARLWICK STOP N SHOP

Location: MECH. ROOM.

4190 CHANDLERSVILLE ROAD

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

238251

Account #: CARLWICKSTOPNSHOP

Manufacturer:

WATTS

Site Use: Convenience

Model:

007

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

03/07/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2282

Backflow Prevention Assembly Test Report

CARPET CARE PLUS

3125 CREAMERY ROAD

NASHPORT, OH 43830

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

KENNETH FAIRALL JR.
CARPET CARE PLUS
3125 CREAMERY ROAD

NASHPORT, OH 43830

Location: WATER SERVICE

Meter#:

LID/Service:

Account #: CARPET PLUS

Serial #:

06861

Check if Correct

Corrections

☐

Manufacturer:

WATTS

☐

Model:

719

☐

Type:

DCVA

☐

Size:

0.75

☐

Orientation:

☐

Protection:

☐

Test Due No Later than:

11/19/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4022

Backflow Prevention Assembly Test Report

CARQUEST-DUTRO AUTO PARTS

Location: BACK OF BUILDING GREY STEEL DOOR, IN BASEMENT BOTTOM OF STEPS.

49 S.3RD.ST.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

31834

☐

ZANESVILLE, OH 43701

Account #: CARQUEST-DUTRO

Manufacturer:

WATTS

☐

Site Use: Retail

Model:

LF719QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

0.75

☐

KENT JAQUITH

CARQUEST-DUTRO AUTO PARTS

49 S.3RD.ST.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/19/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1232

Backflow Prevention Assembly Test Report

CARR CENTER

1035 BEVERLY AVENUE

ZANESVILLE, OH 43701

Site Use: Office

Hazard: CONTAINMENT COMM.LOW

Mailing Address

STACI ALLEN
CARR CENTER
1035 BEVERLY AVENUE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT - MAIN WATER METER

Meter#:

LID/Service:

Account #: CARR CENTER

Serial #:

237841

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

03/12/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2854

Backflow Prevention Assembly Test Report

CARROLL'S BUCKEYE MOTORS

Location: MECH. ROOM.*WATER SERVICE CONTAINMENT.

524 S. SEVENTH ST.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

2931131

☐

COSHOCTON, OH 43812

Account #: CARROLL'SBUCKEYEMO

Manufacturer:

WILKINS

☐

Site Use:

Model:

975XL

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RP

☐

Mailing Address

Size:

0.75

☐

CARROLL'S BUCKEYE MOTORS

524 S. SEVENTH ST.

Orientation:

☐

COSHOCTON, OH 43812

Protection:

PAST DUE

☐

Test Due No Later than:

03/25/2013

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3174

Backflow Prevention Assembly Test Report

CASH LAND

1823 MAPLE AVENUE

ZANESVILLE, OH 43701

Site Use: Restaurant

Hazard: CONTAINMENT COMM.LOW

Mailing Address

CASH LAND
1823 MAPLE AVE.

ZANESVILLE, OH 43701

Location: DEVICE LOCATED **IN GYRO'S & KABOB, UNDER 3-COMPARTMENT SINK.

Meter#:

LID/Service:

Account #: CASH LAND

Serial #: Check if Correct Corrections

217686

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

09/30/2018

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1345

Backflow Prevention Assembly Test Report

CASTING SOLUTIONS LLC

2345 LICKING RD.

ZANESVILLE, OH 43701

Site Use: Factory

Hazard: CONTAINMENT COMM. MED.

Mailing Address

CASTING SOLUTIONS LLC
2345 LICKING RD.

ZANESVILLE, OH 43702-3148

Location: WATER SERVICE CONTAINMENT - FOUNDRY WATER

Meter#:

LID/Service:

Account #: CASTING SOLUTIONS

Serial #:

143778

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

909

Type:

RP

Size:

3.00

Orientation:

Protection:

Test Due No Later than:

12/16/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1347

Backflow Prevention Assembly Test Report

CASTING SOLUTIONS LLC

Location: ISOLATION - FURNACE

2345 LICKING RD.

Meter#:

Serial #:

Check if Correct

Corrections

220558

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Factory

Model:

909

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

CASTING SOLUTIONS LLC

2345 LICKING RD.

Orientation:

☐

ZANESVILLE, OH 43702-3148

Protection:

☐

Test Due No Later than:

12/16/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1348

Backflow Prevention Assembly Test Report

CASTING SOLUTIONS LLC

Location: DISA FURNACE

2345 LICKING RD.

Meter#:

Serial #:

Check if Correct

Corrections

144173

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Factory

Model:

909

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

3.00

☐CASTING SOLUTIONS LLC
2345 LICKING RD.

Orientation:

☐

ZANESVILLE, OH 43702-3148

Protection:

☐

Test Due No Later than:

12/16/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1349

Backflow Prevention Assembly Test Report

CASTING SOLUTIONS LLC

Location: ISOLATION - FURNACE

2345 LICKING RD.

Meter#:

Serial #:

Check if Correct

Corrections

179418

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Factory

Model:

009

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

CASTING SOLUTIONS LLC

2345 LICKING RD.

Orientation:

☐

ZANESVILLE, OH 43702-3148

Protection:

☐

Test Due No Later than:

12/16/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1350

Backflow Prevention Assembly Test Report

CASTING SOLUTIONS LLC

Location: WATER SERVICE CONTAINMENT - FOUNDRY WATER

2345 LICKING RD.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

142973

☐

ZANESVILLE, OH 43701

Account #: CASTING SOLUTIONS

Manufacturer:

WATTS

☐

Site Use: Factory

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

3.00

☐

CASTING SOLUTIONS LLC

2345 LICKING RD.

Orientation:

☐

ZANESVILLE, OH 43702-3148

Protection:

☐

Test Due No Later than:

12/16/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1351

Backflow Prevention Assembly Test Report

CASTING SOLUTIONS LLC

Location: WATER SERVICE CONTAINMENT - MAIN WATER METER STATION

2345 LICKING RD.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

116165

☐

ZANESVILLE, OH 43701

Account #: CASTING SOLUTIONS

Manufacturer:

WATTS

☐

Site Use: Factory

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPDA

☐

Mailing Address

Size:

2.50

☐

CASTING SOLUTIONS LLC

2345 LICKING RD.

Orientation:

☐

ZANESVILLE, OH 43702-3148

Protection:

☐

Test Due No Later than:

12/16/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1353

Backflow Prevention Assembly Test Report

CASTING SOLUTIONS LLC

Location: ISOLATION - WASTE WATER TREATMENT PLANT

2345 LICKING RD.

Meter#:

Serial #:

Check if Correct

Corrections

154381

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Factory

Model:

909

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐CASTING SOLUTIONS LLC
2345 LICKING RD.

Orientation:

☐

ZANESVILLE, OH 43702-3148

Protection:

☐

Test Due No Later than:

12/16/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4882

Backflow Prevention Assembly Test Report

CASTING SOLUTIONS LLC

Location: OUTSIDE OF BREAKROOM. #3 MUELLER

2345 LICKING RD.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

47272

☐

ZANESVILLE, OH 43701

Account #: CASTING SOLUTIONS

Manufacturer:

WATTS

☐

Site Use: Factory

Model:

919

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

CASTING SOLUTIONS LLC

2345 LICKING RD.

Orientation:

☐

ZANESVILLE, OH 43702-3148

Protection:

☐

Test Due No Later than:

12/16/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1662

Backflow Prevention Assembly Test Report

KINGS OF VAPOR

3205 MAPLE AVENUE

ZANESVILLE, OH 43701

Site Use: Restaurant

Hazard: CONTAINMENT COMM.LOW

Mailing Address

CASTO

250 CIVIC CENTER DR. SUITE 500

COLUMBUS, OH 43215

Location: WATER SERVICE CONTAINMENT. * MECH ROOM.

Meter#:

LID/Service:

Account #: KINGS OF VAPOR

Serial #:

54981

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

01/27/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2580

Backflow Prevention Assembly Test Report

CATFISH L.L.C.

Location: HOT BOX, LEXINGTON AVE. SIDE, BYPASS FIRE LINE.

1420 PERSHING RD.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

605014

Account #: MOSAICTILEBLDG.

Manufacturer:

WATTS

Site Use:

Model:

009

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RPPA

Mailing Address

Size:

0.75

JOHN MCMILLAN

CATFISH L.L.C.

108 2ND ST.S.W. SUITE #1

Orientation:

CHARLOTTESVILLE, VA 22902

Protection:

PAST DUE

Test Due No Later than:

02/20/2010

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2581

Backflow Prevention Assembly Test Report

CATFISH L.L.C.

Location: HOT BOX NEAR VIRGINIA & WESTBOURN,(BYPASS FIRELINE)

1420 PERSHING RD.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

08017

☐

ZANESVILLE, OH 43701

Account #: MOSAICTILEBLDG.

Manufacturer:

AMES

☐

Site Use:

Model:

4000B

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐

JOHN MCMILLAN

CATFISH L.L.C.

108 2ND ST.S.W. SUITE #1

Orientation:

☐

CHARLOTTESVILLE, VA 22902

Protection:

PAST DUE

☐

Test Due No Later than:

02/20/2010

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2582

Backflow Prevention Assembly Test Report

CATFISH L.L.C.

Location: HOT BOX NEAR CORNER VIRGINIA & WESTBOURN,(FIRE MAIN)

1420 PERSHING RD.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

033640406

Account #: MOSAICTILEBLDG.

Manufacturer:

AMES

Site Use:

Model:

5000

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

Mailing Address

Size:

6.00

Orientation:

Protection:

PAST DUE

JOHN MCMILLAN

CATFISH L.L.C.

108 2ND ST.S.W. SUITE #1

CHARLOTTESVILLE, VA 22902

Test Due No Later than:

02/20/2010

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2583

Backflow Prevention Assembly Test Report

CATFISH L.L.C.

Location: HOT BOX LEXINGTON AVE. SIDE. (FIRE MAIN)

1420 PERSHING RD.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

00540

☐

ZANESVILLE, OH 43701

Account #: MOSAICTILEBLDG.

Manufacturer:

AMES

☐

Site Use:

Model:

5000

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

8.00

☐

JOHN MCMILLAN

CATFISH L.L.C.

108 2ND ST.S.W. SUITE #1

Orientation:

☐

CHARLOTTESVILLE, VA 22902

Protection:

PAST DUE

☐

Test Due No Later than:

02/20/2010

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4023

Backflow Prevention Assembly Test Report

CATIE'S CORNER

729 SEBORN AVE.

ZANESVILLE, OH 43701

Site Use: Retail

Hazard: CONTAINMENT COMM.LOW

Mailing Address

CONI ALLEN
CATIE'S CORNER
729 SEBORN AVE.

ZANESVILLE, OH 43701

Location: BASEMENT.

Meter#:

LID/Service:

Account #: CATIE'S CORNER

Serial #:

33692

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

LF719QT

Type:

DC

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

02/08/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 787

Backflow Prevention Assembly Test Report

CATO

2850 MAYSVILLE PIKE A-1

ZANESVILLE, OH 43701

Site Use: Retail

Hazard: CONTAINMENT COMM.LOW

Mailing Address

MANAGER

CATO

2850 MAYSVILLE PIKE-A-1

CATO-SPACE-A-1

ZANESVILLE, OH 43701

Location: CHANGING ROOM.

Meter#:

LID/Service:

Account #: MAYSVILLEMKT A-1

Serial #:

1517561

Check if Correct

Corrections

Manufacturer:

WILKINS

Model:

950XL

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

06/30/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Submit completed
Test Report:

Fax:



Service Address

Hazard/CCID: 4241

Backflow Prevention Assembly Test Report

CCO COAL AND CONSTRUCTION

Location: GARAGE AREA EAST SIDE NEXT TO MOP SINK.

1855 KEMPER CT.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

10172

☐

ZANESVILLE, OH 43701

Account #: CCU COAL & CONSTRU

Manufacturer:

WATTS

☐

Site Use: Business Office

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

2.00

☐

JOE DOUGLAS

CCO COAL AND CONSTRUCTION

1855 KEMPER CT.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

07/06/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 334

Backflow Prevention Assembly Test Report

CEDAR RIDGE BEHAVIOR HEALT

Location: WATER SERVICE CONTAINMENT. - BASEMENT.

441 PUTNAM AVENUE

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

29543

☐

ZANESVILLE, OH 43701

Account #: CEDAR RIDGE

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.50

☐CEDAR RIDGE BEHAVIOR HEALTH
441 PUTNAM AVENUE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

08/19/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 336

Backflow Prevention Assembly Test Report

CEDAR RIDGE BEHAVIOR HEALTH

Location: CARRIAGE HOUSE. - IN CORNER BOX.

441 PUTNAM AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

40569

☐

ZANESVILLE, OH 43701

Account #: CEDAR RIDGE

Manufacturer:

WATTS

☐

Site Use:

Model:

719QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

0.75

☐

TROY BEYNON

CEDAR RIDGE BEHAVIOR HEALTH

441 PUTNAM AVENUE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

08/19/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3523

Backflow Prevention Assembly Test Report

CEDAR RIDGE BEHAVIOR HEALT

Location: MECH ROOM

441 PUTNAM AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

26099

☐

ZANESVILLE, OHIO 43701

Account #: CEDAR RIDGE

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

CEDAR RIDGE BEHAVIOR HEALTH

441 PUTNAM AVENUE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

08/19/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5022

Backflow Prevention Assembly Test Report

CEDAR RIDGE BEHAVIOR HEALTH

Location: BREAK ROOM

441 PUTNAM AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

64781

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

919QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RP

☐

Mailing Address

Size:

1.00

☐

TROY BEYNON

CEDAR RIDGE BEHAVIOR HEALTH

441 PUTNAM AVENUE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

08/19/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5023

Backflow Prevention Assembly Test Report

CEDAR RIDGE BEHAVIOR HEALTH

Location: BOILER ROOM

441 PUTNAM AVENUE

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

252526

☐

ZANESVILLE, OH 43701

Account #: CEDAR RIDGE

Manufacturer:

WATTS

☐

Site Use:

Model:

009M3QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RP

☐

Mailing Address

Size:

0.75

☐

TROY BEYNON

CEDAR RIDGE BEHAVIOR HEALTH

441 PUTNAM AVENUE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

08/19/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 765

Backflow Prevention Assembly Test Report

COTC COSHOCTON CAMPUS

Location: OUT SIDE HOSE BIBBS, ISOLATION.

200 NORTH WHITEWOMAN STREET

Meter#:

Serial #:

Check if Correct

Corrections

182147

☐

COSHOCTON, OH 43812

LID/Service:

Account #: CENT.OH.TECH.COLL.

Manufacturer:

WATTS

☐

Site Use:

Hazard: ISOLATION LOW

Model:

009

☐

Mailing Address

Type:

RPPA

☐

JOHN MCDONALD, BLDG. SUPVR.

CENT.OH.TECH.COLLEGE

200 NORTH WHITEWOMAN STREET

Size:

0.75

☐

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

08/07/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2706

Backflow Prevention Assembly Test Report

COTC COSHOCTON CAMPUS

Location: MECH. ROOM, CONTAINMENT.

200 NORTH WHITEWOMAN STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

01326

☐

COSHOCTON, OH 43812

Account #: CENT.OH.TECH.COLL.

Manufacturer:

WATTS

☐

Site Use:

Model:

919

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

JOHN MCDONALD, BLDG. SUPVR.

CENT.OH.TECH.COLLEGE

200 NORTH WHITEWOMAN STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

08/07/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2707

Backflow Prevention Assembly Test Report

COTC COSHOCTON CAMPUS

Location: MONTGOMERY HALL, MECH RM. BOILER FEED, ISOLATION.

200 NORTH WHITEWOMAN STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

06154

☐

COSHOCTON, OH 43812

Account #: CENT.OH.TECH.COLL.

Manufacturer:

WATTS

☐

Site Use:

Model:

919

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

JOHN MCDONALD, BLDG. SUPVR.

CENT.OH.TECH.COLLEGE

200 NORTH WHITEWOMAN STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

08/07/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2928

Backflow Prevention Assembly Test Report

COTC COSHOCTON CAMPUS

Location: FIRE LINE - MECH. ROOM - MONTGOMERY HALL

200 NORTH WHITEWOMAN STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

14224

☐

COSHOCTON, OH 43812

Account #: CENT.OH.TECH.COLLEGE

Manufacturer:

WATTS

☐

Site Use:

Model:

919

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

JOHN MCDONALD, BLDG. SUPVR.

CENT.OH.TECH.COLLEGE

200 NORTH WHITEWOMAN STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

08/07/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

	Yes	No
Proper Installation	<input type="checkbox"/>	<input type="checkbox"/>
RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>
#2 Shutoff Closed	<input type="checkbox"/>	<input type="checkbox"/>
Service Restored	<input type="checkbox"/>	<input type="checkbox"/>

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2929

Backflow Prevention Assembly Test Report

COTC COSHOCTON CAMPUS

Location: FIRE LINE - MONTGOMERY HALL

200 NORTH WHITEWOMAN STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

HH1322

☐

COSHOCTON, OH 43812

Account #: CENT.OH.TECH.COLLEGE

Manufacturer:

AMES

☐

Site Use:

Model:

C500 COLT

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

6.00

☐

JOHN MCDONALD, BLDG. SUPVR.

CENT.OH.TECH.COLLEGE

200 NORTH WHITEWOMAN STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

08/07/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3130

Backflow Prevention Assembly Test Report

COTC COSHOCTON CAMPUS

Location: ABOVE MOP SINK,CLEANING CHEMICAL DISPENSER.

200 NORTH WHITEWOMAN STREET

Meter#:

Serial #:

Check if Correct

Corrections

57022

☐

LID/Service:

Manufacturer:

WATTS

☐

COSHOCTON, OH 43812

Account #: CENT.OH.TECH.COLLEGE

Model:

008

☐

Site Use:

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

JOHN MCDONALD,BLDG.SUPVR.

CENT.OH.TECH.COLLEGE

200 NORTH WHITEWOMAN STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

08/07/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1821

Backflow Prevention Assembly Test Report

MEADOWOOD APTS. - LAUNDRY

Location: *MECH ROOM, LAUNDRY BLDG.

3396 MEADOWOOD DRIVE 15-D

Meter#:

Serial #:

Check if Correct

Corrections

75589

☐

ZANESVILLE, OH 43701

LID/Service:

Account #: MEADOWOODAPTSLAUN

Manufacturer:

WATTS

☐

Site Use:

Hazard: CONTAINMENT COMM.LOW

Model:

009

☐

Mailing Address

Type:

RPPA

☐

Size:

0.50

☐

Orientation:

☐

Protection:

☐CENTRAL MANAGEMENT
1405 HAFT DR.

REYNOLDSBURG, OH 43068

Test Due No Later than:

01/03/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1122

Backflow Prevention Assembly Test Report

CENTRAL PRESBYTERIAN CHUR

Location: BOILER FEED - BASEMENT MECH ROOM

40 NORTH 6TH STREET

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

411329

☐

Account #: CENTPRESBYTERIAN

Manufacturer:

WATTS

☐

Site Use: Church

Model:

009

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐CENTRAL PRESBYTERIAN CHURCH
40 NORTH 6TH STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

10/01/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1123

Backflow Prevention Assembly Test Report

CENTRAL PRESBYTERIAN CHUR

Location: WATER SERVICE CONTAINMENT - BASEMENT MECH ROOM

40 NORTH 6TH STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

01256

☐

ZANESVILLE, OH 43701

Account #: CENTPRESBYTERIAN

Manufacturer:

WATTS

☐

Site Use: Church

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐CENTRAL PRESBYTERIAN CHURCH
40 NORTH 6TH STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

10/01/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 175

Backflow Prevention Assembly Test Report

ITM MARKETING

470 DOWNTOWNER PLAZA

COSHOCOTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

BOB RICCA, PROPERTY MANAGER
CENTRAL REALTY, LLC
331 WEST THORNTON AVENUE

ST. LOUIS, MO 63119

Location: *BREAK ROOM ,(WATER SERVICE CONTAINMENT).

Meter#:

LID/Service:

Account #: COSH.ASSOC.LLC-12

Serial #:

37013

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

1.00

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

05/27/2018

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____



Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 704

Backflow Prevention Assembly Test Report

CENTRAL TRINITY UNITED METH

Location: MECH ROOM - BOILER

62 SOUTH 7TH STREET

Meter#:

Serial #:

Check if Correct

Corrections

152726

☐

ZANESVILLE, OH 43701

LID/Service:

Account #: CENTRALTRINITYUM

Manufacturer:

WATTS

☐

Site Use: Church

Model:

009

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

WILLARD WHEELER

CENTRAL TRINITY UNITED METHODIST

62 SOUTH 7TH STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

08/15/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 706

Backflow Prevention Assembly Test Report

CENTRAL TRINITY UNITED METH
62 SOUTH 7TH STREET

Location: **WATER SERVICE CONTAINMENT. - BASEMENT, DOWN TRAP DOOR IN FLOOR.**

ZANESVILLE, OH 43701

Meter#:

LID/Service:

Account #: **CENTRALTRINITYUM**

Serial #:

09724

Check if Correct

Corrections

☐

Manufacturer:

WATTS☐

Model:

007☐

Type:

DCVA☐

Size:

1.50☐

Orientation:

☐

Protection:

☐Site Use: **Church**Hazard: **CONTAINMENT COMM.LOW**

Mailing Address

WILLARD WHEELER

CENTRAL TRINITY UNITED METHODIST
62 SOUTH 7TH STREET

ZANESVILLE, OH 43701

Test Due No Later than:

08/15/2022Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 956

Backflow Prevention Assembly Test Report

CERNER**140 SOUTH FRIENDSHIP DRIVE**

NEW CONCORD, OH 43762

Site Use:

Hazard: ISOLATION MED.

Mailing Address

TRIPLETT & ADAMS LTD
CERNER
P.O. BOX 8

NEW CONCORD, OH 43762-0008

Location: MECH ROOM.*BOILER FEED.

Meter#:

LID/Service:

Account #: CERNER-1

Serial #:

1867329

Manufacturer:

WILKINS

Model:

975

Type:

RP

Size:

1.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

11/05/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 958

Backflow Prevention Assembly Test Report

CERNER

Location: POTABLE WATER. *MECH. ROOM.

140 SOUTH FRIENDSHIP DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

1564311

☐

NEW CONCORD, OH 43762

Account #: CERNER-1

Manufacturer:

WILKINS

☐

Site Use:

Model:

975XL

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RP

☐

Mailing Address

Size:

2.00

☐

TRIPLETT & ADAMS LTD

CERNER

P.O. BOX 8

Orientation:

☐

NEW CONCORD, OH 43762-0008

Protection:

PAST DUE

☐

Test Due No Later than:

11/05/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1360

Backflow Prevention Assembly Test Report

CERNER

Location: FIRE LINE.

140 SOUTH FRIENDSHIP DRIVE

Meter#:

Serial #: Check if Correct Corrections

NEW CONCORD, OH 43762

LID/Service:

1032830204

Account #: CERNER-1

Manufacturer:

AMES

Site Use:

Model:

5000

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

Mailing Address

Size:

4.00

Orientation:

Protection:

TRIPLETT & ADAMS LTD

CERNER

P.O. BOX 8

NEW CONCORD, OH 43762-0008

Test Due No Later than:

11/05/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1361

Backflow Prevention Assembly Test Report

CERNER

Location: BYPASS TO FIRE SYSTEM.

140 SOUTH FRIENDSHIP DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

85962

☐

NEW CONCORD, OH 43762

LID/Service:

Manufacturer:

AMES

☐

Site Use:

Model:

4000B

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐

TRIPLETT & ADAMS LTD

CERNER

P.O. BOX 8

Orientation:

☐

NEW CONCORD, OH 43762-0008

Protection:

☐

Test Due No Later than:

11/05/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4640

Backflow Prevention Assembly Test Report

CERTIFIED GAS STATION

1402 WEST MAIN STREET

ZANESVILLE, OH 43701

Site Use:

Hazard:

Mailing Address

STEVE SWISHER, MANAGER
CERTIFIED GAS STATION
1402 WEST MAIN STREET

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT - MECH ROOM

Meter#:

LID/Service:

Account #: CERTIFIEDWESTMAIN

Serial #:

A258610

Manufacturer:

WILKINS

Model:

375

Type:

RP

Size:

0.75

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

10/17/2019

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4025

Backflow Prevention Assembly Test Report

CERTIFIED OIL CORP.

Location: STAIRWAY TO BASEMENT.

1380 GREENWOOD AVE.

Meter#:

Serial #: 30023

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

Site Use: Gas Station

Model:

719

Hazard: CONTAINMENT COMM. MED.

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

01/26/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4411

Backflow Prevention Assembly Test Report

STERLING SUITES SENIOR LIVING

Location: MECH. ROOM. HEATING WATER MAKEUP.

1126 ADAIR AVE.

Meter#:

Serial #: Check if Correct Corrections

MIKE KLINE

LID/Service:

39102

ZANESVILLE, OH 43701

Account #: CERTUS HEALTH

Manufacturer:

WATTS

Site Use: Apartments

Model:

919

Hazard:

Mailing Address

Type:

RPPA

MIKE KLINE

Size:

0.75

CERTUS HEALTHCARE MANAGEMENT

Orientation:

1126 ADAIR AVE.

Protection:

ZANESVILLE, OH 43701

Test Due No Later than:

04/04/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4407

Backflow Prevention Assembly Test Report

STERLING SUITES SENIOR LIVING
1126 ADAIR AVE.

MIKE KLINE
 ZANESVILLE, OH 43701

Site Use: Apartments

Hazard: CONTAINMENT COMM.LOW

Mailing Address

MIKE KLINE
 CERTUS HEALTHCARE MANAGEMENT
 1126 ADAIR AVE.

ZANESVILLE, OH 43701

Location: MECH. ROOM.

Meter#:

LID/Service:

Account #: CERTUS HEALTH

Serial #:

01280

Check if Correct

Corrections

☐

Manufacturer:

WATTS

☐

Model:

719

☐

Type:

DCVA

☐

Size:

2.00

☐

Orientation:

☐

Protection:

☐

Test Due No Later than:

04/04/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4410

Backflow Prevention Assembly Test Report

STERLING SUITES SENIOR LIVING

Location: MECH. ROOM. COOLING TOWER FEED.

1126 ADAIR AVE.

Meter#:

Serial #:

Check if Correct

Corrections

MIKE KLINE

LID/Service:

06288

☐

ZANESVILLE, OH 43701

Account #: CERTUS HEALTH

Manufacturer:

WATTS

☐

Site Use: Apartments

Model:

009

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

Protection:

☐

MIKE KLINE

CERTUS HEALTHCARE MANAGEMENT

1126 ADAIR AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

04/04/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4407

Backflow Prevention Assembly Test Report

STERLING SUITES SENIOR LIVING
1126 ADAIR AVE.

MIKE KLINE
 ZANESVILLE, OH 43701

Site Use: Apartments

Hazard: CONTAINMENT COMM.LOW

Mailing Address

MIKE KLINE
 CERTUS HEALTHCARE MANAGEMENT
 1126 ADAIR AVE.

ZANESVILLE, OH 43701

Location: MECH. ROOM.

Meter#:

LID/Service:

Account #: CERTUS HEALTH

Serial #:

01280

Check if Correct

Corrections

☐

Manufacturer:

WATTS

☐

Model:

719

☐

Type:

DCVA

☐

Size:

2.00

☐

Orientation:

☐

Protection:

☐

Test Due No Later than:

04/04/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐

Leaked

☐

Closed Tight

☐

Held at _____ PSID

Leaked

☐

Closed Tight

☐

Held at _____ PSID

Did not open

☐

Opened at _____ PSID

Did not open

☐

Opened Fully

Yes ☐No ☐

Opened at _____ PSID

Leaked

☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned

☐

Rubber Kit

☐

Rebuild

☐

Replaced

☐

Other

☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐

Closed Tight

☐

Held at _____ PSID

Closed Tight

☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully

☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐

Submit completed
 Test Report:

Fax:

Service Address

Hazard/CCID: 4408

Backflow Prevention Assembly Test Report

STERLING SUITES SENIOR LIVING

Location: MECH. ROOM.

1126 ADAIR AVE.

Meter#:

Serial #:

Check if Correct

Corrections

MIKE KLINE

LID/Service:

09392

☐

ZANESVILLE, OH 43701

Account #: CERTUS HEALTH

Manufacturer:

AMES

☐

Site Use: Apartments

Model:

4000B

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

Protection:

☐

MIKE KLINE

CERTUS HEALTHCARE MANAGEMENT

1126 ADAIR AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

04/04/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4409

Backflow Prevention Assembly Test Report

STERLING SUITES SENIOR LIVING

Location: MECH. ROOM.

1126 ADAIR AVE.

Meter#:

Serial #: Check if Correct Corrections

MIKE KLINE

LID/Service:

104265-1207

ZANESVILLE, OH 43701

Account #: CERTUS HEALTH

Manufacturer:

AMES

Site Use: Apartments

Model:

5000

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

Mailing Address

Size:

4.00

Orientation:

Protection:

MIKE KLINE

CERTUS HEALTHCARE MANAGEMENT

1126 ADAIR AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

04/04/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4412

Backflow Prevention Assembly Test Report

CEDAR HILL HEALTHCARE & REI

Location: MECH. RM. 4' LADDER NEEDED.

1136 ADAIR AVE.

MIKE KLINE

ZANESVILLE, OH 43701

Meter#:

LID/Service:

Account #: CEDAR HILL

Serial #:

09573

Check if Correct

Corrections

☐

Manufacturer:

AMES

☐

Model:

4000B

☐

Type:

RP

☐

Size:

0.75

☐

Orientation:

☐

Protection:

☐

Site Use: HEALTH CARE FACILITY

Hazard: FIRE LINE BYPASS-MEDIUM

Mailing Address

MIKE KLINE

CERTUS HEALTHCARE MANAGEMENT

1136 ADAIR AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

04/04/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐

Leaked

☐

Closed Tight

☐

Held at _____ PSID

Leaked

☐

Closed Tight

☐

Held at _____ PSID

Did not open

☐

Opened at _____ PSID

Did not open

☐

Opened Fully

☐

Yes

☐

No

☐

Opened at _____ PSID

Leaked

☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned

☐

Rubber Kit

☐

Rebuild

☐

Replaced

☐

Other

☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐

Closed Tight

☐

Held at _____ PSID

Closed Tight

☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully

☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes

No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐Fail ☐☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Submit completed
Test Report:

Fax:



Service Address

Hazard/CCID: 4413

Backflow Prevention Assembly Test Report

CEDAR HILL HEALTHCARE & REI

Location: MECH. RM.

1136 ADAIR AVE.

Meter#:

Serial #: Check if Correct Corrections

MIKE KLINE

LID/Service:

042401207

ZANESVILLE, OH 43701

Account #: CEDAR HILL

Manufacturer:

AMES

Site Use: HEALTH CARE FACILITY

Model:

5000

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

Mailing Address

Size:

6.00

Orientation:

Protection:

MIKE KLINE

CERTUS HEALTHCARE MANAGEMENT

1136 ADAIR AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

04/04/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4531

Backflow Prevention Assembly Test Report

CEDAR HILL HEALTHCARE & REI

Location: MECH. RM.

1136 ADAIR AVE.

Meter#:

Serial #:

Check if Correct

Corrections

MIKE KLINE

LID/Service:

09650

☐

ZANESVILLE, OH 43701

Account #: CEDAR HILL

Manufacturer:

AMES

☐

Site Use: HEALTH CARE FACILITY

Model:

4000B

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

Protection:

☐

MIKE KLINE

CERTUS HEALTHCARE MANAGEMENT

1136 ADAIR AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

04/04/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4532

Backflow Prevention Assembly Test Report

CEDAR HILL HEALTHCARE & REI

Location: MECH. RM.

1136 ADAIR AVE.

Meter#:

Serial #: Check if Correct Corrections

MIKE KLINE

LID/Service:

1042581107

ZANESVILLE, OH 43701

Account #: CEDAR HILL

Manufacturer:

AMES

Site Use: HEALTH CARE FACILITY

Model:

5000

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

Mailing Address

Size:

3.00

Orientation:

Protection:

MIKE KLINE

CERTUS HEALTHCARE MANAGEMENT

1136 ADAIR AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

04/04/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3109

Backflow Prevention Assembly Test Report

CHAMPION GYMNASTICS

1522 HIGHPOINTE COURT

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

CHAMPION GYMNASTICS
1522 HIGHPOINTE COURT

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: CHAMPIONGYMNASTICS

Serial #:

14760

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

06/05/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1091

Backflow Prevention Assembly Test Report

CHANDLERSVILLE POST OFFICE

Location: WATER SERVICE CONTAINMENT - MECH ROOM

8875 CHANDLERSVILLE ROAD

Meter#:

Serial #: Check if Correct Corrections

CHANDLERSVILLE, OH 43727

LID/Service:

116558

Account #: CHANDPOSTOFFICE

Manufacturer:

WATTS

Site Use: Business Office

Model:

007

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

PAM NUNLEY, POSTMASTER
CHANDLERSVILLE POST OFFICE
8875 CHANDLERSVILLE RD.

Orientation:

CHANDLERSVILLE RD., OH 43727

Protection:

Test Due No Later than:

09/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4886

Backflow Prevention Assembly Test Report

CHANDLERSVILLE UNITED METH

Location: BASEMENT

9105 CHANDLERSVILLE RD.

Meter#:

Serial #:

Check if Correct

Corrections

33722

☐

CHANDLERSVILLE, OH 43727

LID/Service:

Account #: UNITED METHODIST C

Manufacturer:

WATTS

☐

Site Use: Church

Model:

LF719QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

0.75

☐CHANDLERSVILLE UNITED METHODIST CHURCH
9105 CHANDLERSVILLE RD.

Orientation:

☐

CHANDLERSVILLE, OH 43727

Protection:

☐

Test Due No Later than:

10/14/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2575

Backflow Prevention Assembly Test Report

CHAPMAN'S COFFEE HOUSE

Location: BASEMENT, WATER SERVICE CONTAINMENT.

68 1/2 W. MAIN ST.

Meter#:

Serial #: 06007

Check if Correct

Corrections

NEW CONCORD, OH 43762

LID/Service:

Account #: CHAPMAN'S COFFEE H

Manufacturer:

WATTS

Site Use:

Hazard: CONTAINMENT COMM. LOW

Model:

719

Mailing Address

Type:

DCVA

Size:

0.75

Orientation:

Protection:

CHAPMAN'S COFFEE HOUSE
68 1/2 W. MAIN ST.

NEW CONCORD, OH 43762

Test Due No Later than:

02/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 491

Backflow Prevention Assembly Test Report

CHARTER COMMUNICATIONS

737 HOWARD STREET

ZANESVILLE, OH 43701

Site Use: Business Office

Hazard: CONTAINMENT COMM.LOW

Mailing Address

GREG GOODWIN
CHARTER COMMUNICATIONS
1015 OLENTANGY RIVER RD.

COLUMBUS, OH 43212

Location: WATER SERVICE CONTAINMENT. * CLOSET IN MEN'S RESTROOM.

Meter#:

LID/Service:

Account #: CHARTER COMM. 2

Serial #:

22528

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

1.50

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

10/12/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 492

Backflow Prevention Assembly Test Report

CHARTER COMMUNICATIONS

737 HOWARD STREET

ZANESVILLE, OH 43701

Site Use: Business Office

Hazard: IRRIGATION MED-ISOLATION

Mailing Address

GREG GOODWIN

CHARTER COMMUNICATIONS

1015 OLENTANGY RIVER RD.

COLUMBUS, OH 43212

Location: LAWN SPRINKLER. *MEN'S RESTROOM CLOSET. * DUE IN SPRING

Meter#:

LID/Service:

Account #: CHARTER COMM. 2

Serial #:

191472

Manufacturer:

FEBCO

Model:

825Y

Type:

RP

Size:

1.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

10/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 472

Backflow Prevention Assembly Test Report

CHASE BANK

434 MAIN STREET

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

CHASE BANK
434 MAIN STREET

ZANESVILLE, OH 43701

Location: BASEMENT,*WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: CHASEBANKDOWNTOWN

Serial #:

01097

Manufacturer:

WATTS

Model:

007

Type:

DCDA

Size:

3.00

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

12/20/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 732

Backflow Prevention Assembly Test Report

CHATEAU ESTATES TRAILER PA

Location: WATER SERVICE CONTAINMENT - PUMP HOUSE

2200 SOUTH RIVER ROAD

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

202925

☐

Account #: CHATEAUESTATESMHP

Manufacturer:

WATTS

☐

Site Use: RENTAL

Model:

009

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

Orientation:

☐

SANDRA PAGE

CHATEAU ESTATES

3025 COLDSRING RD.

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4522

Backflow Prevention Assembly Test Report

CHEERS

628 WALNUT ST.

COSHOCTON, OH 43812

Site Use: Retail

Hazard: CONTAINMENT COMM.LOW

Mailing Address

CHEERS

628 WALNUT ST.

COSHOCTON, OH 43812

Location: ELECTRICAL ROOM.

Meter#:

LID/Service:

Account #: CHEERS

Serial #: 09261

Manufacturer: WATTS

Model: 719

Type: DCVA

Size: 2.00

Orientation:

Protection:

Check if Correct Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

04/01/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3262

Backflow Prevention Assembly Test Report

CHEF STEVE, THE PROFESSIONAL
730 PUTNAM AVE.

ZANESVILLE, OH 43701

Site Use: Restaurant

Hazard: CONTAINMENT COMM.LOW

Mailing Address

STEVE MEREDITH
CHEF STEVE, THE PROFESSIONAL CATERER
29 E OVERLOOK DRIVE

ZANESVILLE, OH 43701

Location: MECH ROOM

Meter#:

LID/Service:

Account #: CHEFSTEVE

Serial #: Check if Correct Corrections

21262

Manufacturer:

WATTS

Model:

719QT

Type:

DC

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

03/03/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Submit completed
Test Report:

Fax:



Service Address

Hazard/CCID: 1750

Backflow Prevention Assembly Test Report

CHINA WOK BUFFET

Location: AT WATER METER, IN REST ROOM.

355 DOWNTOWNER PLAZA

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

241235

☐

COSHOCTON, OH 43812

Account #: COSH.ASSOC.LLC-17

Manufacturer:

WATTS

☐

Site Use: Restaurant

Model:

009

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

A.I. GING TONG

CHINA WOK BUFFET

355 DOWNTOWNER PLAZA

Orientation:

☐

COSHOCTON, OH 43812

Protection:

PAST DUE

☐

Test Due No Later than:

11/20/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2943

Backflow Prevention Assembly Test Report

CHIPCO,LLC GARAGE

Location: MECH.ROOM *BESIDE WATER HEATER.

1503 MOXAHALA AVENUE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

A72993

Account #: CHIPCOLLCGARAGE

Manufacturer:

WATTS

Site Use:

Model:

009

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

Mailing Address

Size:

0.75

RONALD VAN SMITH
CHIPCO,LLC GARAGE
3450 SOUTH RIVER RD.

Orientation:

ZANESVILLE, OH 43701

Protection:

Test Due No Later than:

08/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2475

Backflow Prevention Assembly Test Report

CHIPOTLE MEXICAN GRILL#873

Location: MECH.RM. CLOSET BETWEEN REST RMS.

3581 MAPLE AVE.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

A10700

☐

ZANESVILLE, OH 43701

Account #: CHIPOTLE

Manufacturer:

WATTS

☐

Site Use: Restaurant

Model:

009

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

ATTN: MAINTENANCE FOR OHIO STORES

CHIPOTLE MEXICAN GRILL#873

1401 WYNKOOP STREET, SUITE 500

Orientation:

☐

DENVER, CO 80202

Protection:

☐

Test Due No Later than:

11/01/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2476

Backflow Prevention Assembly Test Report

CHIPOTLE MEXICAN GRILL#873

Location: MECH. RM. BETWEEN REST RMS. (CONTAINMENT.)

3581 MAPLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

2280397

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WILKINS

☐

Site Use: Restaurant

Model:

975

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RP

☐

Mailing Address

Size:

1.50

☐

ATTN: MAINTENANCE FOR OHIO STORES

CHIPOTLE MEXICAN GRILL#873

1401 WYNKOOP STREET, SUITE 500

Orientation:

☐

DENVER, CO 80202

Protection:

☐

Test Due No Later than:

11/01/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 341

Backflow Prevention Assembly Test Report

CHIROPRACTIC ASSOCIATES

Location: WATER SERVICE CONTAINMENT. MECH.ROOM.

1658 MAPLE AVENUE

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

114049

☐

ZANESVILLE, OH 43701

Account #: CHIROPRACTICASSOC

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

DR. RUSTY L. MYERS

CHIROPRACTIC ASSOCIATES

1658 MAPLE AVENUE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/02/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3706

Backflow Prevention Assembly Test Report

CHRIST TABLE

28 S.6TH ST.

ZANESVILLE, OH 43701

Site Use: Food Pantry

Hazard: CONTAINMENT COMM.LOW

Mailing Address

CHRIST TABLE

28 S.6TH ST.

ZANESVILLE, OH 43701

Location: In Kitchen.

Meter#:

LID/Service:

Account #: CHRIST TABLE

Serial #:
30244Manufacturer:
WATTSModel:
719Type:
DCVASize:
0.75

Orientation:

Protection:

Check if Correct Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

04/22/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 844

Backflow Prevention Assembly Test Report

THE ANCHOR CHURCH

78 WEST PINE STREET

COSHOCTON, OH 43812

Site Use: Church

Hazard: CONTAINMENT COMM.LOW

Mailing Address

CHRISTIAN APOSTOLIC CHURCH
P.O. BOX 3138

ZANESVILLE, OH 43702-3138

Location: WATER SERVICE CONTAINMENT - MECH ROOM

Meter#:

LID/Service:

Account #: THE ANCHOR CHURCH

Serial #:

163236

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

03/28/2017

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3826

Backflow Prevention Assembly Test Report

CHRISTIAN DOLLAR STORE

Location: OFFICE IN BACK,NEXT TO NORTH WALL.

1123 PINE ST.

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

31751

☐

Account #: CHRISTIANDOLLAR

Manufacturer:

WATTS

☐

Site Use: Retail

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

CHRISTIAN DOLLAR STORE

1123 PINE ST.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

07/15/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 740

Backflow Prevention Assembly Test Report

CHRISTIAN & MISSIONARY ALLIA

Location: WATER SERVICE CONTAINMENT. MECH. ROOM.

545 RICHEY ROAD

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

219938

☐

ZANESVILLE, OH 43701

Account #: CHRISTIANMISSIONAR

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

LYNNE L. THOMAS, SECRETARY
CHRISTIAN MISSIONARY & ALLIANCE CHU
545 RICHEY ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

10/10/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4030

Backflow Prevention Assembly Test Report

NORVAL PARK CHURCH OF CHR
845 ARCH ST.

ZANESVILLE, OH 43701

Site Use: Church

Hazard: ISOLATION MED.

Mailing Address

CHURCH OF CHRIST-NORVAL PARK
845 ARCH ST.

ZANESVILLE, OH 43701

Location: BOILER FEED, NO CHEMICALS.BASEMENT MECH.ROOM.

Meter#:

LID/Service:

Account #: CHURCH OF CHRIST

Serial #:

30710

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

03/20/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4546

Backflow Prevention Assembly Test Report

NORVAL PARK CHURCH OF CHR

Location: MECH.ROOM.

845 ARCH ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

30605

☐

ZANESVILLE, OH 43701

Account #: CHURCH OF CHRIST

Manufacturer:

WATTS

☐

Site Use: Church

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

CHURCH OF CHRIST-NORVAL PARK

845 ARCH ST.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4547

Backflow Prevention Assembly Test Report

NORVAL PARK CHURCH OF CHR

Location: BASEMENT MECH.ROOM.

845 ARCH ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

30227

☐

ZANESVILLE, OH 43701

Account #: CHURCH OF CHRIST

Manufacturer:

WATTS

☐

Site Use: Church

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

CHURCH OF CHRIST-NORVAL PARK

845 ARCH ST.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4031

Backflow Prevention Assembly Test Report

CHURCH OF CHRIST-WOODLAWI

Location: BASEMENT MECH. ROOM.

434 WOODLAWN AVE.

Meter#:

Serial #: 30664

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: CHURCHCHRISTWOODL

Manufacturer:

WATTS

Site Use: Church

Hazard: CONTAINMENT COMM.LOW

Model:

719

Mailing Address

Type:

DCVA

Size:

0.75

Orientation:

Protection:

CHURCH OF CHRIST-WOODLAWN
434 WOODLAWN AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

03/31/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 708

Backflow Prevention Assembly Test Report

CHURCH OF GOD & SAINTS OF C

Location: BASEMENT - MEN'S BATHROOM

516 CLIFFWOOD AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

34905

☐

Account #: CHURCHOFGOD&SAINTS

Manufacturer:

WATTS

☐

Site Use: Church

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐CHURCH OF GOD & SAINTS OF CHRIST
516 CLIFFWOOD AVENUE

Orientation:

☐

ZANESVILLE, OH 43702-2032

Protection:

☐

Test Due No Later than:

04/17/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4759

Backflow Prevention Assembly Test Report

CHURCH OF GOD

703 SOUTH 2ND. ST.

COSHOCTON, OH 43812

Site Use: Church

Hazard: CONTAINMENT COMM.LOW

Mailing Address

CHURCH OF GOD
703 SOUTH 2ND. ST.

COSHOCTON, OH 43812

Location: BASEMENT

Meter#:

LID/Service:

Account #: CHURCH OF GOD

Serial #:

005193

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

LF007M1QT

Type:

DC

Size:

1.00

Orientation:

Protection:

PAST DUE

Test Due No Later than:

01/24/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Submit completed
Test Report:

Fax:



Service Address

Hazard/CCID: 707

Backflow Prevention Assembly Test Report

CHURCH OF THE NAZARENE

Location: CHILD DEVELOPMENT CENTER - WATER SERVICE CONTAINMENT.

3095 MAYSVILLE PIKE

Meter#:

Serial #: 51429

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: CHURCHOFNAZARENE

Manufacturer:

WATTS

Site Use: Church

Hazard: CONTAINMENT COMM.LOW

Model:

007

Mailing Address

Type:

DCVA

Size:

1.00

Orientation:

Protection:

CHURCH OF THE NAZARENE
3095 MAYSVILLE PIKE

ZANESVILLE, OH 43701

Test Due No Later than:

04/20/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1736

Backflow Prevention Assembly Test Report

CHURCH OF THE NAZARENE

Location: WATER SERVICE CONTAINMENT - MECH ROOM

3095 MAYSVILLE PIKE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

179736

☐

ZANESVILLE, OH 43701

Account #: CHURCHOFNAZARENE

Manufacturer:

WATTS

☐

Site Use: Church

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

CHURCH OF THE NAZARENE

3095 MAYSVILLE PIKE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2482

Backflow Prevention Assembly Test Report

CINEMARK 12

3575 MAPLE AVE.

ZANESVILLE, OH 43701

Site Use: Movie House

Hazard: FIRE LINE CONNECTION-MEDIUM

Mailing Address

BRANDON PERSELL
CINEMARK 12
3575 MAPLE AVE.

ZANESVILLE, OH 43701

Location: MECH ROOM.

Meter#:

LID/Service:

Account #: COSQMALL-CINEMARK

Serial #:

103571

Check if Correct

Corrections

Manufacturer:

AMES

Model:

5000

Type:

RPDA

Size:

4.00

Orientation:

Protection:

Test Due No Later than:

11/09/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2483

Backflow Prevention Assembly Test Report

CINEMARK 12

3575 MAPLE AVE.

ZANESVILLE, OH 43701

Site Use: Movie House

Hazard: CONTAINMENT COMM.LOW

Mailing Address

BRANDON PERSELL

CINEMARK 12

3575 MAPLE AVE.

ZANESVILLE, OH 43701

Location: MECH RM. CONTAINMENT

Meter#:

LID/Service:

Account #: COSQMALL-CINEMARK

Serial #:

01276

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

2.00

Orientation:

Protection:

Test Due No Later than:

11/09/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2484

Backflow Prevention Assembly Test Report

CINEMARK 12

3575 MAPLE AVE.

ZANESVILLE, OH 43701

Site Use: Movie House

Hazard: FIRE LINE BYPASS-MEDIUM

Mailing Address

BRANDON PERSELL

CINEMARK 12

3575 MAPLE AVE.

ZANESVILLE, OH 43701

Location: MECH. RM. FIRE LINE BYPASS

Meter#:

LID/Service:

Account #: COSQMALL-CINEMARK

Serial #:

08411

Check if Correct

Corrections

Manufacturer:

AMES

Model:

4000B

Type:

RP

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

11/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3320

Backflow Prevention Assembly Test Report

CIRCLE K #5351

Location: KITCHEN AREA.

60 WEST MAIN ST.

Meter#:

Serial #: Check if Correct Corrections

NEW CONCORD, OH 43762

LID/Service:

3365695

Account #: CIRCLE K #5351

Manufacturer:

WILKINS

Site Use:

Model:

Hazard: CONTAINMENT COMM. MED.

975XL

Mailing Address

Type:

RP

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

03/11/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2136

Backflow Prevention Assembly Test Report

CIRCLE K #5353

901 MAIN STREET

DRESDEN, OH 43821

Site Use: GAS, Convenience STORE

Hazard: CONTAINMENT COMM. MED.

Mailing Address

CIRCLE K #5353
901 MAIN STREET

DRESDEN, OH 43821

Location: WATER SERVICE CONTAINMENT - BESIDE POP CARBON TANK

Meter#:

LID/Service:

Account #: CIRCLEK #5353

Serial #:

584823

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

12/03/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2814

Backflow Prevention Assembly Test Report

CIRCLE K ,STORE #5236

502 SOUTH 7TH STREET

COSHOCTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

JODY COGNION,MANAGER

CIRCLE K ,STORE #5236

502 SOUTH 7TH STREET

COSHOCTON, OH 43812

Location: UNDER COUNTER,*WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: CIRCLE K,#5236

Serial #:

CHC0820

Manufacturer:

WILKINS

Model:

950XLT2

Type:

DC

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

09/28/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2601

Backflow Prevention Assembly Test Report

CITIZENS NATIONAL BANK

Location: MECH. ROOM, WATER SERVICE CONTAINMENT.

401 MAIN ST.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

09551

☐

DUNCAN FALLS, OH 43734

Account #: CITIZENSNAT.BANK

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

JENNA ARCHER

CITIZENS NATIONAL BANK

P.O. BOX 423

Orientation:

☐

DUNCAN FALLS, OH 43734

Protection:

☐

Test Due No Later than:

03/23/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3549

Backflow Prevention Assembly Test Report

CITY CAR COMPANY

1601 MAYSVILLE AVE.

ZANESVILLE, OH 43701

Site Use: AUTO SALES

Hazard: CONTAINMENT COMM.LOW

Mailing Address

JOEY WILKES
CITY CAR COMPANY
1601 MAYSVILLE AVE.

ZANESVILLE, OH 43701

Location: MECH ROOM, BACK WALL.

Meter#:

LID/Service:

Account #: CITY CAR CO.

Serial #:

29412

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

09/16/2020

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2525

Backflow Prevention Assembly Test Report

CITY COSHOCTON, STREET & Hei
400 BROWNS LANE

Location: ADJACENT TO REST RM.- MECH. RM.

COSHOCTON, OH 43812

Meter#:

LID/Service:

Account #: COSH.ST.DEPT.

Serial #:

06242

Check if Correct

Corrections

☐

Manufacturer:

WATTS

☐

Model:

719

☐

Type:

DCVA

☐

Size:

1.50

☐

Orientation:

☐

Protection:

PAST DUE

☐

Test Due No Later than:

01/10/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐

Leaked

☐

Closed Tight

☐

Held at _____ PSID

Leaked

☐

Closed Tight

☐

Held at _____ PSID

Did not open

☐

Opened at _____ PSID

Did not open

☐

Opened Fully

☐Yes ☐No ☐

Opened at _____ PSID

Leaked

☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned

☐

Rubber Kit

☐

Rebuild

☐

Replaced

☐

Other

☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐

Closed Tight

☐

Held at _____ PSID

Closed Tight

☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully

☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 236

Backflow Prevention Assembly Test Report

CITY RECREATION CENTER

Location: MECH ROOM - CONCESSION STAND - WATER SERVICE CONTAINMENT

809 ORANGE STREET

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

01787

☐

COSHOCTON, OH 43812

Account #: CITYRECCENTER

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

CITY RECREATION, ATTN: RANDY RINE

CITY OF COSHOCTON

1600 OTSEGO AVE

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

05/19/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 241

Backflow Prevention Assembly Test Report

CITY RECREATION CENTER

Location: WATER SERVICE CONTAINMENT - MAIN TO REAR - BALL DIAMONDS

809 ORANGE STREET

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

1029640702

☐

COSHOCKTON, OH 43812

Account #: CITYRECCENTER

Manufacturer:

AMES

☐

Site Use:

Model:

2000 SILVER

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

6.00

☐

CITY RECREATION, ATTN: RANDY RINE

CITY OF COSHOCTON

1600 OTSEGO AVE

Orientation:

☐

COSHOCKTON, OH 43812

Protection:

☐

Test Due No Later than:

05/19/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 242

Backflow Prevention Assembly Test Report

CITY RECREATION CENTER

Location: WATER SERVICE CONTAINMENT - WATER SERVICE TO CONCESSION

809 ORANGE STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

14270

☐

COSHOCKTON, OH 43812

Account #: CITYRECCENTER

Manufacturer:

AMES

☐

Site Use:

Model:

2000B

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

2.00

☐

CITY RECREATION, ATTN: RANDY RINE

CITY OF COSHOCTON

1600 OTSEGO AVE

Orientation:

☐

COSHOCKTON, OH 43812

Protection:

☐

Test Due No Later than:

05/19/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5364

Backflow Prevention Assembly Test Report

CITY RECREATION CENTER

Location: MECH. ROOM - CONTAINMENT

809 ORANGE STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

34980

☐

COSHOCOTON, OH 43812

Account #: CITYRECCENTER

Manufacturer:

WATTS

☐

Site Use:

Model:

719QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

0.75

☐

CITY RECREATION, ATTN: RANDY RINE

CITY OF COSHOCTON

1600 OTSEGO AVE

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

05/19/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1543

Backflow Prevention Assembly Test Report

GANT MUNICIPAL STADIUM

Location: LAWN SPRINKLER.

1701 WEST MAIN STREET

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43702

LID/Service:

000817

☐

Account #: CITY OF ZANES.#08

Manufacturer:

WATTS

☐

Site Use:

Model:

LF800M4QT

☐

Hazard: IRRIGATION MED-ISOLATION

Type:

PVB

☐

Mailing Address

Size:

2.00

☐

Orientation:

☐

Protection:

☐

GEORGE ADAMS

CITY OF ZANESVILLE BUILDING MTCE.

401 MARKET STREET, RM D

ZANESVILLE, OH 43701

Test Due No Later than:

04/07/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3370

Backflow Prevention Assembly Test Report

GANT MUNICIPAL STADIUM

Location: CONTAINMENT

1701 WEST MAIN STREET

Meter#:

Serial #:

Check if Correct

Corrections

25426

☐

ZANESVILLE, OH 43702

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

2.00

☐

GEORGE ADAMS

CITY OF ZANESVILLE BUILDING MTCE.

401 MARKET STREET, RM D

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 215

Backflow Prevention Assembly Test Report

ZANESVILLE CITY JAIL

Location: *MECH ROOM. WATER SERVICE CONTAINMENT.

332 SOUTH STREET

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

142160

Account #: CITY OF ZANES.#03

Manufacturer:

WATTS

Site Use:

Model:

Hazard: CONTAINMENT COMM. MED.

909

Mailing Address

Type:

RP

JOHN BENSON

Size:

3.00

CITY OF ZANESVILLE BUILDING MTCE.

Orientation:

401 MARKET STREET

Protection:

PAST DUE

ZANESVILLE, OH 43701

Test Due No Later than:

08/23/2019

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 216

Backflow Prevention Assembly Test Report

ZANESVILLE CITY JAIL

Location: *MECH ROOM. WATER SERVICE CONTAINMENT.

332 SOUTH STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

004733

☐

ZANESVILLE, OH 43701

Account #: CITY OF ZANES.#03

Manufacturer:

WATTS

☐

Site Use:

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

3.00

☐

JOHN BENSON

CITY OF ZANESVILLE BUILDING MTCE.

401 MARKET STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

08/23/2019

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 217

Backflow Prevention Assembly Test Report

ZANESVILLE CITY JAIL

Location: *MECH ROOM - FIRE LINE,*METER ROOM.

332 SOUTH STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

2F10772

☐

ZANESVILLE, OH 43701

Account #: CITY OF ZANES.#03

Manufacturer:

AMES

☐

Site Use:

Model:

2000 SILVER

☐

Hazard: FIRE LINE CONNECTION-LOW

Type:

DCVA

☐

Mailing Address

Size:

6.00

☐

JOHN BENSON

CITY OF ZANESVILLE BUILDING MTCE.

401 MARKET STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

08/23/2019

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2607

Backflow Prevention Assembly Test Report

GREENWOOD CEMETERY

Location: BASEMENT

1413 GREENWOOD AVE.

Meter#:

Serial #:

Check if Correct

Corrections

241161

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: CEMETERY

Model:

009

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

JOHN BENSON

CITY OF ZANESVILLE BUILDING MTCE.

401 MARKET STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

04/06/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2612

Backflow Prevention Assembly Test Report

BLDG. MTCE. / TRAFFIC SIGNAL

Location: MECH. ROOM.

203 HAMLINE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

30080

☐

ZANESVILLE, OH 43701

Account #: CITY OF ZANES.#11

Manufacturer:

WATTS

☐

Site Use:

Model:

919QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RP

☐

Mailing Address

Size:

1.00

☐

BRYAN LYONS

CITY OF ZANESVILLE BUILDING MTCE.

401 MARKET STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

08/19/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1631

Backflow Prevention Assembly Test Report

ZANESVILLE CITY HALL

Location: *BASEMENT, BOILER RM.SOUTH WALL. CONTAINMENT DEVICE.

401 MARKET STREET

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

12277

☐

ZANESVILLE, OH 43701

Account #: CITY OF ZANES.#04

Manufacturer:

WATTS

☐

Site Use:

Model:

719QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

2.00

☐

BRYAN LYONS

CITY OF ZANESVILLE- BUILDING MTCE.

401 MARKET STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

02/28/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1632

Backflow Prevention Assembly Test Report

ZANESVILLE CITY HALL

401 MARKET STREET

ZANESVILLE, OH 43701

Site Use:

Hazard: ISOLATION MED.

Mailing Address

BRYAN LYONS

CITY OF ZANESVILLE- BUILDING MTCE.

401 MARKET STREET

ZANESVILLE, OH 43701

Location: BOILER. * BASEMENT NORTH WALL.

Meter#:

LID/Service:

Account #: CITY OF ZANES.#04

Serial #:

61510

Check if Correct

Corrections

☐

Manufacturer:

WATTS

☐

Model:

009

☐

Type:

RPPA

☐

Size:

0.75

☐

Orientation:

☐

Protection:

PAST DUE

☐

Test Due No Later than:

02/28/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2611

Backflow Prevention Assembly Test Report

CITY OF ZANESVILLE WATER DE
1084 CENTRAL AVE.

Location: IN GARAGE.

ZANESVILLE, OH 43701

Meter#:

LID/Service:

Account #: CITY OF ZANES.#10

Serial #:
08519

Check if Correct

Corrections

Manufacturer:
WATTSModel:
719Type:
DCVASize:
2.00

Orientation:

Protection:
PAST DUE

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Site Use: Business Office/garage

Hazard: CONTAINMENT COMM.LOW

Mailing Address

BRYAN LYONS
CITY OF ZANESVILLE WATER DEPT.
401 MARKET STREET

ZANESVILLE, OH 43701

Test Due No Later than:

02/18/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2621

Backflow Prevention Assembly Test Report

ZANESVILLE WASTEWATER PLA

Location: ADMINISTRATION BUILDING, UNDER STAIRWAY.

1730 MOXAHALA AVENUE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

0H-0450

Account #: CITY OF ZANES.#18

Manufacturer:

WATTS

Site Use:

Model:

957

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RP

Mailing Address

Size:

4.00

Orientation:

Protection:

PAST DUE

Test Due No Later than:

08/29/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2622

Backflow Prevention Assembly Test Report

ZANESVILLE WASTEWATER PLA
1730 MOXAHALA AVENUE

Location: ADMINISTRATION BUILDING, UNDER STAIRWAY, BASEMENT. WATER SERVICE.

ZANESVILLE, OH 43701

Meter#:

LID/Service:

Account #: CITY OF ZANES.#18

Serial #:

08648

Check if Correct

Corrections

☐

Manufacturer:

WATTS

☐

Model:

919

☐

Type:

RPPA

☐

Size:

2.00

☐

Orientation:

☐

Protection:

PAST DUE

☐

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

JOHN BENSON
 CITY OF ZANESVILLE WWTP
 401 MARKET ST.

ZANESVILLE, OH 43701

Test Due No Later than:

08/29/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
 Test Report:

Fax:

Service Address

Hazard/CCID: 3096

Backflow Prevention Assembly Test Report

ZANESVILLE WASTEWATER PLA

Location: WATER SERVICE CONTAINMENT - BLOWER BUILDING "WWTP"

1730 MOXAHALA AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

614713

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

909

☐

Hazard: CONT.COMM.HIGH HEALTH HAZARD

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

JOHN BENSON

CITY OF ZANESVILLE WWTP

401 MARKET ST.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

08/29/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4875

Backflow Prevention Assembly Test Report

ZANESVILLE WASTEWATER PLA

Location: SLUDGE PRESS BUILDING.

1730 MOXAHALA AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

NF-0942

☐

Manufacturer:

WATTS

☐

Site Use:

Model:

957

☐

Hazard: ISOLATION HIGH

Type:

RP

☐

Mailing Address

Size:

3.00

☐

Orientation:

☐

JOHN BENSON

CITY OF ZANESVILLE WWTP

401 MARKET ST.

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

08/21/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4876

Backflow Prevention Assembly Test Report

ZANESVILLE WASTEWATER PLA

Location: SEWER MAINTENANCE BLDG.

1730 MOXAHALA AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

08572

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.50

☐

JOHN BENSON

CITY OF ZANESVILLE WWTP

401 MARKET ST.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

08/29/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4981

Backflow Prevention Assembly Test Report

ZANESVILLE WASTEWATER PLA

Location: BOILER ROOM

1730 MOXAHALA AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

57821

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

LF919QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RP

☐

Mailing Address

Size:

0.75

☐

JOHN BENSON

CITY OF ZANESVILLE WWTP

401 MARKET ST.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

08/29/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4982

Backflow Prevention Assembly Test Report

ZANESVILLE WASTEWATER PLA

Location: CHLORINE ROOM

1730 MOXAHALA AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

333439

☐

ZANESVILLE, OH 43701

Account #: CITY OF ZANES.#18

Manufacturer:

WATTS

☐

Site Use:

Model:

009M2QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RP

☐

Mailing Address

Size:

2.00

☐

JOHN BENSON

CITY OF ZANESVILLE WWTP

401 MARKET ST.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

08/29/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4983

Backflow Prevention Assembly Test Report

ZANESVILLE WASTEWATER PLA

Location: MECH ROOM DECHLORINATOR

1730 MOXAHALA AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

624949

☐

ZANESVILLE, OH 43701

Account #: CITY OF ZANES.#18

Manufacturer:

WATTS

☐

Site Use:

Model:

919QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RP

☐

Mailing Address

Size:

0.75

☐

JOHN BENSON

CITY OF ZANESVILLE WWTP

401 MARKET ST.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

08/29/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4984

Backflow Prevention Assembly Test Report

ZANESVILLE WASTEWATER PLA

Location: GRIT BUILDING

1730 MOXAHALA AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

72650

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

LF919QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RP

☐

Mailing Address

Size:

1.00

☐

JOHN BENSON

CITY OF ZANESVILLE WWTP

401 MARKET ST.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

08/29/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 741

Backflow Prevention Assembly Test Report

FIRE DEPT. - STATION #3

Location: WATER SERVICE CONTAINMENT.*BASEMENT.NEEDS REPAIRED

716 LEONARD AVENUE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

01261

Account #: CITY OF ZANES.#09

Manufacturer:

WATTS

Site Use:

Model:

Hazard: CONTAINMENT COMM. MED.

919

Mailing Address

Type:

RPPA

JOHN BENSON

CITY OF ZANESVILLE

401 MARKET ST.

Size:

2.00

Orientation:

ZANESVILLE, OH 43701

Protection:

PAST DUE

Test Due No Later than:

04/06/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1172

Backflow Prevention Assembly Test Report

ZANESVILLE FIRE DEPARTMENT

Location: WATER SERVICE CONTAINMENT. - MECH ROOM.

1674 FAIRVIEW ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

176276

☐

ZANESVILLE, OH 43701

Account #: CITY OF ZANES.#19

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

BRYAN LYONS

CITY OF ZANESVILLE

401 MARKET ST.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/30/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2613

Backflow Prevention Assembly Test Report

FIRE DEPT. - STATION #2

Location: HOSE FILL FOR TRUCKS.

731 EPPLEY AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

3078194

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WILKINS

☐

Site Use:

Model:

975XL

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

1.50

☐

Orientation:

☐

Protection:

☐

JOHN BENSON

CITY OF ZANESVILLE

401 MARKET ST.

ZANESVILLE, OH 43701

Test Due No Later than:

04/08/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3011

Backflow Prevention Assembly Test Report

FIRE DEPT. - STATION #2

Location: WATER SERVICE CONTAINMENT.

731 EPPLEY AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

1765927

☐

ZANESVILLE, OH 43701

Account #: CITY OF ZANES.#12

Manufacturer:

WILKINS

☐

Site Use:

Model:

950

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

1.50

☐

JOHN BENSON

CITY OF ZANESVILLE

401 MARKET ST.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/08/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3083

Backflow Prevention Assembly Test Report

RIVERSIDE PARK CONCESSIONS

Location: WATER SERVICE CONTAINMENT

STATE ROUTE 666

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

15146

☐

ZANESVILLE, OH 43701

Account #: CITY OF ZANES.#20

Manufacturer:

WATTS

☐

Site Use: Park

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

JOHN BENSON

CITY OF ZANESVILLE

401 MARKET ST.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/04/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3084

Backflow Prevention Assembly Test Report

RIVERSIDE PARK CONCESSIONS

Location: WATER SERVICE CONTAINMENT

STATE ROUTE 666

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

24421

☐

ZANESVILLE, OH 43701

Account #: CITY OF ZANES.#20

Manufacturer:

WATTS

☐

Site Use: Park

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

JOHN BENSON

CITY OF ZANESVILLE

401 MARKET ST.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

04/04/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3085

Backflow Prevention Assembly Test Report

RIVERSIDE PARK CONCESSIONS

Location: WATER SERVICE CONTAINMENT

STATE ROUTE 666

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

14897

☐

ZANESVILLE, OH 43701

Account #: CITY OF ZANES.#20

Manufacturer:

WATTS

☐

Site Use: Park

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

JOHN BENSON

CITY OF ZANESVILLE

401 MARKET ST.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/04/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3165

Backflow Prevention Assembly Test Report

WOODLAWN CEMETARY

Location: MECH. RM.

PERSHING RD.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

14388

☐

ZANESVILLE, OH 43701

Account #: CITY OF ZANES.#21

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

BRYAN LYONS

CITY OF ZANESVILLE

401 MARKET ST.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

04/01/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2608

Backflow Prevention Assembly Test Report

SECRET AUDITORIUM

Location: BOILER RM. WEST WALL. CONTAINMENT.

324 SHINNICK STREET

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

84832

Account #: CITY OF ZANES.#05

Manufacturer:

WATTS

Site Use:

Model:

Hazard: CONTAINMENT COMM. MED.

007

Mailing Address

Type:

DCVA

BRYAN LYONS

CITY OF ZANESVILLE

401 MARKET STREET

Size:

2.00

Orientation:

ZANESVILLE, OH 43701

Protection:

PAST DUE

Test Due No Later than:

08/23/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4985

Backflow Prevention Assembly Test Report

SECREST AUDITORIUM

Location: BASEMENT, MECH ROOM

324 SHINNICK STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

37059

☐

ZANESVILLE, OH 43701

Account #: CITY OF ZANES.#05

Manufacturer:

WATTS

☐

Site Use:

Model:

719QT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

DC

☐

Mailing Address

Size:

0.75

☐

JOHN BENSON

CITY OF ZANESVILLE

401 MARKET STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

08/23/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4986

Backflow Prevention Assembly Test Report

SECREST AUDITORIUM

Location: BASEMENT MECH. ROOM BOILER FEED

324 SHINNICK STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

37116

☐

ZANESVILLE, OH 43701

Account #: CITY OF ZANES.#05

Manufacturer:

WATTS

☐

Site Use:

Model:

719QT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

DC

☐

Mailing Address

Size:

0.75

☐

BRYAN LYONS

CITY OF ZANESVILLE

401 MARKET STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

08/23/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2053

Backflow Prevention Assembly Test Report

CITY OF ZANESVILLE-POLICE

Location: FIRE LINE. * BASEMENT.

34 SOUTH 4TH STREET

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Y00205

☐

Account #: CITY OF ZANESVILLE

Manufacturer:

WILKINS

☐

Site Use:

Model:

375ADA

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

6.00

☐

Orientation:

☐

Protection:

☐

CRAIG STEMM

CITY OF ZANESVILLE-POLICE

34 SOUTH 4TH STREET

ZANESVILLE, OH 43701

Test Due No Later than:

08/23/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2054

Backflow Prevention Assembly Test Report

CITY OF ZANESVILLE-POLICE

Location: FIRE LINE.- FIRE BYPASS, *BASEMENT.

34 SOUTH 4TH STREET

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

W199552

Account #: CITY OF ZANESVILLE

Manufacturer:

WILKINS

Site Use:

Model:

975XL

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

Mailing Address

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

08/23/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes No

☐ ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4670

Backflow Prevention Assembly Test Report

CITY OF ZANESVILLE

1146 CENTRAL AVE.

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

BRYAN LYONS

CITY OF ZANESVILLE-POLICE
34 SOUTH 4TH STREET

ZANESVILLE, OH 43701

Location: WATER MAINTENANCE BLDG.

Meter#:

LID/Service:

Account #: CITY OF ZANESVILLE

Serial #:

32138

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

02/18/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1235

Backflow Prevention Assembly Test Report

CITY TIRE CENTER

1800 EAST PIKE

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

DAVID A. FRAME, PRESIDENT
CITY TIRE CENTER
1800 EAST PIKE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT - CLOSET IN SHOWROOM

Meter#:

LID/Service:

Account #: CITYTIRECENTER

Serial #:

68732

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

10/04/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2502

Backflow Prevention Assembly Test Report

CLARY GARDENS

588 WEST CHESTNUT ST,

COSHOCTON, OH 43812

Site Use:

Hazard: IRRIGATION MED-ISOLATION

Mailing Address

CLARY GARDENS

588 WEST CHESTNUT ST,

COSHOCTON, OH 43812

Location: RED HOUSE, LAWN SPRINKLER, IN BASEMENT.

Meter#:

LID/Service:

Account #: CLARYGARDENS

Serial #:

07901

Manufacturer:

WATTS

Model:

919

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

05/27/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2503

Backflow Prevention Assembly Test Report

CLARY GARDENS

Location: RED HOUSE, BASEMENT. (WATER SERVICE CONTAINMENT)

588 WEST CHESTNUT ST,

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

08871

☐

COSHOCOTON, OH 43812

Account #: CLARYGARDENS

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

CLARY GARDENS

Orientation:

☐

588 WEST CHESTNUT ST,

Protection:

☐

COSHOCOTON, OH 43812

Test Due No Later than:

05/27/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2995

Backflow Prevention Assembly Test Report

CLARY GARDENS

588 WEST CHESTNUT ST,

COSHOCTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

CLARY GARDENS

588 WEST CHESTNUT ST,

COSHOCTON, OH 43812

Location: WATER SERVICE CONTAINMENT AT NEW REST ROOMS.

Meter#:

LID/Service:

Account #: CLARYGARDENS

Serial #:

09476

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

05/27/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 789

Backflow Prevention Assembly Test Report

CLAY GARDENS PLACE

3784 FRAZEYSBURG ROAD

ZANESVILLE, OH 43701

Site Use: Assisted Living

Hazard: CONTAINMENT COMM.LOW

Mailing Address

DAWN ZOARN

CLAY HOUSE ASSISTED LIVING

3784 FRAZEYSBURG ROAD

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT - MECH ROOM

Meter#:

LID/Service:

Account #: CLAYGARDENPLACE

Serial #:

306039

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

909

Type:

RPPA

Size:

2.00

Orientation:

Protection:

Test Due No Later than:

05/31/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 790

Backflow Prevention Assembly Test Report

CLAY GARDENS PLACE

Location: FIRE LINE - MECH ROOM

3784 FRAZEYSBURG ROAD

Meter#:

Serial #:

Check if Correct

Corrections

2FM0258

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

AMES

☐

Site Use: Assisted Living

Model:

2000 SILVER

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

DCVA

☐

Mailing Address

Size:

4.00

☐

DAWN ZOARN

CLAY HOUSE ASSISTED LIVING

3784 FRAZEYSBURG ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

05/31/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 791

Backflow Prevention Assembly Test Report

CLAY GARDENS PLACE

Location: LAWN SPRINKLER - MECH ROOM

3784 FRAZEYSBURG ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

40246

☐

ZANESVILLE, OH 43701

Account #: CLAYGARDENPLACE

Manufacturer:

WATTS

☐

Site Use: Assisted Living

Model:

009

☐

Hazard: IRRIGATION MED-ISOLATION

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

DAWN ZOARN

CLAY HOUSE ASSISTED LIVING

3784 FRAZEYSBURG ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

05/31/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 666

Backflow Prevention Assembly Test Report

CLEVELAND CLIFFS - ZANESVILL

Location: WATER SERVICE CONTAINMENT

1724 LINDEN AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

155533

☐

ZANESVILLE, OH 43701

LID/Service:

Account #: CLEVELAND CLIFFS

Manufacturer:

WATTS

☐

Site Use: Factory

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

3.00

☐

MATT MONTAG, SR. MECH. ENGR.
CLEVELAND CLIFFS ZANESVILLE WORKS
1724 LINDEN AVENUE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/14/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1157

Backflow Prevention Assembly Test Report

CLEVELAND CLIFFS - ZANESVILL

Location: WATER SERVICE CONTAINMENT. FRONT SIDE OF MILL.

1724 LINDEN AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

191886

☐

ZANESVILLE, OH 43701

Account #: CLEVELAND CLIFFS

Manufacturer:

WATTS

☐

Site Use: Factory

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

4.00

☐

MATT MONTAG, SR. MECH. ENGR.

CLEVELAND CLIFFS ZANESVILLE WORKS

1724 LINDEN AVENUE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/14/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3025

Backflow Prevention Assembly Test Report

CLEVELAND CLIFFS - ZANESVILL

Location: BASEMENT,MAIN OFFICE,*WATER SERVICE CONTAINMENT.

1724 LINDEN AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

A00134

☐

ZANESVILLE, OH 43701

Account #: CLEVELAND CLIFFS

Manufacturer:

WATTS

☐

Site Use: Factory

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

2.00

☐

MATT MONTAG, SR. MECH. ENGR.

CLEVELAND CLIFFS ZANESVILLE WORKS

1724 LINDEN AVENUE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/14/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5067

Backflow Prevention Assembly Test Report

CLEVELAND CLIFFS - ZANESVILL

Location: Bldg.#4 containment.

1724 LINDEN AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

69580

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Factory

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

MATT MONTAG, SR. MECH. ENGR.

CLEVELAND CLIFFS ZANESVILLE WORKS

1724 LINDEN AVENUE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/14/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5068

Backflow Prevention Assembly Test Report

CLEVELAND CLIFFS - ZANESVILL

Location: BACKSIDE OF BUILDING.

1724 LINDEN AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

069547

☐

ZANESVILLE, OH 43701

Account #: CLEVELAND CLIFFS

Manufacturer:

WATTS

☐

Site Use: Factory

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPZA

☐

Mailing Address

Size:

2.00

☐

MATT MONTAG, SR. MECH. ENGR.

CLEVELAND CLIFFS ZANESVILLE WORKS

1724 LINDEN AVENUE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/14/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5069

Backflow Prevention Assembly Test Report

CLEVELAND CLIFFS - ZANESVILL

Location: Bldg. #3 -containment.

1724 LINDEN AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

001288

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Factory

Model:

LF009

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

3.00

☐

MATT MONTAG, SR. MECH. ENGR.

CLEVELAND CLIFFS ZANESVILLE WORKS

1724 LINDEN AVENUE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/14/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5070

Backflow Prevention Assembly Test Report

CLEVELAND CLIFFS - ZANESVILL

Location: Well tie in.

1724 LINDEN AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

0848

☐

ZANESVILLE, OH 43701

Account #: CLEVELAND CLIFFS

Manufacturer:

WILKINS

☐

Site Use: Factory

Model:

375

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPDA

☐

Mailing Address

Size:

4.00

☐

MATT MONTAG, SR. MECH. ENGR.

CLEVELAND CLIFFS ZANESVILLE WORKS

1724 LINDEN AVENUE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/14/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 660

Backflow Prevention Assembly Test Report

CLEVELAND CLIFFS - ZANESVILL

Location: WATER SERVICE CONTAINMENT.IN FRONT OF BUILDING #4.

1724 LINDEN AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

155534

☐

ZANESVILLE, OH 43701

LID/Service:

Account #: CLEVELAND CLIFFS

Manufacturer:

WATTS

☐

Site Use: Factory

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

3.00

☐

MATT MONTAG, SR. MECH. ENGR.

CLEVELAND CLIFFS ZANESVILLE WORKS

1724 LINDEN AVENUE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/14/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 664

Backflow Prevention Assembly Test Report

CLEVELAND CLIFFS - ZANESVILL

Location: WATER SERVICE CONTAINMENT.(IT BUILDING)

1724 LINDEN AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

151339

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Factory

Model:

009

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

MATT MONTAG, SR. MECH. ENGR.

CLEVELAND CLIFFS ZANESVILLE WORKS

1724 LINDEN AVENUE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/14/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3321

Backflow Prevention Assembly Test Report

CLIFF'S BAR & GRILL-CLOSED

Location: BASEMENT.

1616 OWENS ST.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

31982

Account #: CLIFF'S BAR&GRILL

Manufacturer:

WATTS

Site Use: Bar and Grill

Model:

LF719QT

Hazard: CONTAINMENT COMM.LOW

Type:

DC

Mailing Address

Size:

0.75

Orientation:

Protection:

CLOSED

Test Due No Later than:

01/14/2018

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 383

Backflow Prevention Assembly Test Report

The CLOVER KEY

6005 NEWARK ROAD

NASHPORT, OH 43830

Site Use: Restaurant

Hazard: CONTAINMENT COMM.LOW

Mailing Address

CLOVER KEY
6005 NEWARK RD.

NASHPORT, OH 43830

Location: WATER SERVICE CONTAINMENT. *BASEMENT.

Meter#:

LID/Service:

Account #: ONE FOUNDATION LLC

Serial #:

138777

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

06/12/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1338

Backflow Prevention Assembly Test Report

CLUB VIEW APARTMENTS

2420(A) VISTA VIEW DRIVE

NASHPORT, OH 43830

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

Robin Hutchison, MANAGER
CLUB VIEW APARTMENTS
2410 VISTA VIEW DRIVE

NASHPORT, OH 43830

Location: WATER SERVICE CONTAINMENT

Meter#:

LID/Service:

Account #: CLUBVIEWAPTS

Serial #:

129863

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

709

Type:

DC

Size:

3.00

Orientation:

Protection:

Test Due No Later than:

10/31/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____



Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2109

Backflow Prevention Assembly Test Report

CLUBHOUSE AT SHALIMAR PARK

Location: WATER SERVICE CONTAINMENT - UNDER CABINET

135 W.KINGFISHER COURT

Meter#:

Serial #:

Check if Correct

Corrections

FRAZEYSBURG, OH 43822

LID/Service:

308729

☐

Account #: CLUBHOUSE@SHALIMAR

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

MELISSA WOODARD

CLUBHOUSE AT SHALIMAR PARK

1614 CRYSTAL COURT - APT.H

Orientation:

☐

NEWARK, OH 43055

Protection:

PAST DUE

☐

Test Due No Later than:

03/27/2020

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 482

Backflow Prevention Assembly Test Report

COBURN UNITED METHODIST CH
3618 MAPLE AVENUE

ZANESVILLE, OH 43701

Site Use:

Hazard: FIRE LINE CONNECTION-MEDIUM

Mailing Address

GEORGE PURKS, CUSTODIAN
COBURN UNITED METHODIST CHURCH
3618 MAPLE AVENUE

ZANESVILLE, OH 43701

Location: FIRE LINE

Meter#:

LID/Service:

Account #: COBURNUMCHURCH

Serial #:

234690

Check if Correct

Corrections

Manufacturer:

WILKINS

Model:

950XL

Type:

DC

Size:

1.25

Orientation:

Protection:

PAST DUE

Test Due No Later than:

04/25/2020

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 483

Backflow Prevention Assembly Test Report

COBURN UNITED METHODIST CH

Location: WATER SERVICE CONTAINMENT

3618 MAPLE AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

04940

☐

ZANESVILLE, OH 43701

Account #: COBURNUMCHURCH

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

☐

Mailing Address

Size:

1.50

☐

GEORGE PURKS, CUSTODIAN

COBURN UNITED METHODIST CHURCH

3618 MAPLE AVENUE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/25/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 792

Backflow Prevention Assembly Test Report

COCONIS CARPET

Location: MECH.RM.

210 EL CAMINO DRIVE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

111526

Account #: COCONISCARPET

Manufacturer:

WATTS

Site Use: Retail

Model:

007

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

JUNIOR COCONIS

COCONIS CARPET

210 EL CAMINO DRIVE

Orientation:

ZANESVILLE, OH 43701

Protection:

PAST DUE

Test Due No Later than:

12/09/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2079

Backflow Prevention Assembly Test Report

COCONIS FURNITURE (WAREHOUSE)
25 EAST MAIN STREET

SOUTH ZANESVILLE, OH 43701

Site Use:

Hazard: **CONTAINMENT COMM.LOW**

Mailing Address

RANDY COCONIS
COCONIS FURNITURE (WAREHOUSE)
4 SOUTH MAYSVILLE AVENUE

SOUTH ZANESVILLE, OH 43701

Location: **WATER SERVICE CONTAINMENT**

Meter#:

LID/Service:

Account #: **COCONISWAREHOUSE**

Serial #:

06080

Check if Correct

Corrections

☐

Manufacturer:

WATTS☐

Model:

719☐

Type:

DCVA☐

Size:

1.00☐

Orientation:

☐

Protection:

☐

Test Due No Later than:

04/16/2023Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2238

Backflow Prevention Assembly Test Report

THE ROOM STORE & MATTRESS

Location: PANEL BY RESTROOM

1207 MAPLE AVENUE

Meter#:

Serial #: 27804

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

Site Use: Retail

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

RANDY COCONIS
COCONIS FURNITURE
4 SO.MAYSVILLE PIKE

Orientation:

SO.ZANESVILLE, OH 43701

Protection:

Test Due No Later than:

03/24/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1849

Backflow Prevention Assembly Test Report

COLER DRUG

1815 CHANDLERSVILLE ROAD

ZANESVILLE, OH 43701

Site Use: Business Office

Hazard: CONTAINMENT COMM.LOW

Mailing Address

COLER DRUG

1815 CHANDLERSVILLE ROAD

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT - MECH ROOM

Meter#:

LID/Service:

Account #: COLER DRUG

Serial #:

210064

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

07/30/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 845

Backflow Prevention Assembly Test Report

COLLEGE PARK HOME HEALTH (
380 BROWNS LANE

COSHOCTON, OH 43812

Site Use:

Hazard: **CONTAINMENT COMM.LOW**

Mailing Address

COLLEGE PARK HOME HEALTH CARE
380 BROWNS LANE

COSHOCTON, OH 43812

Location: **WATER SERVICE CONTAINMENT - BASEMENT**

Meter#:

LID/Service:

Account #: **COLLEGEPARKHOMEHEA**

Serial #:

67549

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

10/24/2022Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1368

Backflow Prevention Assembly Test Report

GERMAN MARKET

120 ARCH HILL ROAD

TYLAR GERMAN

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT

Meter#:

LID/Service:

Account #: GERMAN MARKET

Serial #:

176685

Check if Correct

Corrections

☐

Manufacturer:

WATTS

☐

Model:

007

☐

Type:

DCVA

☐

Size:

0.75

☐

Orientation:

☐

Protection:

PAST DUE

☐

Test Due No Later than:

05/09/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐

Leaked

☐

Closed Tight

☐

Held at _____ PSID

Leaked

☐

Closed Tight

☐

Held at _____ PSID

Did not open

☐

Opened at _____ PSID

Did not open

☐

Opened Fully

☐Yes ☐No ☐

Opened at _____ PSID

Leaked

☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned

☐

Rubber Kit

☐

Rebuild

☐

Replaced

☐

Other

☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐

Closed Tight

☐

Held at _____ PSID

Closed Tight

☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully

☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1762

Backflow Prevention Assembly Test Report

COLONIAL SALES

3250 MAYSVILLE PIKE

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

LARRY B. CORDIAL, V.P.
COLONIAL SALES
3250 MAYSVILLE PIKE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT - PIT

Meter#:

LID/Service:

Account #: COLONIALSALES

Serial #:

14886

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

1.50

Orientation:

Protection:

PAST DUE

Test Due No Later than:

12/22/2004

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1763

Backflow Prevention Assembly Test Report

COLONIAL SALES

Location: WATER SERVICE CONTAINMENT - IN PIT BESIDE ROAD TO COURT ON LEFT

3250 MAYSVILLE PIKE

Meter#:

Serial #:

Check if Correct

Corrections

11284

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.50

☐

LARRY B. CORDIAL, V.P.

COLONIAL SALES

3250 MAYSVILLE PIKE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

07/25/2004

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4590

Backflow Prevention Assembly Test Report

COLONY CENTER

3568 MAPLE AVE.

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

JASON THOMAS
COLONY CENTER
3568 MAPLE AVE.

ZANESVILLE, OH 43701

Location: MECH.ROOM REST ROOMS COMMON AREA C.

Meter#:

LID/Service:

Account #: THOMAS-0

Serial #:

28158

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

10/24/2020

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1549

Backflow Prevention Assembly Test Report

COLUMBIA GAS OF OHIO

2429 LINDEN AVENUE

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

TERESA BROWN, ADMN. ASST.
COLUMBIA GAS OF OHIO
2429 LINDEN AVENUE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: COLUMBIAGAS

Serial #:
18680Manufacturer:
WATTSModel:
007Type:
DCVASize:
1.50

Orientation:

Protection:
PAST DUE

Check if Correct Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

01/10/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3797

Backflow Prevention Assembly Test Report

COLUMBIA MACHINE CO.

Location: MECH. RM.

961 HUGHS ST.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

33706

Account #: COLUMBIA MACHINE

Manufacturer:

WATTS

Site Use: MACHINE SHOP

Model:

LF719QT

Hazard: CONTAINMENT COMM.LOW

Type:

DC

Mailing Address

Size:

0.75

Orientation:

Protection:

JOHN MCCUTHEON
COLUMBIA MACHINE CO.
961 HUGHS ST.

ZANESVILLE, OH 43701

Test Due No Later than:

01/15/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 973

Backflow Prevention Assembly Test Report

COLUMBUS EQUIPMENT CO.

Location: WATER SERVICE CONTAINMENT. * MECH ROOM.

818 LEE STREET

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

15233

Account #: COLUMBUS EQUIP.

Manufacturer:

WATTS

Site Use:

Model:

007

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

CRAIG WEST
COLUMBUS EQUIPMENT CO.
818 LEE STREET

Orientation:

ZANESVILLE, OH 43701

Protection:

PAST DUE

Test Due No Later than:

06/19/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1782

Backflow Prevention Assembly Test Report

COMING HOME NETWORK

Location: WATER SERVICE CONTAINMENT.

5925 - B FRAZEYSBURG ROAD

Meter#:

Serial #:

Check if Correct

Corrections

21313

☐

NASHPORT, OH 43830

LID/Service:

Account #: COMINGHOMENETWORK

Manufacturer:

WATTS

☐

Site Use:

Hazard: CONTAINMENT COMM.LOW

Model:

007

☐

Mailing Address

Type:

DCVA

☐

BILL BATESON

COMING HOME NETWORK

5925 - B FRAZEYSBURG ROAD

Size:

0.75

☐

Orientation:

☐

NASHPORT, OH 43830

Protection:

☐

Test Due No Later than:

10/11/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 252

Backflow Prevention Assembly Test Report

COMMUNITY ACTION OF MUSK.C

Location: MECH ROOM - DOMESTIC WATER SERVICE CONTAINMENT.

828 LEE STREET

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

02870

☐

ZANESVILLE, OH 43701

Account #: COMM.ACTION MUSK.

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

STEVE WILSON

COMMUNITY ACTION OF MUSK.COUNTY

828 LEE STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

02/05/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 798

Backflow Prevention Assembly Test Report

COMMUNITY AMBULANCE

Location: WATER SERVICE CONTAINMENT - LAUNDRY / MECH ROOM

952 LINDEN AVENUE

Meter#:

Serial #: Check if Correct Corrections

17375

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Medical, EMERGENCY RESPONSE

Model:

007M1QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

1.00

☐

SALLY WILLIAMSON, ADMN. ASST.

COMMUNITY AMBULANCE

952 LINDEN AVENUE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/03/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1602

Backflow Prevention Assembly Test Report

COMMUNITY BANK

10 WEST 3RD STREET

FRAZEYSBURG, OH 43822

Site Use: Bank

Hazard: CONTAINMENT COMM.LOW

Mailing Address

ATTN: MANAGER
COMMUNITY BANK
10 WEST 3RD STREET

FRAZEYSBURG, OH 43822

Location: WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: COMMUNITYBANK 07

Serial #:

72395

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

03/24/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4396

Backflow Prevention Assembly Test Report

COMMUNITY BANK

Location: MECH. ROOM.

3795 NORTHPOINTE DRIVE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

110195

☐

Account #: COMMUNITY BANK

Manufacturer:

WATTS

☐

Site Use: Bank

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

MANAGER

COMMUNITY BANK

113 N. 5TH. ST., SUITE 201

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/22/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1516

Backflow Prevention Assembly Test Report

COMMUNITY BANK

113 NORTH 5TH STREET

ZANESVILLE, OH 43701

Site Use: Bank

Hazard: CONTAINMENT COMM.LOW

Mailing Address

TESSA HARRIS
COMMUNITY BANK
113 NORTH 5TH STREET

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT

Meter#:

LID/Service:

Account #: COMMUNITYBANK 06

Serial #:

115699

Manufacturer:

WATTS

Model:

709

Type:

DCVA

Size:

2.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

09/18/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1517

Backflow Prevention Assembly Test Report

COMMUNITY BANK

113 NORTH 5TH STREET

ZANESVILLE, OH 43701

Site Use: Bank

Hazard: ISOLATION LOW

Mailing Address

TESSA HARRIS

COMMUNITY BANK

113 NORTH 5TH STREET

ZANESVILLE, OH 43701

Location: HOSEBIBB

Meter#:

LID/Service:

Account #: COMMUNITYBANK 06

Serial #:

00674

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

2.00

Orientation:

Protection:

Test Due No Later than:

09/18/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2765

Backflow Prevention Assembly Test Report

COMMUNITY BANK

113 NORTH 5TH STREET

ZANESVILLE, OH 43701

Site Use: Bank

Hazard: ISOLATION MED.

Mailing Address

TESSA HARRIS

COMMUNITY BANK

113 NORTH 5TH STREET

ZANESVILLE, OH 43701

Location: ISOLATION ON CHILLER & BOILER FEED.

Meter#:

LID/Service:

Account #: COMMUNITYBANK 06

Serial #:

A03011

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

09/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2766

Backflow Prevention Assembly Test Report

COMMUNITY BANK

113 NORTH 5TH STREET

ZANESVILLE, OH 43701

Site Use: Bank

Hazard: FIRE LINE BYPASS-MEDIUM

Mailing Address

TESSA HARRIS

COMMUNITY BANK

113 NORTH 5TH STREET

ZANESVILLE, OH 43701

Location: FIRE BYPASS

Meter#:

LID/Service:

Account #: COMMUNITYBANK 06

Serial #:

14136

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

919

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

09/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2767

Backflow Prevention Assembly Test Report

COMMUNITY BANK

113 NORTH 5TH STREET

ZANESVILLE, OH 43701

Site Use: Bank

Hazard: FIRE LINE CONNECTION-MEDIUM

Mailing Address

TESSA HARRIS

COMMUNITY BANK

113 NORTH 5TH STREET

ZANESVILLE, OH 43701

Location: MAIN FIRE LINE

Meter#:

LID/Service:

Account #: COMMUNITYBANK 06

Serial #:

HG3664

Check if Correct

Corrections

Manufacturer:

AMES

Model:

5000

Type:

RPDA

Size:

6.00

Orientation:

Protection:

Test Due No Later than:

09/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 801

Backflow Prevention Assembly Test Report

COMMUNITY BANK

3960 DILLON FALLS ROAD

ZANESVILLE, OH 43701

Site Use: Bank

Hazard: CONTAINMENT COMM.LOW

Mailing Address

KELLY HARPER, CSR
COMMUNITY BANK
3960 DILLON FALLS ROAD

ZANESVILLE, OH 43701

Location: MECH ROOM BEHIND FURNACE.

Meter#:

LID/Service:

Account #: COMMUNITYBANK 03

Serial #:

01624

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

05/18/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2387

Backflow Prevention Assembly Test Report

COMMUNITY BANK

4990 EAST PIKE

ZANESVILLE, OH 43701

Site Use: Bank

Hazard: CONTAINMENT COMM.LOW

Mailing Address

TIFFANY TILTON, MANAGER
COMMUNITY BANK
P.O. BOX 1118

ZANESVILLE, OH 43702-1118

Location: MECH RM. CONTAINMENT.

Meter#:

LID/Service:

Account #: COMMUNITYBANK 05

Serial #:

082484

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

03/21/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3818

Backflow Prevention Assembly Test Report

COMMUNITY BANK-SOUTH

Location: BASEMENT.

2750 MAYSVILLE PIKE

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

09303

☐

Account #: COMMUNITY BANK-S

Manufacturer:

WATTS

☐

Site Use: Bank

Model:

719

☐

Hazard: FIRE LINE CONNECTION-LOW

Type:

DCVA

☐

Mailing Address

Size:

2.00

☐

TESSA HARRIS

COMMUNITY BANK-SOUTH

113 N. 5TH ST. SUITE 104

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

01/26/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4589

Backflow Prevention Assembly Test Report

COMMUNITY BANK-SOUTH

Location: BASEMENT.

2750 MAYSVILLE PIKE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

30265

☐

ZANESVILLE, OH 43701

Account #: COMMUNITY BANK-S

Manufacturer:

WATTS

☐

Site Use: Bank

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

TESSA HARRIS

COMMUNITY BANK-SOUTH

113 N. 5TH ST. SUITE 104

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

01/26/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1236

Backflow Prevention Assembly Test Report

COMMUNITY FOUNDATION

Location: WATER SERVICE CONTAINMENT - BASEMENT MECH ROOM

534 PUTNAM AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

154924

☐

ZANESVILLE, OH 43701

LID/Service:

Account #: COMMUNITYFOUNDATIO

Manufacturer:

WATTS

☐

Site Use: Bank

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐EXECUTIVE DIRECTOR
COMMUNITY FOUNDATION
534 PUTNAM AVENUE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/19/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1312

Backflow Prevention Assembly Test Report

CONCORD SQUARE APARTMENT

Location: WATER SERVICE CONTAINMENT. - 10 APARTMENTS.

10 OLD RIX MILLS ROAD

Meter#:

Serial #: Check if Correct Corrections

NEW CONCORD, OH 43762

LID/Service:

0062765

Account #: CONCORDSQAPTS

Manufacturer:

WATTS

Site Use: Apartments

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

2.00

Orientation:

Protection:

PATRICA FULTZ

CONCORD SQUARE APARTMENTS

10 OLD RIX MILLS ROAD

NEW CONCORD, OH 43762

Test Due No Later than:

09/13/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4043

Backflow Prevention Assembly Test Report

CONCORDE MORTGAGE

Location: BOTTOM OF BASEMENT STEPS.

536 MAIN ST.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

29685

☐

ZANESVILLE, OH 43701

Account #: CONCORDE MORTGAGE

Manufacturer:

WATTS

☐

Site Use: Business Office

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐JARED REYNOLDS
CONCORDE MORTGAGE
536 MAIN ST.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/04/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 43

Backflow Prevention Assembly Test Report

CONDOMINIUM AT COLONY HIL

Location: WATER SERVICE CONTAINMENT

3721 COLONY HILL DRIVE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

2CN1725

Account #: COLONYHILLCONDO

Manufacturer:

AMES

Site Use:

Model:

Hazard: CONTAINMENT COMM.LOW

3000 SILVER

Mailing Address

Type:

DCDA

JANE BURNS, OFFICE MANAGER
CONDOMINIUM AT COLONY HILL ASSN.
3721 COLONY HILL DR.

Size:

6.00

Orientation:

ZANESVILLE, OH 43702-2663

Protection:

Test Due No Later than:

07/13/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 44

Backflow Prevention Assembly Test Report

CONDOMINIUM AT COLONY HIL

Location: PIT AT NORTHPOINTE - WATER SERVICE CONTAINMENT.BY-PASS CONTAINMENT

3721 COLONY HILL DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

0000923

☐

ZANESVILLE, OH 43701

Account #: COLONYHILLCONDO

Manufacturer:

AMES

☐

Site Use:

Model:

2000B

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

2.00

☐

JANE BURNS, OFFICE MANAGER

CONDOMINIUM AT COLONY HILL ASSN.

3721 COLONY HILL DR.

Orientation:

☐

ZANESVILLE, OH 43702-2663

Protection:

☐

Test Due No Later than:

07/13/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 45

Backflow Prevention Assembly Test Report

CONDOMINIUM AT COLONY HIL

Location: FIRE LINE BY-PASS

3721 COLONY HILL DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

36539

☐

ZANESVILLE, OH 43701

Account #: COLONYHILLCONDO

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: FIRE LINE BYPASS-LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

JANE BURNS, OFFICE MANAGER

CONDOMINIUM AT COLONY HILL ASSN.

3721 COLONY HILL DR.

Orientation:

☐

ZANESVILLE, OH 43702-2663

Protection:

☐

Test Due No Later than:

07/13/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 46

Backflow Prevention Assembly Test Report

CONDOMINIUM AT COLONY HIL

Location: PROTECTING ENTIRE BUILDING,(REC CENTER).

3721 COLONY HILL DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

152688

☐

ZANESVILLE, OH 43701

Account #: COLONYHILLCONDO

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

JANE BURNS,OFFICE MANAGER

CONDOMINIUM AT COLONY HILL ASSN.

3721 COLONY HILL DR.

Orientation:

☐

ZANESVILLE, OH 43702-2663

Protection:

☐

Test Due No Later than:

07/13/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1861

Backflow Prevention Assembly Test Report

CONDOR HOLDING CORP.

Location: BASEMENT.

701 MAIN STREET

Meter#:

Serial #: Check if Correct Corrections

DRESDEN, OH 43821

LID/Service:

08258

Account #: CONDOR HOLDING

Manufacturer:

WATTS

Site Use: Retail

Model:

007

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

1.50

STEVE WILSON
CONDOR HOLDING CORP.
701 MAIN STREET

Orientation:

DRESDEN, OH 43821

Protection:

PAST DUE

Test Due No Later than:

03/17/2017

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1668

Backflow Prevention Assembly Test Report

CONN'S POTATO CHIP CO.

Location: PROCESS LINE.

1805 KEMPER CT.

Meter#:

Serial #: 19135

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

Site Use:

Model:

009

Hazard: ISOLATION MED.

Type:

RP

Mailing Address

Size:

3.00

Orientation:

Protection:

CONN'S POTATO CHIP COMPANY
1805 KEMPER COURT

ZANESVILLE, OH 43701

Test Due No Later than:

10/08/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4968

Backflow Prevention Assembly Test Report

CONN'S POTATO CHIP CO.

Location: RECLAIMED WATER-ABOVE DESTONER-FRYER LINE

1805 KEMPER CT.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

36434

☐

ZANESVILLE, OH 43701

Account #: CONNSPOTATOCHIPS

Manufacturer:

WATTS

☐

Site Use:

Model:

919

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐CONN'S POTATO CHIP COMPANY
1805 KEMPER COURT

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

10/08/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 462

Backflow Prevention Assembly Test Report

CONTINUING HEALTHCARE @ W

Location: FIRE LINE. *MECH ROOM.

1122 TAYLOR ST.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

4LK1555

☐

Account #: CONTINUINGHC

Manufacturer:

AMES

☐

Site Use: Retirement Home

Model:

4000 SILVER

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPPA

☐

Mailing Address

Size:

6.00

☐

Orientation:

☐

Protection:

☐CONTINUING HEALTHCARE @ WILLOWHAVEN
1122 TAYLOR ST.

ZANESVILLE, OH 43701

Test Due No Later than:

08/17/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 463

Backflow Prevention Assembly Test Report

CONTINUING HEALTHCARE @ W

Location: WATER SERVICE CONTAINMENT. *MECH ROOM.

1122 TAYLOR ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

148359

☐

ZANESVILLE, OH 43701

Account #: CONTINUINGHC

Manufacturer:

WATTS

☐

Site Use: Retirement Home

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

3.00

☐

CONTINUING HEALTHCARE @ WILLOWHAVEN

1122 TAYLOR ST.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

08/17/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5139

Backflow Prevention Assembly Test Report

ZMHA-COOPERMILL L.P.

Location: BOILER ROOM.

402 INDIANA ST.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

059480

Account #: COOPERMILL L.P.-1

Manufacturer:

WATTS

Site Use:

Model:

Hazard: CONTAINMENT COMM. MED.

LF909QT

Mailing Address

Type:

RP

ZMHA

COOPERMILL L.P.

407 PERSHING RD.

Size:

0.75

Orientation:

ZANESVILLE, OH 43701

Protection:

Test Due No Later than:

03/30/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5140

Backflow Prevention Assembly Test Report

ZMHA-COOPERMILL L.P.

Location: BOILER ROOM.

546 SHINNICK CIRCLE

Meter#:

Serial #:

Check if Correct

Corrections

059054

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

LF909QT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

0.75

☐

ZMHA

COOPERMILL L.P.

407 PERSHING RD.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/30/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5124

Backflow Prevention Assembly Test Report

ZMHA -COOPERMILL LP

Location: MECH. ROOM.

538 INDIANA ST.

Meter#:

Serial #:

Check if Correct

Corrections

059053

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

LF909QT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

0.75

☐

ZMHA

COOPERMILL LP

407 PERSHING RD.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4636

Backflow Prevention Assembly Test Report

CORNER STONE CHURCH

Location: MECH. ROOM.BEHIND CHURCH.

4509 SALT CREEK DRIVE

Meter#:

Serial #:
11892

Check if Correct

Corrections

DUNCAN FALLS, OH 43734

LID/Service:

Account #: CORNER STONE CHURCH

Manufacturer:
WATTS

Site Use:

Hazard: CONTAINMENT COMM.LOW

Model:
719

Mailing Address

Type:

DCVA

STEVE HARROP
CORNER STONE CHURCH
4509 SALT CREEK DRIVE

Size:

1.00

Orientation:

DUNCAN FALLS, OH 43734

Protection:

Test Due No Later than:

04/03/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐

Leaked

☐

Closed Tight

☐

Held at _____ PSID

Leaked

☐

Closed Tight

☐

Held at _____ PSID

Did not open

☐

Opened at _____ PSID

Did not open

☐

Opened Fully

Yes ☐No ☐

Opened at _____ PSID

Leaked

☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned

☐

Rubber Kit

☐

Rebuild

☐

Replaced

☐

Other

☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐

Closed Tight

☐

Held at _____ PSID

Closed Tight

☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully

☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 190

Backflow Prevention Assembly Test Report

CORNERSTONE CHURCH

4509 SALT CREEK DRIVE

DUNCAN FALLS, OH 43734

Site Use: Church

Hazard: CONTAINMENT COMM.LOW

Mailing Address

CORNERSTONE CHURCH
4509 SALT CREEK DRIVE

DUNCAN FALLS, OH 43734

Location: WATER SERVICE CONTAINMENT

Meter#:

LID/Service:

Account #: CORNERSTONECHURCH

Serial #:

68699

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

04/03/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 191

Backflow Prevention Assembly Test Report

CORNERSTONE CHURCH

4509 SALT CREEK DRIVE

DUNCAN FALLS, OH 43734

Site Use: Church

Hazard: CONTAINMENT COMM.LOW

Mailing Address

CORNERSTONE CHURCH
4509 SALT CREEK DRIVE

DUNCAN FALLS, OH 43734

Location: WATER SERVICE CONTAINMENT

Meter#:

LID/Service:

Account #: CORNERSTONECHURCH

Serial #:

18683

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

1.50

Orientation:

Protection:

☐☐☐☐☐☐☐

Test Due No Later than:

04/03/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 846

Backflow Prevention Assembly Test Report

COSH. CO. JOB & FAMILY SERVI

Location: MECH.ROOM. BASEMENT.

724 S. 7TH. ST.

Meter#:

Serial #: Check if Correct Corrections

COSHOCTON, OH 43812

LID/Service:

1187783

Account #: COSHCOJOB&FAMILY

Manufacturer:

WILKINS

Site Use: Business Office

Model:

950XL

Hazard: CONTAINMENT COMM.LOW

Type:

DC

Mailing Address

Size:

2.00

Orientation:

Protection:

ATTN: MAINTENANCE

COSH. CO. COMMISSIONERS

401 1/2 MAIN ST.

COSHOCTON, OH 43812

Test Due No Later than:

03/24/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4622

Backflow Prevention Assembly Test Report

COSH. CO. JOB & FAMILY SERV

Location: STORAGE ROOM. BASEMENT.

724 S. 7TH. ST.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

1712751012

☐

COSHOCKTON, OH 43812

Account #: COSHCOJOB&FAMILY

Manufacturer:

AMES

☐

Site Use: Business Office

Model:

2000SS

☐

Hazard: FIRE LINE CONNECTION-LOW

Type:

DC

☐

Mailing Address

Size:

4.00

☐

Orientation:

☐

Protection:

☐

ATTN: MAINTENANCE

COSH. CO. COMMISSIONERS

401 1/2 MAIN ST.

COSHOCKTON, OH 43812

Test Due No Later than:

03/24/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2599

Backflow Prevention Assembly Test Report

COSHOCOTON CO.COMMON PLEA

Location: MECH.RM.BASEMENT,BOILER FEED.

318 MAIN STREET

Meter#:

Serial #:

Check if Correct

Corrections

COSHOCOTON, OH 43821

LID/Service:

350629

☐

Account #: COSH.CO.COMMIS.01

Manufacturer:

WATTS

☐

Site Use: COURT

Model:

909

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

1.25

☐

Orientation:

☐

Protection:

☐

ATTN: MAINTENANCE
COSH. CO. COMMISSIONERS
401 1/2 MAIN ST.

COSHOCOTON, OH 43821

Test Due No Later than:

03/24/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4526

Backflow Prevention Assembly Test Report

COSHOCOTON CO.COMMON PLEA

Location: MECH.RM.BASEMENT

318 MAIN STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

07881

☐

COSHOCOTON, OH 43821

Account #: COSH.CO.COMMIS.01

Manufacturer:

WATTS

☐

Site Use: COURT

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

2.00

☐

ATTN: MAINTENANCE

COSH. CO. COMMISSIONERS

401 1/2 MAIN ST.

Orientation:

☐

COSHOCOTON, OH 43821

Protection:

☐

Test Due No Later than:

03/24/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5148

Backflow Prevention Assembly Test Report

COSHOCOTON CO.COMMON PLEA

Location: MECH. ROOM. FIRE LINE. SOUTH WALL.

318 MAIN STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

16146

☐

COSHOCOTON, OH 43821

Account #: COSH.CO.COMMIS.01

Manufacturer:

WATTS

☐

Site Use: COURT

Model:

007

☐

Hazard: FIRE LINE CONNECTION-LOW

Type:

DCVA

☐

Mailing Address

Size:

2.00

☐

ATTN: MAINTENANCE

COSH. CO. COMMISSIONERS

401 1/2 MAIN ST.

Orientation:

☐

COSHOCOTON, OH 43821

Protection:

☐

Test Due No Later than:

03/24/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 848

Backflow Prevention Assembly Test Report

COSHOCOTON COUNTY ENGINEER

Location: WATER SERVICE CONTAINMENT - MECH ROOM - PARTS ROOM.

23149 COUNTY ROAD 621

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

93773

☐

COSHOCOTON, OH 43812

Account #: COSH.CO.COMMIS.02

Manufacturer:

WATTS

☐

Site Use: ENGINEERS Office/GARAGE

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

1.50

☐

ATTN: MAINTENANCE
COSH. CO.COMMISSIONERS
401 1/2 MAIN ST.

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

03/24/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2474

Backflow Prevention Assembly Test Report

COSH. ENVIRONMENTAL TESTING

Location: BASEMENT - WATER SERVICE CONTAINMENT.

709 MAIN ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

200423

☐

COSHOCOTON, OH 43812

Account #: COSH.ENVIR.TEST

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

DWANE SCHROCK

COSH. ENVIRONMENTAL TESTING INC.

54610 TWP. RD.88

Orientation:

☐

FRESNO, OH 43824

Protection:

☐

Test Due No Later than:

08/26/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3195

Backflow Prevention Assembly Test Report

COSH. METRO HOUSING

823 MAGNOLIA STREET

COSHOCTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

JOHN MCKAY, MTCE. SUPERVISOR
COSH. METRO HOUSING MTCE. SHOP
823 MAGNOLIA STREET

COSHOCTON, OH 43812

Location: WATER SERVICE CONTAINMENT

Meter#:

LID/Service:

Account #: MAINTENANCE SHOP

Serial #:

8103371

Check if Correct

Corrections

Manufacturer:

WILKINS

Model:

975

Type:

RP

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

11/01/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3219

Backflow Prevention Assembly Test Report

COSH. METRO HOUSING

Location: MECH.ROOM

823 MAGNOLIA STREET

Meter#:

Serial #: 3205505

Check if Correct ☐ Corrections

COSHOCOTON, OH 43812

LID/Service:

Manufacturer:

WILKINS

☐

Site Use:

Model:

975

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

2.00

☐

Orientation:

☐

Protection:

PAST DUE

☐

Test Due No Later than:

11/01/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 881

Backflow Prevention Assembly Test Report

LAKE PARK AQUATIC CENTER

Location: WATER SERVICE CONTAINMENT. - PUMP HOUSE TOP DECK, S. WALL.

23253 S.R.83 NORTH

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

156336

☐

COSHOCTON, OH 43812

Account #: COSH.CITY/CO.PARK

Manufacturer:

WATTS

☐

Site Use:

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

3.00

☐LORI EVERHART
COSH.CITY/CO. PARK
23253 S.R.83

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

05/30/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2968

Backflow Prevention Assembly Test Report

LAKE PARK AQUATIC CENTER

Location: WATER SERVICE CONTAINMENT.

23253 S.R.83 NORTH

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

09361

☐

COSHOCOTON, OH 43812

Account #: COSH.CITY/CO.PARK

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

LORI EVERHART

COSH.CITY/CO. PARK

23253 S.R.83

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

05/30/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5236

Backflow Prevention Assembly Test Report

LAKE PARK AQUATIC CENTER

Location: WATER SERVICE CONTAINMENT; BASEMENT

23253 S.R.83 NORTH

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

44718

☐

COSHOCOTON, OH 43812

Account #: COSH.CITY/CO.PARK

Manufacturer:

WATTS

☐

Site Use:

Model:

919QT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

0.75

☐

LORI EVERHART

COSH.CITY/CO. PARK

23253 S.R.83

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

05/30/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5237

Backflow Prevention Assembly Test Report

LAKE PARK AQUATIC CENTER

Location: UNDER BLDG IN CRAWL SPACE

23253 S.R.83 NORTH

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

42109

☐

COSHOCOTON, OH 43812

Account #: COSH.CITY/CO.PARK

Manufacturer:

WATTS

☐

Site Use:

Model:

919QT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

1.00

☐

LORI EVERHART

COSH.CITY/CO. PARK

23253 S.R.83

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

05/30/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5238

Backflow Prevention Assembly Test Report

LAKE PARK AQUATIC CENTER

Location: SHOWER HOUSE

23253 S.R.83 NORTH

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

06429

☐

COSHOCOTON, OH 43812

Account #: COSH.CITY/CO.PARK

Manufacturer:

WATTS

☐

Site Use:

Model:

719QT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

DC

☐

Mailing Address

Size:

1.25

☐

LORI EVERHART

COSH.CITY/CO. PARK

23253 S.R.83

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

05/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5239

Backflow Prevention Assembly Test Report

LAKE PARK AQUATIC CENTER

Location: WATER SERVICE CONTAINMENT; POOL HOUSE

23253 S.R.83 NORTH

Meter#:

Serial #:

Check if Correct

Corrections

21959

☐

LID/Service:

Manufacturer:

WATTS

☐

COSHOCOTON, OH 43812

Account #: COSH.CITY/CO.PARK

Model:

919QT

☐

Site Use:

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

2.00

☐

LORI EVERHART

COSH.CITY/CO. PARK

23253 S.R.83

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

05/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5240

Backflow Prevention Assembly Test Report

LAKE PARK AQUATIC CENTER

Location: WATER SERVICE CONTAINMENT; MECH ROOM

23253 S.R.83 NORTH

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

40660

☐

COSHOCOTON, OH 43812

Account #: COSH.CITY/CO.PARK

Manufacturer:

WATTS

☐

Site Use:

Model:

919QT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

1.00

☐

LORI EVERHART

COSH.CITY/CO. PARK

23253 S.R.83

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

05/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5241

Backflow Prevention Assembly Test Report

LAKE PARK AQUATIC CENTER

Location: SHOP/BATHROOM

23253 S.R.83 NORTH

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

32817

☐

COSHOCOTON, OH 43812

Account #: COSH.CITY/CO.PARK

Manufacturer:

WATTS

☐

Site Use:

Model:

719QT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

DC

☐

Mailing Address

Size:

0.75

☐

LORI EVERHART

COSH.CITY/CO. PARK

23253 S.R.83

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

05/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5242

Backflow Prevention Assembly Test Report

LAKE PARK AQUATIC CENTER

Location: MECH. ROOM

23253 S.R.83 NORTH

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

17161

☐

COSHOCOTON, OH 43812

Account #: COSH.CITY/CO.PARK

Manufacturer:

WATTS

☐

Site Use:

Model:

919QT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

1.50

☐

LORI EVERHART

COSH.CITY/CO. PARK

23253 S.R.83

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

05/18/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5243

Backflow Prevention Assembly Test Report

LAKE PARK AQUATIC CENTER

Location: MECH. ROOM

23253 S.R.83 NORTH

Meter#:

Serial #:

Check if Correct

Corrections

42202

☐

COSHOCOTON, OH 43812

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

919QT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

1.00

☐

LORI EVERHART

COSH.CITY/CO. PARK

23253 S.R.83

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

05/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 290

Backflow Prevention Assembly Test Report

COSHOCOTON BAPTIST CHURCH

Location: BASEMENT.

1631 DENMAN AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

121384

☐

COSHOCOTON, OH 43812

LID/Service:

Account #: COSHBAPTISTCHURCH

Manufacturer:

WATTS

☐

Site Use:

Hazard: CONTAINMENT COMM.LOW

Model:

007

☐

Mailing Address

Type:

DCDA

☐

Size:

2.00

☐

Orientation:

☐

Protection:

PAST DUE

☐

Test Due No Later than:

10/24/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2161

Backflow Prevention Assembly Test Report

COSHOCOTON CHRISTIAN TABER

Location: FIRE LINE.

23891 AIRPORT ROAD

Meter#:

Serial #:

Check if Correct

Corrections

E10441

☐

COSHOCOTON, OH 43812

LID/Service:

Account #: CHRISTIANTABERNACL

Manufacturer:

WATTS

☐

Site Use:

Hazard: FIRE LINE CONNECTION-MEDIUM

Model:

957

☐

Mailing Address

Type:

RP

☐

DAN KEATON, PASTOR

COSHOCOTON CHRISTIAN TABERNACLE

23891 AIRPORT ROAD

Size:

4.00

☐

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

08/04/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2162

Backflow Prevention Assembly Test Report

COSHOCOTON CHRISTIAN TABER

Location: WATER SERVICE CONTAINMENT.

23891 AIRPORT ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

01247

☐

COSHOCOTON, OH 43812

Account #: CHRISTIANTABERNACL

Manufacturer:

WATTS

☐

Site Use:

Model:

919

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

DAN KEATON, PASTOR

COSHOCOTON CHRISTIAN TABERNACLE

23891 AIRPORT ROAD

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

08/04/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2163

Backflow Prevention Assembly Test Report

COSHOCOTON CHRISTIAN TABER

Location: FIRE LINE.BYPASS

23891 AIRPORT ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

E7333

☐

COSHOCOTON, OH 43812

Account #: CHRISTIANTABERNACL

Manufacturer:
FLOMATIC☐

Site Use:

Model:

RPZ

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐

DAN KEATON, PASTOR

COSHOCOTON CHRISTIAN TABERNACLE

23891 AIRPORT ROAD

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

08/04/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 145

Backflow Prevention Assembly Test Report

COSHOCOTON CITY BOARD OF ED

Location: PRACTICE FIELD - REAR, *WATER ST.

1205 CAMBRIDGE ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

75844

☐

COSHOCOTON, OH 43812

Account #: COSHOCTONCITYSCHOO

Manufacturer:

WATTS

☐

Site Use: School

Model:

009

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

1.50

☐COSHOCOTON CITY BOARD OF EDUCATION
1207 CAMBRIDGE ROAD

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

07/03/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2350

Backflow Prevention Assembly Test Report

COSHOCOTON CITY BOARD OF ED

Location: BUS GARAGE,NORTH WALL,WATER SERVICE CONTAINMENT

1205 CAMBRIDGE ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

343412

☐

COSHOCOTON, OH 43812

Account #: COSHOCTONCITYSCHOO

Manufacturer:

WATTS

☐

Site Use: School

Model:

009

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

COSHOCOTON CITY BOARD OF EDUCATION

Orientation:

1207 CAMBRIDGE ROAD

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

07/03/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2971

Backflow Prevention Assembly Test Report

COSHOCOTON CITY BOARD OF ED

Location: WATER SERVICE CONTAINMENT FOOTBALL FIELD BOOSTERS CONCESSION.

1205 CAMBRIDGE ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

41496

☐

COSHOCOTON, OH 43812

Account #: COSHOCTONCITYSCHOO

Manufacturer:

WATTS

☐

Site Use: School

Model:

719QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

0.75

☐

COSHOCOTON CITY BOARD OF EDUCATION

Orientation:

1207 CAMBRIDGE ROAD

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

07/03/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4869

Backflow Prevention Assembly Test Report

COSHOCOTON CITY BOARD OF ED

Location: 4TH FLOOR BOILER ROOM - BOILER FEED WATER

1205 CAMBRIDGE ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

02259

☐

COSHOCOTON, OH 43812

Account #: COSHOCTONCITYSCHOO

Manufacturer:

WATTS

☐

Site Use: School

Model:

909

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

1.50

☐

COSHOCOTON CITY BOARD OF EDUCATION

Orientation:

1207 CAMBRIDGE ROAD

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

07/03/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5371

Backflow Prevention Assembly Test Report

COSHOCOTON CITY BOARD OF ED

Location: MECH. ROOM

1205 CAMBRIDGE ROAD

Meter#:

Serial #:

Check if Correct

Corrections

20125

☐

COSHOCOTON, OH 43812

LID/Service:

Manufacturer:

WATTS

☐

Site Use: School

Model:

719QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

1.00

☐COSHOCOTON CITY BOARD OF EDUCATION
1207 CAMBRIDGE ROAD

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

07/03/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 284

Backflow Prevention Assembly Test Report

COSHOCTON CITY HALL
760 CHESTNUT STREET

COSHOCTON, OH 43812

Site Use:

Hazard: ISOLATION MED.

Mailing Address

DON SELDERS
COSHOCTON CITY HALL
760 CHESTNUT STREET

COSHOCTON, OH 43812

Location: OVERHEAD IN BOILER ROOM WORKSHOP AREA.*BOILER FEED LINE.

Meter#:

LID/Service:

Account #: COSHOCTONCITYHALL

Serial #:

161297

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

08/26/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 53

Backflow Prevention Assembly Test Report

COSHOCOTON CO. BOARD OF MR.

Location: MECH. ROOM.

23720 CO.RD. 202

Meter#:

Serial #:

Check if Correct

Corrections

84558

☐

COSHOCOTON, OH 43812

LID/Service:

Account #: CSHCOMR/DD

Manufacturer:

WATTS

☐

Site Use:

Hazard: CONTAINMENT COMM.LOW

Model:

007

☐

Mailing Address

Type:

DCVA

☐

CAREY FRY, FACILITIES MANAGER
COSHOCOTON CO. BOARD OF MR/DD
23720 CO.RD. 202

Size:

1.50

☐

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

06/04/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 54

Backflow Prevention Assembly Test Report

COSHOCOTON CO. BOARD OF MR.

Location: MECH ROOM, BOILER FEED.

23720 CO.RD. 202

Meter#:

Serial #:

Check if Correct

Corrections

85412

☐

COSHOCOTON, OH 43812

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Hazard: ISOLATION MED.

Model:

009

☐

Mailing Address

Type:

RPPA

☐

Size:

0.75

☐

Orientation:

☐

Protection:

☐

CAREY FRY, FACILITIES MANAGER
COSHOCOTON CO. BOARD OF MR/DD
23720 CO.RD. 202

COSHOCOTON, OH 43812

Test Due No Later than:

06/04/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4513

Backflow Prevention Assembly Test Report

COSHOCOTON CO. BOARD OF MR.

Location: MECH.ROOM.PAVILION

23720 CO.RD. 202

Meter#:

Serial #:

Check if Correct

Corrections

30129

☐

COSHOCOTON, OH 43812

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

CAREY FRY, FACILITIES MANAGER
COSHOCOTON CO. BOARD OF MR/DD
23720 CO.RD. 202

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

06/04/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

	Yes	No
Proper Installation	<input type="checkbox"/>	<input type="checkbox"/>
RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>
#2 Shutoff Closed	<input type="checkbox"/>	<input type="checkbox"/>
Service Restored	<input type="checkbox"/>	<input type="checkbox"/>

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 849

Backflow Prevention Assembly Test Report

COSH. CO. SHERIFF'S OFFICE

Location: FIRE LINE - BASEMENT - WEST WALL

328 CHESTNUT STREET

Meter#:

Serial #: Check if Correct Corrections

COSHOCTON, OH 43812

LID/Service:

00888

Account #: COSHCOSHERIFFOFFIC

Manufacturer:

AMES

Site Use: Business Office

Model:

4000 SILVER

Hazard: FIRE LINE CONNECTION-MEDIUM

Mailing Address

Type:

RPPA

ATTN: MAINTENANCE

COSHOCTON CO. COMMISSIONERS

401 1/2 STREET

Size:

4.00

Orientation:

COSHOCTON, OH 43812

Protection:

Test Due No Later than:

03/24/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 858

Backflow Prevention Assembly Test Report

JUVENILE / PROBATE COURT

Location: FIRE LINE. - BYPASS DETECTOR. *BASEMENT.

426 MAIN STREET

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

03583

☐

COSHOCTON, OH 43812

Account #: JUVENILEPROBATECT

Manufacturer:

AMES

☐

Site Use: COURT

Model:

4000B

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐

ATTN: MAINTENANCE

COSHOCTON CO. COMMISSIONERS

401 1/2 MAIN STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

03/29/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 859

Backflow Prevention Assembly Test Report

JUVENILE / PROBATE COURT

Location: WATER SERVICE CONTAINMENT. *BASEMENT, MECH ROOM.

426 MAIN STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

293805

☐

COSHOCTON, OH 43812

Account #: JUVENILEPROBATECT

Manufacturer:

WATTS

☐

Site Use: COURT

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

ATTN: MAINTENANCE

COSHOCTON CO. COMMISSIONERS

401 1/2 MAIN STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

03/29/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 860

Backflow Prevention Assembly Test Report

JUVENILE / PROBATE COURT

Location: *FIRE LINE,MAIN.

426 MAIN STREET

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

016111201

☐

COSHOCOTON, OH 43812

Account #: JUVENILEPROBATECT

Manufacturer:

AMES

☐

Site Use: COURT

Model:

5000

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

4.00

☐

ATTN: MAINTENANCE

COSHOCOTON CO. COMMISSIONERS

401 1/2 MAIN STREET

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

03/29/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 507

Backflow Prevention Assembly Test Report

COSHOCOTON CO. REGIONAL AIR

Location: WATER SERVICE CONTAINMENT - UTILITY ROOM WALL

24569 AIRPORT ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

218858

☐

COSHOCOTON, OH 43812

Account #: COSHCOAIRPORTADMN

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

3.00

☐

COSHOCOTON CO. REGIONAL AIRPORT HANGER

Orientation:

24569 AIRPORT ROAD

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

12/01/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 508

Backflow Prevention Assembly Test Report

COSHOCOTON CO. REGIONAL AIR

Location: YARD HYDRANTS - UTILITY ROOM WALL

24569 AIRPORT ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

115290

☐

COSHOCOTON, OH 43812

Account #: COSHCOAIRPORTADMN

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

COSHOCOTON CO. REGIONAL AIRPORT HANGER

24569 AIRPORT ROAD

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

12/01/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5367

Backflow Prevention Assembly Test Report

COSHOCOTON COMMUNITY HOUS

Location: MECH. ROOM

161 N. 16TH STREET

Meter#:

Serial #:

Check if Correct

Corrections

10493

☐

COSHOCOTON, OH 43812

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

719QT

☐

Hazard: FIRE LINE CONNECTION-LOW

Type:

DC

☐

Mailing Address

Size:

2.00

☐

COSHOCOTON COMMUNITY HOUSING

161 N. 16TH STREET

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

08/13/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5368

Backflow Prevention Assembly Test Report

COSHOCOTON COMMUNITY HOUS

Location: MECH. ROOM

161 N. 16TH STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

029692

☐

COSHOCOTON, OH 43812

Account #: COSH COMM

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

COSHOCOTON COMMUNITY HOUSING

161 N. 16TH STREET

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

08/03/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2642

Backflow Prevention Assembly Test Report

COSHOCOTON COUNTY ALTERNA

Location: MECH.RM.,(WATER SERVICE CONTAINMENT.)

950 OTSEGO AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

A21488

☐

COSHOCOTON, OH 43812

Account #: COSHCOALTERNATIVE

Manufacturer:

WATTS

☐

Site Use: School

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

2.00

☐

CITY OF COSHOCTON

COSHOCOTON COUNTY ALTERNATIVE SCHOOL

760 CHESTNUT ST.

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

02/11/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5149

Backflow Prevention Assembly Test Report

COSHOCOTON COUNTY ALTERNA

Location: BOILER ROOM. BOILER MAKEUP WATER.

950 OTSEGO AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

89035

☐

COSHOCOTON, OH 43812

Account #: COSHCOALTERNATIVE

Manufacturer:

WATTS

☐

Site Use: School

Model:

919QT

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

0.75

☐

CITY OF COSHOCTON

COSHOCOTON COUNTY ALTERNATIVE SCHOOL

760 CHESTNUT ST.

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

02/11/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 448

Backflow Prevention Assembly Test Report

COSHOCTON COUNTY CAREER C
23640 AIRPORT ROAD

COSHOCTON, OH 43812

Site Use:

Hazard: **CONTAINMENT COMM. MED.**

Mailing Address

LYNN MIKESELL, MAINTENANCE
 COSHOCTON COUNTY CAREER CENTER
 23640 CO. RD. 202

COSHOCTON, OH 43812

Location: **WATER SERVICE CONTAINMENT**

Meter#:

LID/Service:

Account #: **COSHCOCAREERCENTER**

Serial #:

21582

Manufacturer:

WATTS

Model:

009

Type:

RP

Size:

3.00

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

01/12/2023Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2585

Backflow Prevention Assembly Test Report

COSHOCTON COUNTY CAREER (
23640 AIRPORT ROAD

Location: **BOILER FEED LINE - UPSTAIRS BOILER ROOM**

COSHOCTON, OH 43812

Meter#:

LID/Service:

Account #: **COSHCOCAREERCENTER**

Serial #:

292737

Check if Correct

Corrections

☐

Manufacturer:

WATTS☐

Model:

009☐

Type:

RPPA☐

Size:

1.00☐

Orientation:

☐

Protection:

PAST DUE☐

Site Use:

Hazard: **ISOLATION MED.**

Mailing Address

LYNN MIKESELL, MAINTENANCE
COSHOCTON COUNTY CAREER CENTER
23640 CO. RD. 202

COSHOCTON, OH 43812

Test Due No Later than:

01/12/2023Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3720

Backflow Prevention Assembly Test Report

CENTRAL SCHEDULING FACILITY

Location: ELEC. MECH.RM.

1397 WALNUT STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

25441

☐

COSHOCTON, OH 43812

Account #: HOSPITALCOSHMEM01

Manufacturer:

WATTS

☐

Site Use: Hospital

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

Protection:

☐

MAINTENANCE

COSHOCTON COUNTY MEMORIAL HOSPITAL

1460 ORANGE STREET

1397 WALNUT STREET

COSHOCTON, OH 43812

Test Due No Later than:

02/21/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2884

Backflow Prevention Assembly Test Report

COSHOCOTON COUNTY SENIOR C

Location: MECH. RM.*WATER SERVICE CONTAINMENT.

201 BROWN'S LANE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

10503

☐

COSHOCOTON, OH 43812

Account #: COSH.CO.SENIORCTR.

Manufacturer:

WATTS

☐

Site Use:

Model:

919

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

TIM GREER, MAINT.

COSHOCOTON COUNTY SENIOR CENTER

201 BROWN'S LANE

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

05/10/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2630

Backflow Prevention Assembly Test Report

DAIRY QUEEN

810 SOUTH SECOND STREET

COSHOCTON, OH 43812

Site Use: DAIRY QUEEN

Hazard: CONTAINMENT COMM.LOW

Mailing Address

CONNER BOYD
COSHOCTON DAIRY QUEEN
3400 CHAPLINE ST.

WHEELING, WV 26003-2913

Location: WATER SERVICE CONTAINMENT

Meter#:

LID/Service:

Account #: DAIRY QUEEN

Serial #:

07252

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

1.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

05/02/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4637

Backflow Prevention Assembly Test Report

COSHOCKTON ELKS LODGE #376

Location: BASEMENT, MECH.RM. MODEL DDC-II;BEECO

434 CHESTNUT ST.

Meter#:

Serial #:

Check if Correct

Corrections

303905

☐

COSHOCKTON, OH 43812

LID/Service:

Account #: ELKS LODGE #376

Manufacturer:

BEECO/HERSEY

☐

Site Use:

Hazard: FIRE LINE CONNECTION-LOW

Model:

DDC-II

☐

Mailing Address

Type:

DC

☐

Size:

4.00

☐

Orientation:

☐

Protection:

☐

COSHOCKTON ELKS LODGE #376

434 CHESTNUT ST.

COSHOCKTON, OH 43812

Test Due No Later than:

01/10/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 144

Backflow Prevention Assembly Test Report

COSHOCOTON FIRE DEPARTMENT

Location: MECH ROOM - BASEMENT

325 SOUTH 7TH STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

DB0422

☐

COSHOCOTON, OH 43812

Account #: COSHOCTONFIREDEPT

Manufacturer:

WATTS

☐

Site Use:

Model:

757

☐

Hazard: FIRE LINE CONNECTION-LOW

Type:

DC

☐

Mailing Address

Size:

3.00

☐

CITY OF COSHOCTON

COSHOCOTON FIRE DEPARTMENT

325 SOUTH 7TH STREET

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

07/06/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2310

Backflow Prevention Assembly Test Report

COSHOCOTON FOUNDATION

220 SOUTH 4TH STREET

COSHOCOTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

COSHOCOTON FOUNDATION
220 SOUTH 4TH STREET

COSHOCOTON, OH 43812

Location: BASEMENT-WATER SERVICE CONTAINMENT

Meter#:

LID/Service:

Account #: COSHFOUNDATION

Serial #:

28066

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

1.25

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

06/05/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2311

Backflow Prevention Assembly Test Report

COSHOCOTON FOUNDATION

Location: FIRE LINE, NEW DEVICE

220 SOUTH 4TH STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

1916787

☐

COSHOCOTON, OH 43812

Account #: COSHFOUNDATION

Manufacturer:

WILKINS

☐

Site Use:

Model:

975XLBMS

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RP

☐

Mailing Address

Size:

1.50

☐

COSHOCOTON FOUNDATION

220 SOUTH 4TH STREET

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

06/05/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5309

Backflow Prevention Assembly Test Report

COSHOCKTON GRAIN COMPANY

475 BROWNS LANE

COSHOCKTON, OH 43812

Site Use:

Hazard: ISOLATION MED.

Mailing Address

COSHOCKTON GRAIN COMPANY
475 BROWNS LANE

COSHOCKTON, OH 43812

Location: 375 BROWNS LANE-PROCESS LINE HOT WATER.

Meter#:

LID/Service:

Account #: COSHOCTON BEAN PLT

Serial #:

65735

Manufacturer:

WATTS

Model:

919QT

Type:

RP

Size:

1.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

07/16/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5310

Backflow Prevention Assembly Test Report

COSHOCKTON GRAIN COMPANY

Location: MECH. ROOM.

475 BROWNS LANE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

12629

☐

COSHOCKTON, OH 43812

Account #: COSHOCTON BEAN PLT

Manufacturer:

WATTS

☐

Site Use:

Model:

719QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

1.00

☐

COSHOCKTON GRAIN COMPANY

475 BROWNS LANE

Orientation:

☐

COSHOCKTON, OH 43812

Protection:

☐

Test Due No Later than:

07/16/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5311

Backflow Prevention Assembly Test Report

COSHOCOTON GRAIN COMPANY

Location: PROCESS HOT WATER

475 BROWNS LANE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

66861

☐

COSHOCOTON, OH 43812

Account #: COSHOCTON BEAN PLT

Manufacturer:

WATTS

☐

Site Use:

Model:

919QT

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

1.00

☐

COSHOCOTON GRAIN COMPANY

475 BROWNS LANE

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

07/16/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2196

Backflow Prevention Assembly Test Report

COSHOCTON COUNTY HEAD ST/

Location: MECH.RM. BASEMENT.

3201 COUNTY ROAD 16

Meter#:

Serial #: Check if Correct Corrections

COSHOCTON, OH 43812

LID/Service:

FF-2032

☐

Account #: HEADSTARTCOSHCO

Manufacturer:

WATTS

☐

Site Use:

Model:

957

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

3.00

☐

Orientation:

☐

Protection:

☐STEPHEN TROENDLY, DIRECTOR
COSHOCTON HEAD START
3201 COUNTY ROAD 16

COSHOCTON, OH 43812

Test Due No Later than:

08/19/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2284

Backflow Prevention Assembly Test Report

COSHOCOTON COUNTY HEAD STA

Location: FIRE LINE - SPRINKLER SYSTEM,*NOTE BYPASS METER REMOVED.

3201 COUNTY ROAD 16

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

1031021005

☐

COSHOCOTON, OH 43812

Account #: HEADSTARTCOSHCO

Manufacturer:

AMES

☐

Site Use:

Model:

5000

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

4.00

☐

STEPHEN TROENDLY, DIRECTOR

COSHOCOTON HEAD START

3201 COUNTY ROAD 16

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

08/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5332

Backflow Prevention Assembly Test Report

COSHOCOTON COUNTY HEAD STA

Location: BASEMENT BOILER ROOM

3201 COUNTY ROAD 16

Meter#:

Serial #:

Check if Correct

Corrections

62618

☐

COSHOCOTON, OH 43812

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

LF919AQT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

0.75

☐

STEPHEN TROENDLY, DIRECTOR

COSHOCOTON HEAD START

3201 COUNTY ROAD 16

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

08/19/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5333

Backflow Prevention Assembly Test Report

COSHOCTON COUNTY HEAD STA

Location: BASEMENT - FIRE LINE BY-PASS

3201 COUNTY ROAD 16

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

07401

☐

COSHOCTON, OH 43812

Account #: HEADSTARTCOSHCO

Manufacturer:

AMES

☐

Site Use:

Model:

4000B

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐

STEPHEN TROENDLY, DIRECTOR

COSHOCTON HEAD START

3201 COUNTY ROAD 16

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

08/19/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 904

Backflow Prevention Assembly Test Report

COSHOCOTON MEMORIAL HOSPIT

Location: HOSPITAL - WEST ADDITION - MRI EMERG. COOLING WATER

1460 ORANGE STREET

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

493819

☐

COSHOCOTON, OH 43812

Account #: HOSPITALCOSHMEM-01

Manufacturer:

WATTS

☐

Site Use: Hospital

Model:

909

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

COSHOCOTON MEMORIAL HOSPITAL

1460 ORANGE STREET

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

02/21/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 906

Backflow Prevention Assembly Test Report

COSHOCOTON MEMORIAL HOSPIT

Location: MAINT. ROOM - RESTROOM, SOUTH WALL DOMESTIC TO ECF

1460 ORANGE STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

100965

☐

COSHOCOTON, OH 43812

Account #: HOSPITALCOSHMEM-01

Manufacturer:

WATTS

☐

Site Use: Hospital

Model:

909

☐

Hazard: ISOLATION MED.

Type:

RPDA

☐

Mailing Address

Size:

2.50

☐

COSHOCOTON MEMORIAL HOSPITAL

1460 ORANGE STREET

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

02/21/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 907

Backflow Prevention Assembly Test Report

COSHOCOTON MEMORIAL HOSPIT

Location: BOILER ROOM - CONDENSATE MAKEUP WATER

1460 ORANGE STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

654377

☐

COSHOCOTON, OH 43812

Account #: HOSPITALCOSHMEM-01

Manufacturer:

WILKINS

☐

Site Use: Hospital

Model:

975

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

0.75

☐

COSHOCOTON MEMORIAL HOSPITAL

1460 ORANGE STREET

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

02/21/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 909

Backflow Prevention Assembly Test Report

COSHOCOTON MEMORIAL HOSPIT

Location: EAST WALL - PHYSICAL THERAPY - SPRINKLER WATER INDICATOR

1460 ORANGE STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

E4242

☐

COSHOCOTON, OH 43812

Account #: HOSPITALCOSHMEM-01

Manufacturer:

FLOMATIC

☐

Site Use: Hospital

Model:

RPZII

☐

Hazard: LIMITED AREA SPRINKLER

Type:

RP

☐

Mailing Address

Size:

0.75

☐

COSHOCOTON MEMORIAL HOSPITAL

1460 ORANGE STREET

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

02/21/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 916

Backflow Prevention Assembly Test Report

COSHOCOTON MEMORIAL HOSPIT

Location: WATER FEED TO MORGUE - COLD

1460 ORANGE STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

459571

☐

COSHOCOTON, OH 43812

Account #: HOSPITALCOSHMEM-01

Manufacturer:

WATTS

☐

Site Use: Hospital

Model:

909

☐

Hazard: ISOLATION HIGH HEALTH HAZ

Type:

RP

☐

Mailing Address

Size:

0.75

☐

COSHOCOTON MEMORIAL HOSPITAL

1460 ORANGE STREET

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

02/21/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

	Yes	No
Proper Installation	<input type="checkbox"/>	<input type="checkbox"/>
RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>
#2 Shutoff Closed	<input type="checkbox"/>	<input type="checkbox"/>
Service Restored	<input type="checkbox"/>	<input type="checkbox"/>

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 917

Backflow Prevention Assembly Test Report

COSHOCOTON MEMORIAL HOSPIT

Location: WATER FEED TO MORGUE - HOT

1460 ORANGE STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

459567

☐

COSHOCOTON, OH 43812

Account #: HOSPITALCOSHMEM-01

Manufacturer:

WATTS

☐

Site Use: Hospital

Model:

009

☐

Hazard: ISOLATION HIGH HEALTH HAZ

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

COSHOCOTON MEMORIAL HOSPITAL

1460 ORANGE STREET

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

02/21/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 918

Backflow Prevention Assembly Test Report

COSHOCOTON MEMORIAL HOSPIT

Location: BOILER ROOM - E. WALL, OVERHEAD VACUUM PUMPS - COOLANT WATER

1460 ORANGE STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

117882

☐

COSHOCOTON, OH 43812

Account #: HOSPITALCOSHMEM-01

Manufacturer:

WATTS

☐

Site Use: Hospital

Model:

800

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.75

☐

COSHOCOTON MEMORIAL HOSPITAL

1460 ORANGE STREET

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

02/21/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 919

Backflow Prevention Assembly Test Report

COSHOCOTON MEMORIAL HOSPIT

Location: 4TH FLOOR - S. WALL HEATING LOOP FEED WATER

1460 ORANGE STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

75926

☐

COSHOCOTON, OH 43812

Account #: HOSPITALCOSHMEM-01

Manufacturer:

WATTS

☐

Site Use: Hospital

Model:

919

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

1.00

☐

COSHOCOTON MEMORIAL HOSPITAL

1460 ORANGE STREET

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

02/21/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 920

Backflow Prevention Assembly Test Report

COSHOCOTON MEMORIAL HOSPIT

Location: BOILER ROOM - N. WALL, OVERHEAD DOMESTIC WATER

1460 ORANGE STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

102402

☐

COSHOCOTON, OH 43812

Account #: HOSPITALCOSHMEM-01

Manufacturer:

WATTS

☐

Site Use: Hospital

Model:

994

☐

Hazard: ISOLATION MED.

Type:

RPDA

☐

Mailing Address

Size:

6.00

☐

COSHOCOTON MEMORIAL HOSPITAL

1460 ORANGE STREET

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

02/21/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 926

Backflow Prevention Assembly Test Report

COSHOCOTON MEMORIAL HOSPIT

Location: BOILER ROOM - CHILLER FEED WATER ABOVE STEAM CONDENSATE PUMP

1460 ORANGE STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

135717

☐

COSHOCOTON, OH 43812

Account #: HOSPITALCOSHMEM-01

Manufacturer:

WATTS

☐

Site Use: Hospital

Model:

009

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

COSHOCOTON MEMORIAL HOSPITAL

1460 ORANGE STREET

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

02/21/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 927

Backflow Prevention Assembly Test Report

COSHOCOTON MEMORIAL HOSPIT

Location: SERVICE EXTENDED CARE HOT WATER HEAT MAKEUP - ROOM F.

1460 ORANGE STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

411230

☐

COSHOCOTON, OH 43812

Account #: HOSPITALCOSHMEM-01

Manufacturer:

WATTS

☐

Site Use: Hospital

Model:

009

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

COSHOCOTON MEMORIAL HOSPITAL

1460 ORANGE STREET

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

02/21/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 929

Backflow Prevention Assembly Test Report

COSHOCOTON MEMORIAL HOSPIT

Location: MORGUE SPRAY TABLE

1460 ORANGE STREET

Meter#:

Serial #:

Check if Correct

Corrections

07707

☐

COSHOCOTON, OH 43812

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Hospital

Model:

800

☐

Hazard: ISOLATION HIGH HEALTH HAZ

Type:

PVB

☐

Mailing Address

Size:

0.75

☐

COSHOCOTON MEMORIAL HOSPITAL

1460 ORANGE STREET

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

02/21/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 930

Backflow Prevention Assembly Test Report

COSHOCOTON MEMORIAL HOSPIT

Location: BOILER ROOM - OVERHEAD #1 BOILER - CITY WATER BOILER FEED

1460 ORANGE STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

246526

☐

COSHOCOTON, OH 43812

Account #: HOSPITALCOSHMEM-01

Manufacturer:

WATTS

☐

Site Use: Hospital

Model:

909

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

COSHOCOTON MEMORIAL HOSPITAL

1460 ORANGE STREET

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

02/21/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 932

Backflow Prevention Assembly Test Report

COSHOCOTON MEMORIAL HOSPIT

Location: BASEMENT EAST WALL - PHYSICAL THERAPY SPRINKLER WATER

1460 ORANGE STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

CL-0661

☐

COSHOCOTON, OH 43812

Account #: HOSPITALCOSHMEM-01

Manufacturer:

WATTS

☐

Site Use: Hospital

Model:

957

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RP

☐

Mailing Address

Size:

6.00

☐

COSHOCOTON MEMORIAL HOSPITAL

1460 ORANGE STREET

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

02/21/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 933

Backflow Prevention Assembly Test Report

COSHOCOTON MEMORIAL HOSPIT

Location: BOILER ROOM - NE CORNER UNDER DOMESTIC WATER

1460 ORANGE STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

E4260

☐

COSHOCOTON, OH 43812

Account #: HOSPITALCOSHMEM-01

Manufacturer:

FLOMATIC

☐

Site Use: Hospital

Model:

RPZ

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐

COSHOCOTON MEMORIAL HOSPITAL

1460 ORANGE STREET

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

02/21/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 934

Backflow Prevention Assembly Test Report

COSHOCOTON MEMORIAL HOSPIT

Location: BOLER ROOM - NE CORNER UNDER DOMESTIC WATER PREV. 6" SPR. WATER.

1460 ORANGE STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

CL-0663

☐

COSHOCOTON, OH 43812

Account #: HOSPITALCOSHMEM-01

Manufacturer:

WATTS

☐

Site Use: Hospital

Model:

957

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RP

☐

Mailing Address

Size:

6.00

☐

COSHOCOTON MEMORIAL HOSPITAL

1460 ORANGE STREET

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

02/21/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 935

Backflow Prevention Assembly Test Report

COSHOCOTON MEMORIAL HOSPIT

Location: MECH ROOM - NEW BOILER ROOM

1460 ORANGE STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

255352

☐

COSHOCOTON, OH 43812

Account #: HOSPITALCOSHMEM-01

Manufacturer:

WATTS

☐

Site Use: Hospital

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

6.00

☐

COSHOCOTON MEMORIAL HOSPITAL

1460 ORANGE STREET

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

02/21/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 936

Backflow Prevention Assembly Test Report

COSHOCOTON MEMORIAL HOSPIT

Location: MTCE. SHOP RESTROOM SPRINKLER DETECTOR

1460 ORANGE STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

E4179

☐

COSHOCOTON, OH 43812

Account #: HOSPITALCOSHMEM-01

Manufacturer:

FLOMATIC

☐

Site Use: Hospital

Model:

RPZ

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐

COSHOCOTON MEMORIAL HOSPITAL

1460 ORANGE STREET

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

02/21/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 938

Backflow Prevention Assembly Test Report

COSHOCOTON MEMORIAL HOSPIT

Location: MTCE. SHOP - RESTROOM SPRINKLER

1460 ORANGE STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

CL-0649

☐

COSHOCOTON, OH 43812

Account #: HOSPITALCOSHMEM-01

Manufacturer:

WATTS

☐

Site Use: Hospital

Model:

957

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RP

☐

Mailing Address

Size:

4.00

☐

COSHOCOTON MEMORIAL HOSPITAL

1460 ORANGE STREET

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

02/21/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 939

Backflow Prevention Assembly Test Report

COSHOCOTON MEMORIAL HOSPIT

Location: FIRE LINE - NE CORNER NEW BOILER ROOM

1460 ORANGE STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

CL-0665

☐

COSHOCOTON, OH 43812

Account #: HOSPITALCOSHMEM-01

Manufacturer:

WATTS

☐

Site Use: Hospital

Model:

957

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RP

☐

Mailing Address

Size:

6.00

☐

COSHOCOTON MEMORIAL HOSPITAL

1460 ORANGE STREET

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

02/21/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 940

Backflow Prevention Assembly Test Report

COSHOCOTON MEMORIAL HOSPIT

Location: FIRE LINE - NEW BOILER ROOM NW CORNER SPRINKLER DETECTOR

1460 ORANGE STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

E4249

☐

COSHOCOTON, OH 43812

Account #: HOSPITALCOSHMEM-01

Manufacturer:
FLOMATIC☐

Site Use: Hospital

Model:

RPZE II

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐COSHOCOTON MEMORIAL HOSPITAL
1460 ORANGE STREET

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

02/21/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

	Yes	No
Proper Installation	<input type="checkbox"/>	<input type="checkbox"/>
RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>
#2 Shutoff Closed	<input type="checkbox"/>	<input type="checkbox"/>
Service Restored	<input type="checkbox"/>	<input type="checkbox"/>

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2074

Backflow Prevention Assembly Test Report

COSHOCOTON MEMORIAL HOSPIT

Location: BASEMENT - COLD WATER TO WASHERS - BEHIND WASHERS ON RIGHT

1460 ORANGE STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

234328

☐

COSHOCOTON, OH 43812

Account #: HOSPITALCOSHMEM-01

Manufacturer:

WATTS

☐

Site Use: Hospital

Model:

009

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

COSHOCOTON MEMORIAL HOSPITAL

1460 ORANGE STREET

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

02/21/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2077

Backflow Prevention Assembly Test Report

COSHOCOTON MEMORIAL HOSPIT

Location: MECH ROOM - CHILLER MAKEUP WATER - WEST WING 5TH FLOOR

1460 ORANGE STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

520635

☐

COSHOCOTON, OH 43812

Account #: HOSPITALCOSHMEM-01

Manufacturer:

WATTS

☐

Site Use: Hospital

Model:

909

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

0.75

☐

COSHOCOTON MEMORIAL HOSPITAL

1460 ORANGE STREET

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

02/21/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2507

Backflow Prevention Assembly Test Report

COSHOCOTON MEMORIAL HOSPIT

Location: PHYSICAL THERAPY ,S. WALL,(WATER SERVICE CONTAINMENT)

1460 ORANGE STREET

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

1016020905

☐

COSHOCOTON, OH 43812

Account #: HOSPITALCOSHMEM-01

Manufacturer:

WATTS

☐

Site Use: Hospital

Model:

994

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

4.00

☐

COSHOCOTON MEMORIAL HOSPITAL

1460 ORANGE STREET

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

02/21/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2841

Backflow Prevention Assembly Test Report

COSHOCOTON MEMORIAL HOSPIT

Location: 5TH FLOOR/EAST PENTHOUSE,CHILLER MAKEUP WATER.

1460 ORANGE STREET

Meter#:

Serial #:

Check if Correct

Corrections

611797

☐

COSHOCOTON, OH 43812

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Hospital

Model:

909QT

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

0.75

☐

COSHOCOTON MEMORIAL HOSPITAL

1460 ORANGE STREET

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

02/21/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4735

Backflow Prevention Assembly Test Report

COSHOCOTON MEMORIAL HOSPIT

Location: 406 SOUTH 15TH.ST.

1460 ORANGE STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

16879

☐

COSHOCOTON, OH 43812

Account #: HOSPITALCOSHMEM-01

Manufacturer:

WATTS

☐

Site Use: Hospital

Model:

LF919QT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

1.50

☐

COSHOCOTON MEMORIAL HOSPITAL

1460 ORANGE STREET

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

02/12/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5141

Backflow Prevention Assembly Test Report

COSHOCOTON MEMORIAL HOSPIT

Location: STERILIZER ,SCRUB ROOM -OR ROOM #3.

1460 ORANGE STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

17984

☐

COSHOCOTON, OH 43812

Account #: HOSPITALCOSHMEM-01

Manufacturer:

WATTS

☐

Site Use: Hospital

Model:

007M1QT

☐

Hazard: ISOLATION MED.

Type:

DC

☐

Mailing Address

Size:

1.50

☐

COSHOCOTON MEMORIAL HOSPITAL

1460 ORANGE STREET

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

02/21/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5142

Backflow Prevention Assembly Test Report

COSHOCOTON MEMORIAL HOSPIT

Location: LAUNDRY ROOM.

1460 ORANGE STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

26580

☐

COSHOCOTON, OH 43812

Account #: HOSPITALCOSHMEM-01

Manufacturer:

WATTS

☐

Site Use: Hospital

Model:

919QT

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

1.50

☐

COSHOCOTON MEMORIAL HOSPITAL

1460 ORANGE STREET

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

02/21/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5143

Backflow Prevention Assembly Test Report

COSHOCOTON MEMORIAL HOSPIT

Location: BETWEEN O.R. #1 & # 2-STERILIZER FEED.

1460 ORANGE STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

73320

☐

COSHOCOTON, OH 43812

Account #: HOSPITALCOSHMEM-01

Manufacturer:

WATTS

☐

Site Use: Hospital

Model:

007

☐

Hazard: ISOLATION LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

COSHOCOTON MEMORIAL HOSPITAL

1460 ORANGE STREET

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

02/21/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5144

Backflow Prevention Assembly Test Report

COSHOCOTON MEMORIAL HOSPIT

Location: MECH. ROOM. STERILIZER ON THE LEFT.

1460 ORANGE STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

73322

☐

COSHOCOTON, OH 43812

Account #: HOSPITALCOSHMEM-01

Manufacturer:

WATTS

☐

Site Use: Hospital

Model:

007

☐

Hazard: ISOLATION LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

COSHOCOTON MEMORIAL HOSPITAL

1460 ORANGE STREET

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

02/21/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5145

Backflow Prevention Assembly Test Report

COSHOCOTON MEMORIAL HOSPIT

Location: STERILIZER ON THE RIGHT. BEHIND STERILIZER.

1460 ORANGE STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

73344

☐

COSHOCOTON, OH 43812

Account #: HOSPITALCOSHMEM-01

Manufacturer:

WATTS

☐

Site Use: Hospital

Model:

007

☐

Hazard: ISOLATION LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

COSHOCOTON MEMORIAL HOSPITAL

1460 ORANGE STREET

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

02/21/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5146

Backflow Prevention Assembly Test Report

COSHOCOTON MEMORIAL HOSPIT

Location: COOLING WATER MAKEUP. WEST WING 1ST. FLOOR.

1460 ORANGE STREET

Meter#:

Serial #:

Check if Correct

Corrections

520641

☐

LID/Service:

Manufacturer:

WATTS

☐

COSHOCOTON, OH 43812

Account #: HOSPITALCOSHMEM-01

Model:

909QT

☐

Site Use: Hospital

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

0.75

☐

COSHOCOTON MEMORIAL HOSPITAL

1460 ORANGE STREET

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

02/21/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5147

Backflow Prevention Assembly Test Report

COSHOCOTON MEMORIAL HOSPIT

Location: RIGHT SIDE OF DOUBLE DOORS SHIPPING.DOCK ANTIFREEZE LOOP

1460 ORANGE STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

38298

☐

COSHOCOTON, OH 43812

Account #: HOSPITALCOSHMEM-01

Manufacturer:

WATTS

☐

Site Use: Hospital

Model:

919QT

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RP

☐

Mailing Address

Size:

2.00

☐

COSHOCOTON MEMORIAL HOSPITAL

1460 ORANGE STREET

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

02/21/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 847

Backflow Prevention Assembly Test Report

COSH. CO. DOCTOR'S CLINIC

Location: FIRE LINE - BASEMENT SW CORNER - SPRINKLER SYSTEM

1523 WALNUT STREET

Meter#:

Serial #: Check if Correct Corrections

COSHOCTON, OH 43812

LID/Service:

A00959

☐

Account #: HOSPITALCOSHMEM-03

Manufacturer:

WILKINS

☐

Site Use: Clinic

Model:

950

☐

Hazard: FIRE LINE CONNECTION-LOW

Type:

DC

☐

Mailing Address

Size:

3.00

☐JOE SLOMINSKI, FACILITY SERVICES
COSHOCTON MEMORIAL HOSPITAL
P.O. BOX 1330

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

02/21/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 921

Backflow Prevention Assembly Test Report

COSH. CO. DOCTOR'S CLINIC

Location: DOCTOR'S CLINIC - SW CORNER DOMESTIC WATER

1523 WALNUT STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

232360

☐

COSHOCKTON, OH 43812

Account #: HOSPITALCOSHMEM-03

Manufacturer:

WATTS

☐

Site Use: Clinic

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

1.50

☐

JOE SLOMINSKI, FACILITY SERVICES

COSHOCKTON MEMORIAL HOSPITAL

P.O. BOX 1330

Orientation:

☐

COSHOCKTON, OH 43812

Protection:

☐

Test Due No Later than:

02/21/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2081

Backflow Prevention Assembly Test Report

DR. SMILO'S OFFICE

Location: WATER SERVICE CONTAINMENT - BASEMENT

1410 WALNUT STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

202263

☐

COSHOCOTON, OH 43812

Account #: HOSPITALCOSHMEM-07

Manufacturer:

WATTS

☐

Site Use: Doctors Office

Model:

009

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

JOE SLOMINSKI, FACILITY SERVICES

COSHOCOTON MEMORIAL HOSPITAL

P.O. BOX 1330

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

02/21/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2915

Backflow Prevention Assembly Test Report

COSHOCOTON MEMORIAL HOSPIT

Location: MECH RM. **WATER SERVICE CONTAINMENT.

1390 PLEASANT VALLEY DR.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

07104

☐

COSHOCOTON, OH 43812

Account #: HOSPITALCOSHMEM-02

Manufacturer:

WATTS

☐

Site Use: Clinic

Model:

719

☐

Hazard: CONTAINMENT COMM. MED.

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

Orientation:

☐

Protection:

☐

FACILITY SERVICES

COSHOCOTON MEMORIAL HOSPITAL

P.O. BOX 1330

PLEASANT VALLEY DOCTOR'S CLINIC

COSHOCOTON, OH 43812

Test Due No Later than:

03/09/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2916

Backflow Prevention Assembly Test Report

COSHOCOTON MEMORIAL HOSPIT

Location: MECH RM. **FIRE LINE.

1390 PLEASANT VALLEY DR.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

A00191

☐

COSHOCOTON, OH 43812

Account #: HOSPITALCOSHMEM-02

Manufacturer:

WATTS

☐

Site Use: Clinic

Model:

719

☐

Hazard: FIRE LINE CONNECTION-LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

Orientation:

☐

Protection:

☐

FACILITY SERVICES

COSHOCOTON MEMORIAL HOSPITAL

P.O. BOX 1330

PLEASANT VALLEY DOCTOR'S CLINIC

COSHOCOTON, OH 43812

Test Due No Later than:

03/09/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 922

Backflow Prevention Assembly Test Report

COSHOCOTON MEMORIAL HOSPIT

Location: BASEMENT - FILL FOR SWIMMING POOL

311 SOUTH 15TH STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

303237

☐

COSHOCOTON, OH 43812

Account #: HOSPITALCOSHMEM-06

Manufacturer:

WATTS

☐

Site Use:

Model:

909

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

JOE SLOMINSKI, FACILITY SERVICES

COSHOCOTON MEMORIAL HOSPITAL

P.O.BOX 460

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

02/21/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 924

Backflow Prevention Assembly Test Report

COSHOCOTON MEMORIAL HOSPIT

Location: DOCTOR'S OFFICES - FIRE LINE - N. SIDE SPRINKLER

1501 ORANGE STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

11222

☐

COSHOCOTON, OH 43812

Account #: HOSPITALCOSHMEM-05

Manufacturer:

WATTS

☐

Site Use: Hospital

Model:

007

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

DCVA

☐

Mailing Address

Size:

2.00

☐

JOE SLOMINSKI, FACILITY SERVICES
COSHOCOTON MEMORIAL HOSPITAL
P.O.BOX 460

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

02/12/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 928

Backflow Prevention Assembly Test Report

COSHOCOTON MEMORIAL HOSPIT

Location: SWIMMING POOL CHAIR LIFT

311 SOUTH 15TH STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

343154

☐

COSHOCOTON, OH 43812

Account #: HOSPITALCOSHMEM-06

Manufacturer:

WILKINS

☐

Site Use:

Model:

720A

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.75

☐

JOE SLOMINSKI, FACILITY SERVICES
COSHOCOTON MEMORIAL HOSPITAL
P.O.BOX 460

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

02/21/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 931

Backflow Prevention Assembly Test Report

COSHOCOTON MEMORIAL HOSPIT

Location: MECH ROOM - DETECTOR: NE CORNER OF BLDG.

311 SOUTH 15TH STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

E4147

☐

COSHOCOTON, OH 43812

Account #: HOSPITALCOSHMEM-06

Manufacturer:

FLOMATIC

☐

Site Use:

Model:

RPZ

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐

JOE SLOMINSKI, FACILITY SERVICES
COSHOCOTON MEMORIAL HOSPITAL
P.O.BOX 460

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

02/21/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Date _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 937

Backflow Prevention Assembly Test Report

COSHOCOTON MEMORIAL HOSPIT

Location: FIRE LINE - MECH ROOM NE PART OF BLDG.BASEMENT.

311 SOUTH 15TH STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

CL-0651

☐

COSHOCOTON, OH 43812

Account #: HOSPITALCOSHMEM-06

Manufacturer:

WATTS

☐

Site Use:

Model:

957

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RP

☐

Mailing Address

Size:

4.00

☐

JOE SLOMINSKI, FACILITY SERVICES
COSHOCOTON MEMORIAL HOSPITAL
P.O.BOX 460

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

02/21/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2205

Backflow Prevention Assembly Test Report

COSHOCOTON PALLET & DOOR

23222 COUNTY ROAD 621

COSHOCOTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

T.J. WEAVER, OWNER
COSHOCOTON PALLET & DOOR
P.O. Box 412

COSHOCOTON, OH 43812

Location: WATER SERVICE CONTAINMENT - RESTROOM IN LUMBER CO.

Meter#:

LID/Service:

Account #: COSHPALLET&DOOR

Serial #:

236925

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

1.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

08/26/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2426

Backflow Prevention Assembly Test Report

PEEBLES

23259 AIRPORT RD.

COSHOCTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

OWNER; MS.MADHU GOYAL
COSHOCTON PLAZA LLC
3 LOUIS COURT

EDISON, NJ 08820

Location: MENS REST RM.- WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: COSH.PLAZA-04

Serial #:

2334595

Manufacturer:

WILKINS

Model:

975

Type:

RP

Size:

0.75

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

12/20/2020

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2673

Backflow Prevention Assembly Test Report

SALLY'S BEAUTY SUPPLIES

Location: BY BACK DOOR.REST ROOM.

23585 AIRPORT RD.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

33350559

☐

COSHOCOTON, OH 43812

Account #: COSH.PLAZA-01

Manufacturer:

WILKINS

☐

Site Use:

Model:

975XLBMS

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RP

☐

Mailing Address

Size:

0.75

☐

OWNER; MS. MADHU GOYAL

COSHOCOTON PLAZA LLC

3 LOUIS COURT

Orientation:

☐

EDISON, NJ 08820

Protection:

PAST DUE

☐

Test Due No Later than:

11/09/2017

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2456

Backflow Prevention Assembly Test Report

AARON RENTS,VACANT

23639 AIRPORT RD.

COSHOCTON, OH 43821

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

MS. MADHU GOYAL
COSHOCTON PLAZA,LLC
3 LOUIS COURT

EDISON, NJ 08820

Location: *REST RM. (WATER SERVICE CONTAINMENT.) WATER OFF 9/05/13

Meter#:

LID/Service:

Account #: COSH.PLAZA-05

Serial #:

2234396

Manufacturer:

WILKINS

Model:

975XL

Type:

RP

Size:

0.75

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

08/01/2013

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4435

Backflow Prevention Assembly Test Report

KIDNEY CENTER OF COSHOCTON

Location: MECH.ROOM

23649 AIRPORT ROAD

Meter#:

Serial #:

Check if Correct

Corrections

12217

☐

COSHOCTON, OH 43812

LID/Service:

Manufacturer:

AMES

☐

Site Use: Dialysis Clinic

Model:

4000B

☐

Hazard: FIRE LINE BYPASS-HIGH

Type:

RP

☐

Mailing Address

Size:

0.75

☐

MS.MADHU GOYAL

COSHOCTON PLAZA,LLC

3 LOUIS COURT

Orientation:

☐

EDISON, NJ 08820

Protection:

☐

Test Due No Later than:

02/18/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2714

Backflow Prevention Assembly Test Report

COSHOCKTON READINESS CENTE

Location: MECH.RM.*FIRE LINE BY PASS

24680 AIRPORT RD.

Meter#:

Serial #: 05760

Check if Correct

Corrections

COSHOCKTON, OH 43812

LID/Service:

Manufacturer:

AMES

Site Use:

Model:

4000B

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

Mailing Address

Size:

0.75

Orientation:

Protection:

DUSTIN ANDERSON

COSHOCKTON READINESS CENTER

24680 AIRPORT RD.

COSHOCKTON, OH 43812

Test Due No Later than:

11/02/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2715

Backflow Prevention Assembly Test Report

COSHOCKTON READINESS CENTE

Location: MECH. RM. *FIRE MAIN.

24680 AIRPORT RD.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

1023380104

☐

COSHOCKTON, OH 43812

Account #: COSH.READINESS CTR

Manufacturer:

AMES

☐

Site Use:

Model:

5000

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

6.00

☐

DUSTIN ANDERSON

COSHOCKTON READINESS CENTER

24680 AIRPORT RD.

Orientation:

☐

COSHOCKTON, OH 43812

Protection:

☐

Test Due No Later than:

11/02/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2716

Backflow Prevention Assembly Test Report

COSHOCOTON READINESS CENTE

Location: MECH. RM.*BOILER FEED.

24680 AIRPORT RD.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

583476

☐

COSHOCOTON, OH 43812

Account #: COSH.READINESS CTR

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

DUSTIN ANDERSON

COSHOCOTON READINESS CENTER

24680 AIRPORT RD.

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

11/02/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5028

Backflow Prevention Assembly Test Report

COSHOCKTON READINESS CENTE

Location: MECH. ROOM.

24680 AIRPORT RD.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

S1-0794

☐

COSHOCKTON, OH 43812

Account #: COSH.READINESS CTR

Manufacturer:

WATTS

☐

Site Use:

Model:

957

☐

Hazard: CONTAINMENT RESIDENTIAL MED.

Type:

RP

☐

Mailing Address

Size:

3.00

☐

DUSTIN ANDERSON

COSHOCKTON READINESS CENTER

24680 AIRPORT RD.

Orientation:

☐

COSHOCKTON, OH 43812

Protection:

☐

Test Due No Later than:

11/02/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 201

Backflow Prevention Assembly Test Report

COSHOCTON SEWAGE TREATME

Location: DECHLORINATION BLDG.6, 1ST FLOOR - WATER SERVICE CONTAINMENT

2742 COUNTY ROAD 271

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

239054

☐

COSHOCTON, OH 43812

Account #: SEWAGEPLANTCOSHOC

Manufacturer:

WATTS

☐

Site Use:

Model:

909

☐

Hazard: CONTAINMENT COMM. HIGH

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

DAVE McVAY, SUPERINTENDENT
COSHOCTON SEWAGE TREATMENT PLANT
2742 COUNTY ROAD 271

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/05/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 202

Backflow Prevention Assembly Test Report

COSHOCOTON SEWAGE TREATME

Location: GRIT ROOM, 1ST FLOOR - WATER SERVICE CONTAINMENT

2742 COUNTY ROAD 271

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

QA330

☐

COSHOCOTON, OH 43812

Account #: SEWAGEPLANTCOSHOCOT

Manufacturer:
CONBRACO☐

Site Use:

Model:

Hazard: CONTAINMENT COMM. MED.

40-204-A2

☐

Mailing Address

Type:

RPPA

☐

Size:

0.75

☐

Orientation:

☐

Protection:

☐

DAVE McVAY, SUPERINTENDENT

COSHOCOTON SEWAGE TREATMENT PLANT

2742 COUNTY ROAD 271

COSHOCOTON, OH 43812

Test Due No Later than:

07/05/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 203

Backflow Prevention Assembly Test Report

COSHOCOTON SEWAGE TREATME

Location: PUMPING STATION -BELOW LAB, MECH ROOM - 2ND FLOOR

2742 COUNTY ROAD 271

Meter#:

Serial #:

Check if Correct

Corrections

QK831

☐

COSHOCOTON, OH 43812

LID/Service:

Manufacturer:

CONBRACO

☐

Site Use:

Hazard: ISOLATION MED.

Model:

40-204-A2

☐

Mailing Address

Type:

RPPA

☐

Size:

0.75

☐

Orientation:

☐

Protection:

☐

DAVE McVAY, SUPERINTENDENT

COSHOCOTON SEWAGE TREATMENT PLANT

2742 COUNTY ROAD 271

COSHOCOTON, OH 43812

Test Due No Later than:

07/05/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 204

Backflow Prevention Assembly Test Report

COSHOCOTON SEWAGE TREATME

Location: TRANFER BUILDING -#7, WATER SERVICE CONTAINMENT.

2742 COUNTY ROAD 271

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

QK835

☐

COSHOCOTON, OH 43812

Account #: SEWAGEPLANTCOSHOCOT

Manufacturer:

CONBRACO

☐

Site Use:

Model:

40-204-A2

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

DAVE McVAY, SUPERINTENDENT

COSHOCOTON SEWAGE TREATMENT PLANT

2742 COUNTY ROAD 271

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

07/05/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 205

Backflow Prevention Assembly Test Report

COSHOCOTON SEWAGE TREATME

Location: CONTROL BUILDING BASEMENT - WATER SERVICE CONTAINMENT

2742 COUNTY ROAD 271

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

QK195

☐

COSHOCOTON, OH 43812

Account #: SEWAGEPLANTCOSHOCOT

Manufacturer:

CONBRACO

☐

Site Use:

Model:

40204A2S

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

0.75

☐

DAVE McVAY, SUPERINTENDENT

COSHOCOTON SEWAGE TREATMENT PLANT

2742 COUNTY ROAD 271

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

07/05/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 206

Backflow Prevention Assembly Test Report

COSHOCOTON SEWAGE TREATME

Location: BOILER ROOM,BOILER MAKE-UP.1ST FLOOR.

2742 COUNTY ROAD 271

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

317180

☐

COSHOCOTON, OH 43812

Account #: SEWAGEPLANTCOSHOCOT

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

DAVE McVAY, SUPERINTENDENT

COSHOCOTON SEWAGE TREATMENT PLANT

2742 COUNTY ROAD 271

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

07/05/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2211

Backflow Prevention Assembly Test Report

COSHOCOTON SEWAGE TREATME

Location: WATER SERVICE CONTAINMENT,*GARAGE OF MAIN BLDG.

2742 COUNTY ROAD 271

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

426805

☐

COSHOCOTON, OH 43812

Account #: SEWAGEPLANTCOSHOCOT

Manufacturer:

WATTS

☐

Site Use:

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Mailing Address

Type:

RPPA

☐

Size:

2.00

☐

Orientation:

☐

Protection:

☐

DAVE McVAY, SUPERINTENDENT

COSHOCOTON SEWAGE TREATMENT PLANT

2742 COUNTY ROAD 271

COSHOCOTON, OH 43812

Test Due No Later than:

07/05/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2792

Backflow Prevention Assembly Test Report

COSHOCOTON SEWAGE TREATME

Location: NONPOTABLE, PROTECTING WATER SERVICE.*MECHANICAL BUILDING.

2742 COUNTY ROAD 271

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

44108

☐

COSHOCOTON, OH 43812

Account #: SEWAGEPLANTCOSHOCOT

Manufacturer:

WATTS

☐

Site Use:

Model:

909

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

DAVE McVAY, SUPERINTENDENT

COSHOCOTON SEWAGE TREATMENT PLANT

2742 COUNTY ROAD 271

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

07/05/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5421

Backflow Prevention Assembly Test Report

COSHOCOTON SEWAGE TREATME

Location: BIO BLDG. - NON POTABLE

2742 COUNTY ROAD 271

Meter#:

Serial #:

Check if Correct

Corrections

216024

☐

COSHOCOTON, OH 43812

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Hazard: CONTAINMENT COMM. HIGH

Model:

909

☐

Mailing Address

Type:

RP

☐

Size:

4.00

☐

Orientation:

☐

Protection:

☐

DAVE McVAY, SUPERINTENDENT

COSHOCOTON SEWAGE TREATMENT PLANT

2742 COUNTY ROAD 271

COSHOCOTON, OH 43812

Test Due No Later than:

07/05/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4373

Backflow Prevention Assembly Test Report

COSHOCKTON TRUCKING

Location: MECH.RM.

441 CLOW LANE

Meter#:

Serial #: 13248

Check if Correct

Corrections

COSHOCKTON, OH 43812

LID/Service:

Account #: COSHOCKTONTRUCKING

Manufacturer:

WATTS

Site Use: TRUCKING

Model:

919

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

Mailing Address

Size:

1.50

Orientation:

Protection:

COSHOCKTON TRUCKING
441 CLOW LANE

COSHOCKTON, OH 43812

Test Due No Later than:

02/14/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1470

Backflow Prevention Assembly Test Report

COSHOCOTON VILLAGE INN & SUI

Location: WATER SERVICE CONTAINMENT

115 NORTH WATER STREET

Meter#:

Serial #:

Check if Correct

Corrections

110753

☐

COSHOCOTON, OH 43812

LID/Service:

Account #: COSHVILLAGEINNSUIT

Manufacturer:

WATTS

☐

Site Use: Motels/Hotels

Model:

009

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

Orientation:

☐

Protection:

☐CHRIS WILSON, MTCE. DIRECTOR
COSHOCOTON VILLAGE INN & SUITES
115 NORTH WATER STREET

COSHOCOTON, OH 43812

Test Due No Later than:

06/25/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1471

Backflow Prevention Assembly Test Report

COSHOCOTON VILLAGE INN & SUI

Location: FIRE LINE BYPASS

115 NORTH WATER STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

0003370

☐

COSHOCOTON, OH 43812

Account #: COSHVILLAGEINNSUIT

Manufacturer:

AMES

☐

Site Use: Motels/Hotels

Model:

2000B

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

DC

☐

Mailing Address

Size:

0.75

☐

CHRIS WILSON, MTCE. DIRECTOR

COSHOCOTON VILLAGE INN & SUITES

115 NORTH WATER STREET

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

06/25/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1472

Backflow Prevention Assembly Test Report

COSHOCKTON VILLAGE INN & SUI

Location: MECH.ROOM,BOILER ROOM.

115 NORTH WATER STREET

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

3KM0396

☐

COSHOCKTON, OH 43812

Account #: COSHVILLAGEINNSUIT

Manufacturer:

AMES

☐

Site Use: Motels/Hotels

Model:

3000 SILVER

☐

Hazard: CONTAINMENT COMM. MED.

Type:

DCDA

☐

Mailing Address

Size:

4.00

☐

CHRIS WILSON, MTCE. DIRECTOR
COSHOCKTON VILLAGE INN & SUITES
115 NORTH WATER STREET

Orientation:

☐

COSHOCKTON, OH 43812

Protection:

☐

Test Due No Later than:

06/25/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

	Yes	No
Proper Installation	<input type="checkbox"/>	<input type="checkbox"/>
RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>
#2 Shutoff Closed	<input type="checkbox"/>	<input type="checkbox"/>
Service Restored	<input type="checkbox"/>	<input type="checkbox"/>

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2206

Backflow Prevention Assembly Test Report

COSHOCOTON WATER DEPARTMENT

760 CHESTNUT ST.

COSHOCOTON, OH 43812

Site Use: Water Plant

Hazard: ISOLATION MED.

Mailing Address

DAN MOODY
COSHOCOTON WATER DEPARTMENT
118 BRIDGE STREET

COSHOCOTON, OH 43812

Location: ALUM PUMP BEARING WATER.*BASEMENT.

Meter#:

LID/Service:

Account #: COSHWATERDEPT

Serial #:

07006

Manufacturer:

WATTS

Model:

919

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

02/06/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2207

Backflow Prevention Assembly Test Report

COSHOCOTON WATER DEPARTMENT

Location: LIME PROCESS WATER - GARAGE AREA, BOTTOM BACKFLOW

760 CHESTNUT ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

FH-2824

☐

COSHOCOTON, OH 43812

Account #: COSHWATERDEPT

Manufacturer:

WATTS

☐

Site Use: Water Plant

Model:

957

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

4.00

☐

DAN MOODY

COSHOCOTON WATER DEPARTMENT

118 BRIDGE STREET

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

02/06/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2208

Backflow Prevention Assembly Test Report

COSHOCOTON WATER DEPARTMENT

Location: LIME PROCESS WATER - GARAGE AREA

760 CHESTNUT ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

FH-2820

☐

COSHOCOTON, OH 43812

Account #: COSHWATERDEPT

Manufacturer:

WATTS

☐

Site Use: Water Plant

Model:

957

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

4.00

☐

DAN MOODY

COSHOCOTON WATER DEPARTMENT

118 BRIDGE STREET

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

02/05/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2215

Backflow Prevention Assembly Test Report

COSHOCOTON WATER DEPARTMENT

Location: WATER SERVICE CONTAINMENT - COSHOCTON

760 CHESTNUT ST.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

F0203191214

☐

COSHOCTON, OH 43812

Account #: COSHWATERDEPT

Manufacturer:

FEBCO

☐

Site Use: Water Plant

Model:

850

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

4.00

☐

DAN MOODY

COSHOCTON WATER DEPARTMENT

118 BRIDGE STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

02/06/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2303

Backflow Prevention Assembly Test Report

COSHOCOTON WATER DEPARTMENT

Location: BASEMENT. *EAST OF PIPE GALLERY.

760 CHESTNUT ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

176591

☐

COSHOCOTON, OH 43812

Account #: COSHWATERDEPT

Manufacturer:

WATTS

☐

Site Use: Water Plant

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

3.00

☐

DAN MOODY

COSHOCOTON WATER DEPARTMENT

118 BRIDGE STREET

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

02/06/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2304

Backflow Prevention Assembly Test Report

COSHOCOTON WATER DEPARTMENT

Location: HIGH SERVICE PUMP ROOM.BASEMENT WEST WALL.

760 CHESTNUT ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

01176

☐

COSHOCOTON, OH 43812

Account #: COSHWATERDEPT

Manufacturer:

WATTS

☐

Site Use: Water Plant

Model:

919

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

DAN MOODY

COSHOCOTON WATER DEPARTMENT

118 BRIDGE STREET

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

02/06/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2305

Backflow Prevention Assembly Test Report

COSHOCOTON WATER DEPARTMENT

Location: BASEMENT EAST END OF PIPE GALLERY.* CONTAINMENT.

760 CHESTNUT ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

01179

☐

COSHOCOTON, OH 43812

Account #: COSHWATERDEPT

Manufacturer:

WATTS

☐

Site Use: Water Plant

Model:

919

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

DAN MOODY

COSHOCOTON WATER DEPARTMENT

118 BRIDGE STREET

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

02/06/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2647

Backflow Prevention Assembly Test Report

COSHOCOTON WATER DEPT.

Location: BUILDING BEHIND ARMORY.

1011 HERBIG AVE.

Meter#:

Serial #:

Check if Correct

Corrections

18222

☐

COSHOCOTON, OH 43812

LID/Service:

Account #: COSH.WATER DEPT.

Manufacturer:

AMES

☐

Site Use: Water Plant

Model:

2000B

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

1.50

☐

Dan Moody

COSHOCOTON WATER DEPT.

1011 HERBIG AVE.

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

01/25/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1098

Backflow Prevention Assembly Test Report

COSMO PROF

2800-N MAPLE AVENUE

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

PEGGY SHEPPARD
COSMO PROF
2800-N MAPLE AVENUE

ZANESVILLE, OH 43701

Location: ABOVE MOP SINK IN CEILING.

Meter#:

LID/Service:

Account #: COSMO PROF

Serial #:

10921

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

09/17/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5017

Backflow Prevention Assembly Test Report

COUNTRY ECHOES SCHOOL

Location: ENTRY ROOM.

4330 PROSPECT CHURCH RD.

Meter#:

Serial #: Check if Correct Corrections

ADAMSVILLE, OH 43802

LID/Service:

03193149

Account #: COUNTRY ECHOES SCH

Manufacturer:

WATTS

Site Use: School

Model:

LF719QT

Hazard: CONTAINMENT COMM.LOW

Type:

DC

Mailing Address

Size:

0.75

Orientation:

COUNTRY ECHOES SCHOOL
4330 PROSPECT CHURCH RD.

ADAMSVILLE, OH 43802

Protection:

PAST DUE

Test Due No Later than:

08/19/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2504

Backflow Prevention Assembly Test Report

COUNTRY SIDE BULK FOOD

4230 WEST PIKE

ZANESVILLE, OH 43701

Site Use: BULK FOOD

Hazard: CONTAINMENT COMM.LOW

Mailing Address

JAMES MILLER
COUNTRY SIDE BULK FOOD
4230 WEST PIKE

ZANESVILLE, OH 43701

Location: IN REST ROOM,(WATER SERVICE CONTAINMENT)

Meter#:

LID/Service:

Account #: COUNTRYSIDEBULK

Serial #:

08832

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

10/14/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1783

Backflow Prevention Assembly Test Report

COUNTRYSIDE ANIMAL CLINIC

1018 BEVERLY AVENUE

ZANESVILLE, OH 43701

Site Use: Veterinarian

Hazard: CONTAINMENT COMM.LOW

Mailing Address

MARIANNE SHINN
COUNTRYSIDE ANIMAL CLINIC
1018 BEVERLY AVENUE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: COUNTRYSIDE ANIMAL

Serial #:

11581

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

03/21/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4753

Backflow Prevention Assembly Test Report

COUNTRYSIDE ANIMAL CLINIC

Location: WATER SERVICE CONTAINMENT.

1018 BEVERLY AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

34667

☐

ZANESVILLE, OH 43701

Account #: COUNTRYSIDEANIMAL

Manufacturer:

WATTS

☐

Site Use: Veterinarian

Model:

719QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

0.75

☐

MARIANNE SHINN

COUNTRYSIDE ANIMAL CLINIC

1018 BEVERLY AVENUE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/21/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 851

Backflow Prevention Assembly Test Report

COURT SQUARE CAFE

Location: BASEMENT.

241 MAIN STREET

Meter#:

Serial #: Check if Correct Corrections

COSHOCTON, OH 43812

LID/Service:

01076

Account #: COURTSQUARECAFE

Manufacturer:

WATTS

Site Use:

Model:

Hazard: CONTAINMENT COMM.LOW

719

Mailing Address

Type:

DCVA

MATT & LARRY HINDS, OWNER

COURT SQUARE CAFE

241 MAIN STREET

Size:

1.50

Orientation:

COSHOCTON, OH 43812

Protection:

Test Due No Later than:

04/17/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1393

Backflow Prevention Assembly Test Report

CRACKER BARREL OLD COUNTF
225 SCENIC CREST DRIVE

ZANESVILLE, OH 43701

Site Use: Restaurant

Hazard: FIRE LINE CONNECTION-LOW

Mailing Address

BRUCE CHANEY, ASSOC. MANAGER
CRACKER BARREL
225 SCENIC CREST DRIVE

ZANESVILLE, OH 43701

Location: FIRE LINE - MECH ROOM ON OUTSIDE SOUTHEAST SIDE.

Meter#:

LID/Service:

Account #: CRACKERBARREL#370

Serial #:

6560

Manufacturer:

WATTS

Model:

709

Type:

DCDA

Size:

4.00

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

05/16/2021

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1394

Backflow Prevention Assembly Test Report

CRACKER BARREL OLD COUNTF
225 SCENIC CREST DRIVE

Location: WATER SERVICE CONTAINMENT - LAWN SPRINKLER - MECH ROOM OUTSIDE SE

ZANESVILLE, OH 43701

Meter#:

LID/Service:

Account #: CRACKERBARREL#370

Serial #:

28023

Check if Correct

Corrections

☐

Manufacturer:

WATTS

☐

Model:

009

☐

Type:

RPPA

☐

Size:

1.50

☐

Orientation:

☐

Protection:

☐

Site Use: Restaurant

Hazard: IRRIGATION MED-ISOLATION

Mailing Address

BRUCE CHANEY, ASSOC. MANAGER
 CRACKER BARREL
 225 SCENIC CREST DRIVE

ZANESVILLE, OH 43701

Test Due No Later than:

05/16/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1395

Backflow Prevention Assembly Test Report

CRACKER BARREL OLD COUNTF

Location: * DUMPSTER WATER, MECH ROOM OUTSIDE HOSE BIBS. SOUTH EAST

225 SCENIC CREST DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

61251

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Restaurant

Model:

800

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.75

☐

BRUCE CHANEY, ASSOC. MANAGER

CRACKER BARREL

225 SCENIC CREST DRIVE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

05/16/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4195

Backflow Prevention Assembly Test Report

Craig Baldwin

1205 Newark Road

ZANESVILLE, OH 43701

Site Use: Business Office

Hazard: CONTAINMENT COMM.LOW

Mailing Address

CRAIG BALDWIN,BLDG.OWNER

Craig Baldwin

5000 Eden Park Drive

ZANESVILLE, OH 43701

Location: IN BASEMENT MEETING ROOM ON WALL PARALLEL WITH ADAMS LANE

Meter#:

LID/Service:

Account #: CRAIG B.-RENTAL

Serial #:

30839

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

09/09/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4656

Backflow Prevention Assembly Test Report

CRAIG MORRISON-RENTAL

Location: MECH. ROOM BY MOP SINK

309 MAIN STREET

Meter#:

Serial #: Check if Correct Corrections

DRESDEN, OH 43821

LID/Service:

30377

Account #: CRAIG MORRISON-R

Manufacturer:

WATTS

Site Use:

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

CRAIG MORRISON
CRAIG MORRISON-RENTAL
P.O.BOX 535

Orientation:

DRESDEN, OH 43821

Protection:

PAST DUE

Test Due No Later than:

12/10/2015

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 804

Backflow Prevention Assembly Test Report

CREATIVE PACKAGING, INC.

Location: FIRE LINE - FRONT OF PLANT.

1781 KEMPER COURT

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

2AJ0423

Account #: CREATIVEPACKAGING

Manufacturer:

AMES

Site Use:

Model:

Hazard: FIRE LINE CONNECTION-LOW

2000 SILVER

Mailing Address

Type:

DCVA

ERIC MILATOVICH, PROPERTY MANAGER

Size:

4.00

CREATIVE PACKAGING, INC.

Orientation:

1781 KEMPER COURT

Protection:

ZANESVILLE, OH 43701

Test Due No Later than:

03/02/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 805

Backflow Prevention Assembly Test Report

CREATIVE PACKAGING, INC.

Location: WATER SERVICE CONTAINMENT - FRONT OF WAREHOUSE

1781 KEMPER COURT

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

156951

☐

ZANESVILLE, OH 43701

Account #: CREATIVEPACKAGING

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

ERIC MILATOVICH, PROPERTY MANAGER

CREATIVE PACKAGING, INC.

1781 KEMPER COURT

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/02/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 806

Backflow Prevention Assembly Test Report

CREATIVE PACKAGING, INC.

Location: WATER SERVICE CONTAINMENT - FRONT OF PLANT

1781 KEMPER COURT

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

02921

☐

ZANESVILLE, OH 43701

Account #: CREATIVEPACKAGING

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

ERIC MILATOVICH, PROPERTY MANAGER

CREATIVE PACKAGING, INC.

1781 KEMPER COURT

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/02/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 807

Backflow Prevention Assembly Test Report

CREATIVE PACKAGING, INC.

Location: FIRE LINE - FRONT OF WAREHOUSE

1781 KEMPER COURT

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

2EN0647

☐

ZANESVILLE, OH 43701

Account #: CREATIVEPACKAGING

Manufacturer:

AMES

☐

Site Use:

Model:

2000 SILVER

☐

Hazard: FIRE LINE CONNECTION-LOW

Type:

DCVA

☐

Mailing Address

Size:

4.00

☐

ERIC MILATOVICH, PROPERTY MANAGER

CREATIVE PACKAGING, INC.

1781 KEMPER COURT

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/02/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3063

Backflow Prevention Assembly Test Report

CREEKSIDE HAIR DESIGN

2382 OLD RIVER ROAD

ZANESVILLE, OH 43701

Site Use: Beauty Salon/Barber

Hazard: CONTAINMENT COMM.LOW

Mailing Address

HEATHER HARRIS
CREEKSIDE HAIR DESIGN
2382 OLD RIVER ROAD

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT

Meter#:

LID/Service:

Account #: CREEKSIDEHAIR

Serial #:

14380

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

01/10/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1690

Backflow Prevention Assembly Test Report

CRENO'S PIZZA

13 EAST MAIN STREET

NEW CONCORD, OH 43762

Site Use: Restaurant

Hazard: CONTAINMENT COMM.LOW

Mailing Address

CRENO'S - NEW CONCORD
13 EAST MAIN ST.

NEW CONCORD, OH 43762

Location: WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: CRENO'S PIZZA

Serial #:

90947

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

09/19/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 642

Backflow Prevention Assembly Test Report

CRENO'S PIZZA

1423 MAYSVILLE AVE.

ZANESVILLE, OH 43701

Site Use: Restaurant

Hazard: CONTAINMENT COMM.LOW

Mailing Address

CYRUS FOOD SERVICE
CRENO'S PIZZA
1423 MAYSVILLE AVE.

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT - MECH ROOM

Meter#:

LID/Service:

Account #: CRENOSMAYSVILLE

Serial #:

1459717

Check if Correct

Corrections

Manufacturer:

WILKINS

Model:

950XL

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

04/06/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3146

Backflow Prevention Assembly Test Report

CRENO'S PIZZA

2005 CHANDLERSVILLE RD.

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

Eric Mitchell
CRENO'S PIZZA
2005 CHANDLERSVILLE RD.

ZANESVILLE, OH 43701

Location: UNDER THREE COMP KITCHEN SINK.

Meter#:

LID/Service:

Account #: CRENOS EAST

Serial #:

63748

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

03/10/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1817

Backflow Prevention Assembly Test Report

CRENO'S PIZZA

315 DOWNTOWNER PLAZA

COSHOCOTON, OH 43712

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

CRENO'S PIZZA

315 DOWNTOWNER PLAZA

COSHOCOTON, OH 43712

Location: WATER SERVICE CONTAINMENT. *MECH ROOM.

Meter#:

LID/Service:

Account #: COSH.ASSOC.LLC-10

Serial #:

1624291

Manufacturer:

WILKINS

Model:

975

Type:

RP

Size:

1.00

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

11/20/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3053

Backflow Prevention Assembly Test Report

CRENO'S PIZZA

3550 MAPLE AVE.

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

CRENO'S PIZZA
3550 MAPLE AVE

ZANESVILLE, OH 43701

Location: MECH. RM., WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: THOMAS-5

Serial #:

14770

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

09/07/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1253

Backflow Prevention Assembly Test Report

CRENO'S PIZZA

5885 FRAZEYSBURG ROAD

NASHPORT, OH 43830

Site Use: DELIVERY, TAKE OUT

Hazard: CONTAINMENT COMM. LOW

Mailing Address

DANIEL R. SENSIBAUGH
CRENO'S PIZZA
7765 MEADOW DR.

NASHPORT, OH 43830

Location: WATER SERVICE CONTAINMENT - CLOSET BESIDE FRONT COUNTER.

Meter#:

LID/Service:

Account #: CRENO SFRAZROAD

Serial #:

21655

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

☐☐☐☐☐☐☐

Test Due No Later than:

08/18/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1597

Backflow Prevention Assembly Test Report

CRENO'S PIZZA, DRESDEN

Location: WATER SERVICE CONTAINMENT - MECH ROOM.

804 MAIN STREET

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

51889

☐

DRESDEN, OH 43821

Account #: CRENO'S PIZZA

Manufacturer:

WATTS

☐

Site Use: PIZZA SHOP

Model:

919

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

CRENO'S PIZZA

9275 JAMES RD.

Orientation:

☐

NASHPORT, OH 43830

Protection:

☐

Test Due No Later than:

08/16/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1678

Backflow Prevention Assembly Test Report

CRICKET

2347 MAPLE AVENUE

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

M & M PROPERTIES
CRICKET
30 WEST OVERLOOK DRIVE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT. * BESIDE WATER CLOSET.

Meter#:

LID/Service:

Account #: CRICKET

Serial #:

07929

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

07/15/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3324

Backflow Prevention Assembly Test Report

CRYSTAL SPRINGS GOLF CLUB, I
745 N.HOPEWELL RD.

Location: BASEMENT.

HOPEWELL, OH 43746

Meter#:

LID/Service:

Account #: CRYSTAL SPRINGS

Serial #:

36591

Check if Correct

Corrections

☐

Manufacturer:

WATTS

☐

Model:

719QT

☐

Type:

DC

☐

Size:

0.75

☐

Orientation:

☐

Protection:

☐

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

CRYSTAL SPRINGS GOLF CLUB, LTD
 745 N.HOPEWELL RD.

HOPEWELL, OH 43746

Test Due No Later than:

08/05/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4049

Backflow Prevention Assembly Test Report

CULTICE & BROWN

121 N. 4TH ST.

ZANESVILLE, OH 43701

Site Use: Business Office

Hazard: CONTAINMENT COMM.LOW

Mailing Address

CARINA R. LEE
CULTICE & BROWN
P.O. BOX 490

ZANESVILLE, OH 43702-0490

Location: BACK OF BUILDING, BASEMENT FURNACE ROOM.

Meter#:

LID/Service:

Account #: CULTICE & BROWN

Serial #:

12249

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

1.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

09/17/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3710

Backflow Prevention Assembly Test Report

CUMMINS INSURANCE AGENCY

Location: IN BACK OFFICE, BEHIND FILTER GRILL.

1215 MAYSVILLE PIKE

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

25346

Account #: CUMMINS INS.

Manufacturer:

WATTS

Site Use: Offices

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

CLAY CUMMINS

CUMMIN'S INSURANCE AGENCY

1215 MAYSVILLE PIKE

ZANESVILLE, OH 43701

Test Due No Later than:

05/19/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3225

Backflow Prevention Assembly Test Report

CUSTOM CAR CARE LLC

8495 EAST PIKE

NORWICH, OH 43767

Site Use: Retail

Hazard: CONTAINMENT COMM.LOW

Mailing Address

CUSTOM CAR CARE LLC

8495 EAST PIKE

NORWICH, OH 43767

Location: BACK LEFT HAND CORNER OF BUILDING.

Meter#:

LID/Service:

Account #: CUSTOM CAR CARE LL

Serial #:

14689

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

02/22/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Submit completed
Test Report:

Fax:



Service Address

Hazard/CCID: 3624

Backflow Prevention Assembly Test Report

THE CUT ABOVE

1936 MAPLE AVE.

ZANESVILLE, OH 43701

Site Use: Beauty Salon/Barber

Hazard: CONTAINMENT COMM.LOW

Mailing Address

BRENDA FINK, OWNER
CUT ABOVE
1936 MAPLE AVE.

ZANESVILLE, OH 43701

Location: IN BASEMENT.

Meter#:

LID/Service:

Account #: CUT ABOVE

Serial #:

28324

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

09/26/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Submit completed
Test Report:

Fax:



Service Address

Hazard/CCID: 717

Backflow Prevention Assembly Test Report

CVS #3427

Location: WATER SERVICE CONTAINMENT - UNDER STAIRS

103 MAYSVILLE PIKE

Meter#:

Serial #: Check if Correct Corrections

SOUTH ZANESVILLE, OH 43701

LID/Service:

76231

Account #: CVSMAYSVILLEPIKE

Manufacturer:

WATTS

Site Use: Retail

Model:

009

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

Mailing Address

Size:

0.75

Orientation:

Protection:

STORE MANAGER

CVS #3427

103 MAYSVILLE PIKE

SOUTH ZANESVILLE, OH 43701

Test Due No Later than:

05/15/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 720

Backflow Prevention Assembly Test Report

CVS #4810

1212 MAPLE AVENUE

ZANESVILLE, OH 43701

Site Use: Retail

Hazard: CONTAINMENT COMM. MED.

Mailing Address

STORE MANAGER
CVS #4810
1208 MAPLE AVENUE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT - MECH ROOM

Meter#:

LID/Service:

Account #: CVSMAPLEAVE

Serial #:

74000

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

1.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

06/23/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 486

Backflow Prevention Assembly Test Report

CVS PHARMACY #3455

Location: STOCKROOM.

200 SOUTH SECOND STREET

Meter#:

Serial #: Check if Correct Corrections

COSHOCTON, OH 43812

LID/Service:

535838

Account #: CVSCOSHOCTON3455

Manufacturer:

WILKINS

Site Use:

Model:

Hazard: CONTAINMENT COMM.LOW

975

Mailing Address

Type:

RP

MANAGER

Size:

1.00

CVS PHARMACY #3455

Orientation:

200 SOUTH SECOND STREET

COSHOCTON, OH 43812

Protection:

PAST DUE

Test Due No Later than:

04/03/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1142

Backflow Prevention Assembly Test Report

CZ COMPANY

1150 NEWARK ROAD

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

LANNY ARCHER
CZ COMPANY
P.O. BOX 757

CAMBRIDGE, OH 43725

Location: WOMANS REST ROOM.

Meter#:

LID/Service:

Account #: TECHNICAL CABLE

Serial #:

01222

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

1.50

Orientation:

Protection:

PAST DUE

Test Due No Later than:

07/05/2020

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1980

Backflow Prevention Assembly Test Report

CZ COMPANY

1150 NEWARK ROAD

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

LANNY ARCHER
CZ COMPANY
P.O. BOX 757

CAMBRIDGE, OH 43725

Location: WOMANS REST ROOM

Meter#:

LID/Service:

Account #: TECHNICAL CABLE

Serial #:

01175

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

1.50

Orientation:

Protection:

PAST DUE

Test Due No Later than:

07/05/2020

 Existing ☐
New ☐

 Removed ☐
Replaced ☐

 Commercial ☐
Industrial ☐

 Residential ☐
Construction ☐

 Domestic ☐
Irrigation ☐

 Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐
 Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4391

Backflow Prevention Assembly Test Report

D & D ROOFING AND CONSTRUC
600 ORANGE ST.

COSHOCOTON, OH 43812

Site Use: **Business Office**Hazard: **CONTAINMENT COMM. MED.**

Mailing Address

DALE & KAREN DOVENBARGER
D & D ROOFING AND CONSTRUCTION
600 ORANGE ST.

COSHOCOTON, OH 43812

Location: **MECH ROOM.**

Meter#:

LID/Service:

Account #: **D & D ROOFING**

Serial #:

A04272

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

03/22/2022Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2128

Backflow Prevention Assembly Test Report

D K MANUFACTURING INC.

Location: BACK, BASEMENT,

119 WEST 2ND STREET

Meter#:

Serial #: Check if Correct Corrections

FRAZEYSBURG, OH 43822

LID/Service:

104222

Account #: D & K MANUFACTURI

Manufacturer:

AMES

Site Use: Factory

Model:

5000

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

Mailing Address

Size:

6.00

JENNY KING, PLANT MANAGER

D K MANUFACTURING INC.

P.O. BOX 409

Orientation:

FRAZEYSBURG, OH 43822

Protection:

Test Due No Later than:

04/19/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2129

Backflow Prevention Assembly Test Report

D K MANUFACTURING INC.

Location: FRONT OF BLDG.STREET LEVEL.

119 WEST 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

104331

☐

FRAZEYSBURG, OH 43822

Account #: D & K MANUFACTURI

Manufacturer:

AMES

☐

Site Use: Factory

Model:

5000

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

4.00

☐

Orientation:

☐

Protection:

☐

JENNY KING, PLANT MANAGER

D K MANUFACTURING INC.

P.O. BOX 409

FRAZEYSBURG, OH 43822

Test Due No Later than:

04/19/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2902

Backflow Prevention Assembly Test Report

D K MANUFACTURING INC.

Location: BACK BASEMENT ,

119 WEST 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

FRAZEYSBURG, OH 43822

LID/Service:

09615

☐

Account #: D & K MANUFACTURI

Manufacturer:

AMES

☐

Site Use: Factory

Model:

4000B

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

Protection:

☐

JENNY KING, PLANT MANAGER

D K MANUFACTURING INC.

P.O. BOX 409

FRAZEYSBURG, OH 43822

Test Due No Later than:

04/19/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2903

Backflow Prevention Assembly Test Report

D K MANUFACTURING INC.

Location: FRONT OF BLDG.STREET LEVEL.

119 WEST 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

09693

☐

FRAZEYSBURG, OH 43822

Account #: D & K MANUFACTURI

Manufacturer:

AMES

☐

Site Use: Factory

Model:

4000B

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐

JENNY KING, PLANT MANAGER

D K MANUFACTURING INC.

P.O. BOX 409

Orientation:

☐

FRAZEYSBURG, OH 43822

Protection:

☐

Test Due No Later than:

04/19/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2933

Backflow Prevention Assembly Test Report

D K MANUFACTURING INC.

Location: BACK BASEMENT - COOLING TOWER

119 WEST 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

A88914

☐

FRAZEYSBURG, OH 43822

Account #: D & K MANUFACTURI

Manufacturer:

WATTS

☐

Site Use: Factory

Model:

009

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

JENNY KING, PLANT MANAGER

D K MANUFACTURING INC.

P.O. BOX 409

Orientation:

☐

FRAZEYSBURG, OH 43822

Protection:

☐

Test Due No Later than:

04/19/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2934

Backflow Prevention Assembly Test Report

D K MANUFACTURING INC.

Location: BASEMENT, BOILER.

119 WEST 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

FRAZEYSBURG, OH 43822

LID/Service:

A88297

☐

Account #: D & K MANUFACTURI

Manufacturer:

WATTS

☐

Site Use: Factory

Model:

009

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

Protection:

☐

JENNY KING, PLANT MANAGER

D K MANUFACTURING INC.

P.O. BOX 409

FRAZEYSBURG, OH 43822

Test Due No Later than:

04/19/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4767

Backflow Prevention Assembly Test Report

D K MANUFACTURING INC.

Location: MECH ROOM CLOSET, OFF BREAK ROOM.

119 WEST 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

FRAZEYSBURG, OH 43822

LID/Service:

131295

Account #: D & K MANUFACTURI

Manufacturer:

WATTS

Site Use: Factory

Model:

909M1QT

Hazard: CONTAINMENT COMM. MED.

Type:

RP

Mailing Address

Size:

1.25

Orientation:

Protection:

JENNY KING, PLANT MANAGER
D K MANUFACTURING INC.
P.O. BOX 409

FRAZEYSBURG, OH 43822

Test Due No Later than:

04/19/2022

 Existing ☐
New ☐

 Removed ☐
Replaced ☐

 Commercial ☐
Industrial ☐

 Residential ☐

 Construction ☐

 Domestic ☐

 Irrigation ☐

 Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐
 Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3531

Backflow Prevention Assembly Test Report

D & D Bait

849 Pine Street

Zanesville, OH 43701

Site Use: Fishery

Hazard: CONTAINMENT COMM.LOW

Mailing Address

Darrel Gibbons
D&D Bait
1027 Arch Street

Zanesville, Oh 43701

Location: REST ROOM

Meter#:

LID/Service:

Account #: D & D BAIT

Serial #:
10385Manufacturer:
WATTSModel:
719Type:
DCVASize:
1.00

Orientation:

Protection:

Check if Correct Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

03/12/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3909

Backflow Prevention Assembly Test Report

D. SCOTT RANKIN

Location: BASEMENT.BY GARAGE AREA.

45 N. 4TH ST.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

29548

☐

ZANESVILLE, OH 43701

Account #: D. SCOTT RANKIN

Manufacturer:

WATTS

☐

Site Use: Business Office

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

D. SCOTT RANKIN

Orientation:

45 N. 4TH ST.

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/21/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5161

Backflow Prevention Assembly Test Report

D. SCOTT RANKIN

45 N. 4TH ST.

ZANESVILLE, OH 43701

Site Use: Business Office

Hazard: CONTAINMENT COMM.LOW

Mailing Address

D. SCOTT RANKIN

45 N. 4TH ST.

ZANESVILLE, OH 43701

Location: FEED LINE TO BOILER.

Meter#:

LID/Service:

Account #: D. SCOTT RANKIN

Serial #:

155134

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009QT

Type:

RP

Size:

0.50

Orientation:

Protection:

Test Due No Later than:

03/21/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2318

Backflow Prevention Assembly Test Report

DAIRY DUCHESS LLC.

164 WEST MAIN STREET

NEW CONCORD, OH 43762

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

ABIGAIL & TYLER MCCLAIN
DAIRY DUCHESS LLC.
164 WEST MAIN STREET

NEW CONCORD, OH 43762

Location: WATER SERVICE CONTAINMENT: UNDER SINK

Meter#:

LID/Service:

Account #: DAIRYDUCHESSLCC

Serial #:

01522

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

02/28/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3326

Backflow Prevention Assembly Test Report

DAIRY MART #5352

Location: NEED INSTALLED.

714 PINE ST.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

B083057

Account #: DAIRY MART #5352

Manufacturer:

WILKINS

Site Use: CONVENIENT STORE

Model:

375

Hazard: CONTAINMENT COMM.LOW

Type:

RP

Mailing Address

Size:

0.75

Orientation:

Protection:

MANAGER

DAIRY MART #5352

714 PINE ST.

ZANESVILLE, OH 43701

Test Due No Later than:

04/10/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5184

Backflow Prevention Assembly Test Report

DAIRY QUEEN

1629 MAYSVILLE AVENUE

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

DONNIE STILLION, ASST. MGR.
DAIRY QUEEN
1629 MAYSVILLE AVENUE

ZANESVILLE, OH 43701

Location: MECH. ROOM.

Meter#:

LID/Service:

Account #: DAIRYQUEEN-MAYSVIL

Serial #:

44368

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

12/19/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2013

Backflow Prevention Assembly Test Report

DAIRY QUEEN

27 EAST 3RD. STREET

FRAZEYSBURG, OH 43822

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

CHARLES & DAWNI GRAHAM
DAIRY QUEEN
P.O. BOX 97

FRAZEYSBURG, OH 43822

Location: WATER SERVICE CONTAINMENT: BY WATER METER.

Meter#:

LID/Service:

Account #: DAIRYQUEENFRAZEYSB

Serial #:

402642

Manufacturer:

WATTS

Model:

909

Type:

RPPA

Size:

1.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

02/01/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3802

Backflow Prevention Assembly Test Report

DANNY'S RADIATOR SERVICE

702 MARIETTA ST.

ZANESVILLE, OH 43701

Site Use: RADIATOR/Auto Repair

Hazard: CONTAINMENT COMM. MED.

Mailing Address

DANNY & DAVE WOLFE
DANNY'S RADIATOR SERVICE LLC
702 MARIETTA ST.

ZANESVILLE, OH 43701

Location: AT DOORWAY BETWEEN GARAGES.

Meter#:

LID/Service:

Account #: DANNY'S RADIATOR

Serial #:

30835

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

07/27/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5430

Backflow Prevention Assembly Test Report

DARLENE'S SALON

Location: BACK WALL FROM DOOR.

216 WEST MAIN ST.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

34843

☐

WEST LAFAYETTE, OH 43845

Account #: DARLENE'S SALON

Manufacturer:

WATTS

☐

Site Use: Beauty Salon/Barber

Model:

719QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

0.75

☐

DARLENE'S SALON

216 WEST MAIN ST.

Orientation:

☐

WEST LAFAYETTE, OH 43845

Protection:

☐

Test Due No Later than:

09/21/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3867

Backflow Prevention Assembly Test Report

DAVE'S CARR CARE

Location: MECH ROOM.

2550 MAPLE AVE.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

31983

Account #: DAVE'S CARR CARE

Manufacturer:

WATTS

Site Use: Glass sales/service

Model:

LF719QT

Hazard: CONTAINMENT COMM.LOW

Type:

DC

Mailing Address

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

09/24/2020

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4287

Backflow Prevention Assembly Test Report

DAVID & CONNIE SCHRODER DC

Location: BASEMENT BACK LEFT HAND CORNER.

300 MAIN ST.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

412984

☐

ZANESVILLE, OH 43701

Account #: SCHRODER DC

Manufacturer:

APOLLO/CONBRAC

☐

Site Use: Chiropractic

Model:

DC4A

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

0.75

☐

DAVID SCHRODER

DAVID & CONNIE SCHRODER DC

300 MAIN ST.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

07/26/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2204

Backflow Prevention Assembly Test Report

CATHY BURNS

1913 MELBOURNE ROAD

COSHOCTON, OH 43821

Site Use: LAWN IRRIGATION

Hazard: IRRIGATION MED-ISOLATION

Mailing Address

CATHY BURNS
DAVID W. BURNS
1913 MELBOURNE ROAD

COSHOCTON, OH 43821

Location: LAWN SPRINKLER - FRONT SIDE OF HOUSE BY PORCH

Meter#:

LID/Service:

Account #: BURNSDAVIDW

Serial #:

AC4449

Manufacturer:

FEBCO

Model:

765

Type:

PVB

Size:

0.75

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

05/30/2021

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1040

Backflow Prevention Assembly Test Report

DAVITA DIALYSIS

3120 NEWARK ROAD

ZANESVILLE, OH 43701

Site Use: Clinic

Hazard: FIRE LINE CONNECTION-MEDIUM

Mailing Address

MS. KELLY GRIMES, DIRECTOR
DAVITA DIALYSIS
3120 NEWARK ROAD

ZANESVILLE, OH 43701

Location: FIRE LINE - MECH ROOM

Meter#:

LID/Service:

Account #: DAVITADIALYSIS

Serial #:

22906

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

2.00

Orientation:

Protection:

Test Due No Later than:

07/21/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1041

Backflow Prevention Assembly Test Report

DAVITA DIALYSIS

3120 NEWARK ROAD

ZANESVILLE, OH 43701

Site Use: Clinic

Hazard: ISOLATION HIGH

Mailing Address

MS. KELLY GRIMES, DIRECTOR

DAVITA DIALYSIS

3120 NEWARK ROAD

ZANESVILLE, OH 43701

Location: R/O WATER MECH ROOM.

Meter#:

LID/Service:

Account #: DAVITADIALYSIS

Serial #:

14889

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

1.50

Orientation:

Protection:

Test Due No Later than:

07/21/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1042

Backflow Prevention Assembly Test Report

DAVITA DIALYSIS

3120 NEWARK ROAD

ZANESVILLE, OH 43701

Site Use: Clinic

Hazard: CONTAINMENT COMM. MED.

Mailing Address

MS. KELLY GRIMES, DIRECTOR
DAVITA DIALYSIS
3120 NEWARK ROAD

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT - MECH ROOM

Meter#:

LID/Service:

Account #: DAVITADIALYSIS

Serial #:

38368

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

1.00

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

07/21/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5334

Backflow Prevention Assembly Test Report

DAVITA DIALYSIS

3120 NEWARK ROAD

ZANESVILLE, OH 43701

Site Use: Clinic

Hazard: CONTAINMENT COMM. MED.

Mailing Address

MS. KELLY GRIMES, DIRECTOR

DAVITA DIALYSIS

3120 NEWARK ROAD

ZANESVILLE, OH 43701

Location: MECH. ROOM.

Meter#:

LID/Service:

Account #: DAVITADIALYSIS

Serial #:

054605

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

LF009M2QT

Type:

RP

Size:

2.00

Orientation:

Protection:

Test Due No Later than:

07/21/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 124

Backflow Prevention Assembly Test Report

DAWSON FINANCIAL

732 OTSEGO AVENUE

COSHOCTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

DAWN M. DAWSON
DAWSON FINANCIAL
732 OTSEGO AVENUE

COSHOCTON, OH 43812

Location: MECH ROOM - WATER SERVICE CONTAINMENT

Meter#:

LID/Service:

Account #: DAWSONFINANCIAL

Serial #:

394916

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007M3QT

Type:

DC

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

01/27/2021

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5275

Backflow Prevention Assembly Test Report

DEAN ORTHODONTIST

Location: MECH. ROOM.

3547 CLIFFHANGER WAY

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

06726

☐

Account #: DEAN ORTHODONTIST

Manufacturer:

WATTS

☐

Site Use:

Model:

719QT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

DC

☐

Mailing Address

Size:

1.25

☐

Orientation:

☐

Protection:

☐DEAN ORTHODONTIST
3547 CLIFFHANGER WAY

ZANESVILLE, OH 43701

Test Due No Later than:

07/02/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 514

Backflow Prevention Assembly Test Report

DELILLE OXYGEN CO.

Location: WATER SERVICE CONTAINMENT.

1038 SHARON AVENUE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

70093

Account #: DELILLE CO.

Manufacturer:

WATTS

Site Use: OXYGEN CO.

Model:

007

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

1.00

Orientation:

Protection:

DELILLE OXYGEN CO.
1038 SHARON AVENUE

ZANESVILLE, OH 43701

Test Due No Later than:

08/08/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 945

Backflow Prevention Assembly Test Report

DeLONG & LANNING FUNERAL H
56 SOUTH 5TH STREET

ZANESVILLE, OH 43701

Site Use: FUNERAL HOME

Hazard: CONT.COMM.HIGH HEALTH HAZARD

Mailing Address

JOSEPH LANNING, PRESIDENT
 DeLONG & LANNING FUNERAL HOME
 56 SOUTH 5TH STREET

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT - DOMESTIC IN GARAGE

Meter#:

LID/Service:

Account #: DELONG & LANNING

Serial #:

367849

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

09/09/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 69

Backflow Prevention Assembly Test Report

DENNY'S CLASSIC DINER

Location: WATER SERVICE CONTAINMENT - DOMESTIC

10 AIRPORT ROAD

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

01634

Account #: DENNY'S

Manufacturer:

WATTS

Site Use: Restaurant

Model:

007

Hazard: CONTAINMENT COMM.LOW

Mailing Address

Type:

DCVA

KEVIN COVENEY

Size:

1.25

DENNY'S

Orientation:

10 AIRPORT ROAD

Protection:

ZANESVILLE, OH 43701

Test Due No Later than:

05/29/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1587

Backflow Prevention Assembly Test Report

PREVIOUSLY OLD FALLS BEVER

Location: WATER SERVICE CONTAINMENT. *(MECH ROOM).

3649 OLDE FALLS ROAD

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

164520

☐

ZANESVILLE, OH 43701

Account #: OLD FALL BEVERAGE

Manufacturer:

WATTS

☐

Site Use: RETAIL

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

DEP REALTY LLC

Orientation:

1410 COLBURN DRIVE

☐

ZANESVILLE, OH 43701-7053

Protection:

☐

Test Due No Later than:

04/25/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3191

Backflow Prevention Assembly Test Report

DILLON FALLS STORE LLC-CLOS

Location: WATER SERVICE CONTAINMENT - NORTH WALL

2980 DILLON SCHOOL DR

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

13853

Account #: DILLONFALLSSTORE

Manufacturer:

WATTS

Site Use:

Model:

Hazard: CONTAINMENT COMM.LOW

719

Mailing Address

Type:

DCVA

KATHY MCCANN

DILLON FALLS STORE LLC

2980 DILLON SCHOOL DR.

Size:

0.75

Orientation:

ZANESVILLE, OH 43701

Protection:

PAST DUE

Test Due No Later than:

07/22/2018

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3193

Backflow Prevention Assembly Test Report

DILLON FIRST STOP

Location: BASEMENT NORTHWEST CORNER.

3587 NEWARK ROAD

Meter#:

Serial #: Check if Correct Corrections

16009

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Convenience

Model:

719

☐

Hazard: CONTAINMENT COMM. MED.

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

DOUG YINGER

DILLON FIRST STOP

3587 NEWARK ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

06/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1689

Backflow Prevention Assembly Test Report

DILLON ONE STOP-EXXON

Location: WATER SERVICE CONTAINMENT - MECH ROOM

6325 NEWARK ROAD

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

118080

☐

NASHPORT, OH 43830

Account #: DILLON ONE STOP EX

Manufacturer:

WATTS

☐

Site Use: Convenience

Model:

007

☐

Hazard: CONTAINMENT COMM. MED.

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

MANAGER

DILLON ONE STOP-EXXON

6325 NEWARK ROAD

Orientation:

☐

NASHPORT, OH 43830

Protection:

PAST DUE

☐

Test Due No Later than:

10/01/2020

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4057

Backflow Prevention Assembly Test Report

DINGEY MOVERS INC.

Location: BEDROOM CLOSET.

544 HARVARD ST.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

31328

Account #: DINGEY MOVERS-1

Manufacturer:

WATTS

Site Use: Business Office

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

02/06/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3467

Backflow Prevention Assembly Test Report

DITTO BOUTIQUE

17 EAST 9TH. STREET

DRESDEN, OH 43821

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

DITTO BOUTIQUE
17 EAST 9TH ST.

DRESDEN, OH 43821

Location: MECH NEXT TO WATER HEATER

Meter#:

LID/Service:

Account #: DITTOBOUTIQUE

Serial #:

25749

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

08/02/2014

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4519

Backflow Prevention Assembly Test Report

DITTY'S DOWNTOWN DELI

Location: WATER SERVICE CONTAINMENT.

61 SOUTH 4TH STREET

Meter#:

Serial #: Check if Correct Corrections

07332

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Restaurant

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.50

☐

DAVID OR JENNIFER DITTMAR, OWNERS

DITTY'S DOWNTOWN DELI

61 SOUTH 4TH STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

02/07/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 655

Backflow Prevention Assembly Test Report

SMITH CONCRETE

1835 1/2 WEST MAIN STREET

ZANESVILLE, OH 43701

Site Use: CONCRETE

Hazard: CONTAINMENT COMM. MED.

Mailing Address

SMITH CONCRETE
DIVISION OF SHELLY MATERIALS INC.
26650 STATE ROUTE 7

MARIETTA, OH 45750-5292

Location: WATER SERVICE CONTAINMENT.(USING WELL WATER.)

Meter#:

LID/Service:

Account #: SMITHCONCRETE

Serial #:

17032

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

2.00

Orientation:

Protection:

Test Due No Later than:

07/27/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3187

Backflow Prevention Assembly Test Report

DK NAIL SALON

Location: MECH. ROOM.

3934 TARYN TRACE,M-10

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

A17985

☐

Account #: ZAREMBA-DK NAIL

Manufacturer:

WATTS

☐

Site Use: Beauty Salon/Barber

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

Protection:

☐

Test Due No Later than:

10/16/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3437

Backflow Prevention Assembly Test Report

DODSON TIRE SERVICE & REPAIR

Location: BASEMENT OF SPORTS BARBER.

3200 (REAR) MAYSVILLE PIKE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

24866

☐

Account #: DODSON TIRE

Manufacturer:

WATTS

☐

Site Use: AUTO BODY

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

DAWN DODSON

DODSON TIRE SERVICE & REPAIR

2314 HOGE AVE.

ZANESVILLE, OH 43701-2166

Protection:

PAST DUE

☐

Test Due No Later than:

05/18/2011

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5185

Backflow Prevention Assembly Test Report

DOLLAR GENERAL #00672

Location: MECH. ROOM.

3155 HILL RD.

Meter#:

Serial #: Check if Correct Corrections

65410

☐

DRESDEN, OH 43821

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

919QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RP

☐

Mailing Address

Size:

0.75

☐

DOLLAR GENERAL #00672

3155 HILL RD.

Orientation:

☐

DRESDEN, OH 43821

Protection:

☐

Test Due No Later than:

07/02/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5187

Backflow Prevention Assembly Test Report

DOLLAR GENERAL #00672

Location: MENS REST ROOM. MECH.RM.

3155 HILL RD.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

57288

☐

DRESDEN, OH 43821

Account #: DOLLAR GEN.#00672

Manufacturer:

WATTS

☐

Site Use:

Model:

919QT

☐

Hazard: IRRIGATION MED-ISOLATION

Type:

RP

☐

Mailing Address

Size:

1.00

☐

DOLLAR GENERAL #00672

3155 HILL RD.

Orientation:

☐

DRESDEN, OH 43821

Protection:

☐

Test Due No Later than:

04/22/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5133

Backflow Prevention Assembly Test Report

DOLLAR GENERAL #16095

Location: MECH. ROOM. HOSE BIB.

4125 WEST PIKE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

413039

☐

Account #: DOLLAR GEN.#16095

Manufacturer:

WATTS

☐

Site Use:

Model:

800M4QT

☐

Hazard: ISOLATION LOW

Type:

PVB

☐

Mailing Address

Size:

0.75

☐

MONIQUE LOVE-ASST MGR

DOLLAR GENERAL #16095

3415 DARLINGTON DRIVE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

02/08/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5134

Backflow Prevention Assembly Test Report

DOLLAR GENERAL #16095

Location: MECH. ROOM.

4125 WEST PIKE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

37690

Account #: DOLLAR GEN.#16095

Manufacturer:

WATTS

Site Use:

Model:

Hazard: CONTAINMENT COMM.LOW

LF719QT

Mailing Address

Type:

DC

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

02/08/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5178

Backflow Prevention Assembly Test Report

DOLLAR GENERAL #16550

Location: MECH. ROOM.

3015 EAST PIKE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

33244

Account #: DOLLAR GEN.#16550

Manufacturer:

WATTS

Site Use:

Model:

Hazard: CONTAINMENT COMM.LOW

719QT

Mailing Address

Type:

DC

Size:

0.75

Orientation:

Protection:

DOLLAR GENERAL #16550

3015 EAST PIKE

ZANESVILLE, OH 43701

Test Due No Later than:

03/11/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5039

Backflow Prevention Assembly Test Report

DOLLAR GENERAL #17187

Location: MECH ROOM

7730 O BANNON RD

Meter#:

Serial #:

Check if Correct

Corrections

15223

☐

NASHPORT, OH 43830

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Retail

Model:

719QT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

DC

☐

Mailing Address

Size:

1.00

☐

DOLLAR GENERAL #17187

7730 O BANNON RD

Orientation:

☐

NASHPORT, OH 43830

Protection:

☐

Test Due No Later than:

09/21/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5040

Backflow Prevention Assembly Test Report

DOLLAR GENERAL #17187

Location: MECH ROOM

7730 O BANNON RD

Meter#:

Serial #:

Check if Correct

Corrections

088647

☐

NASHPORT, OH 43830

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Retail

Model:

009M2QT

☐

Hazard: IRRIGATION MED-ISOLATION

Type:

RP

☐

Mailing Address

Size:

1.00

☐

DOLLAR GENERAL #17187

7730 O BANNON RD

Orientation:

☐

NASHPORT, OH 43830

Protection:

☐

Test Due No Later than:

09/21/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 944

Backflow Prevention Assembly Test Report

DOLLAR GENERAL #4754

Location: WATER SERVICE CONTAINMENT - MECH ROOM

2774 MAYSVILLE PIKE

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

01192

☐

ZANESVILLE, OH 43701

Account #: DOLLAR GENERAL-6

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.50

☐

STORE MANAGER

DOLLAR GENERAL #4754

2774 MAYSVILLE PIKE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

01/16/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1694

Backflow Prevention Assembly Test Report

DOLLAR GENERAL WAREHOUSELocation: **WATER SERVICE. GUARD HOUSE****2505 EAST POINTE DRIVE**

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

190737Account #: **DOLLARGENERAL-WHSE**

Manufacturer:

WATTS

Site Use:

Model:

009Hazard: **CONTAINMENT COMM.LOW**

Type:

RPPA

Mailing Address

Size:

0.75

BRAD MANNER, MAINTENANCE MANAGER
DOLLAR GENERAL WAREHOUSE
2505 EAST POINTE DRIVE

Orientation:

ZANESVILLE, OH 43701

Protection:

Test Due No Later than:

06/06/2022Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1695

Backflow Prevention Assembly Test Report

DOLLAR GENERAL WAREHOUSE

Location: WATER SERVICE COLUMN LINE D-C 2.1

2505 EAST POINTE DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

194844

☐

ZANESVILLE, OH 43701

Account #: DOLLARGENERAL-WHSE

Manufacturer:

WATTS

☐

Site Use:

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

4.00

☐

BRAD MANNER, MAINTENANCE MANAGER

DOLLAR GENERAL WAREHOUSE

2505 EAST POINTE DRIVE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

06/06/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1696

Backflow Prevention Assembly Test Report

DOLLAR GENERAL WAREHOUSE

Location: WATER SERVICE TRUCK MAINTENANCE FACILITY

2505 EAST POINTE DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

145392

☐

ZANESVILLE, OH 43701

Account #: DOLLARGENERAL-WHSE

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

BRAD MANNER, MAINTENANCE MANAGER

DOLLAR GENERAL WAREHOUSE

2505 EAST POINTE DRIVE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

06/06/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1697

Backflow Prevention Assembly Test Report

DOLLAR GENERAL WAREHOUSE

Location: BATTERY WASH EQUIP.- COLUMN LINE T-15

2505 EAST POINTE DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

23608

☐

ZANESVILLE, OH 43701

Account #: DOLLARGENERAL-WHSE

Manufacturer:

WATTS

☐

Site Use:

Model:

800

☐

Hazard: ISOLATION HIGH

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

BRAD MANNER, MAINTENANCE MANAGER

DOLLAR GENERAL WAREHOUSE

2505 EAST POINTE DRIVE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

06/06/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1698

Backflow Prevention Assembly Test Report

DOLLAR GENERAL WAREHOUSE

Location: LAWN SPRINKLER - COLUMN LINE P-2.01

2505 EAST POINTE DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

009659

☐

ZANESVILLE, OH 43701

Account #: DOLLARGENERAL-WHSE

Manufacturer:

WATTS

☐

Site Use:

Model:

800

☐

Hazard: IRRIGATION MED-ISOLATION

Type:

PVB

☐

Mailing Address

Size:

2.00

☐

BRAD MANNER, MAINTENANCE MANAGER

DOLLAR GENERAL WAREHOUSE

2505 EAST POINTE DRIVE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

06/06/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4963

Backflow Prevention Assembly Test Report

DOLLAR GENERAL WAREHOUSE

Location: COOLING MAKEUP WATER.MECH. ROOM.

2505 EAST POINTE DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

076170

☐

ZANESVILLE, OH 43701

Account #: DOLLARGENERAL-WHSE

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

☐

Mailing Address

Size:

1.50

☐

BRAD MANNER, MAINTENANCE MANAGER

DOLLAR GENERAL WAREHOUSE

2505 EAST POINTE DRIVE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

10/20/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4964

Backflow Prevention Assembly Test Report

DOLLAR GENERAL WAREHOUSE

Location: MECH ROOM.

2505 EAST POINTE DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

076812

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Hazard: CONTAINMENT COMM.LOW

Model:

009

☐

Mailing Address

Type:

RPPA

☐

Size:

1.50

☐

Orientation:

☐

Protection:

☐BRAD MANNER, MAINTENANCE MANAGER
DOLLAR GENERAL WAREHOUSE
2505 EAST POINTE DRIVE

ZANESVILLE, OH 43701

Test Due No Later than:

10/20/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5325

Backflow Prevention Assembly Test Report

DOLLAR GENERAL WAREHOUSE

Location: MECH ROOM

2505 EAST POINTE DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

024160

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Hazard: CONTAINMENT COMM.LOW

Model:

LF919AQT

☐

Mailing Address

Type:

RP

☐

Size:

2.00

☐

Orientation:

☐

Protection:

☐

BRAD MANNER, MAINTENANCE MANAGER
DOLLAR GENERAL WAREHOUSE
2505 EAST POINTE DRIVE

ZANESVILLE, OH 43701

Test Due No Later than:

06/06/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5326

Backflow Prevention Assembly Test Report

DOLLAR GENERAL WAREHOUSE

Location: MECH ROOM

2505 EAST POINTE DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

44116

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

AMES

☐

Site Use:

Model:

2000BM2-FP

☐

Hazard: FIRE LINE CONNECTION-LOW

Type:

DC

☐

Mailing Address

Size:

1.50

☐

BRAD MANNER, MAINTENANCE MANAGER

DOLLAR GENERAL WAREHOUSE

2505 EAST POINTE DRIVE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

06/06/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4687

Backflow Prevention Assembly Test Report

DOLLAR GENERAL

Location: MENS RESTROOM

13400 MAPLE LANE

Meter#:

Serial #: Check if Correct Corrections

NEW CONCORD, OH 43762

LID/Service:

20204

Account #: DOLLAR GENERAL-9

Manufacturer:

WATTS

Site Use: Retail

Model:

919QT

Hazard: CONTAINMENT COMM.LOW

Type:

RP

Mailing Address

Size:

1.00

Orientation:

Protection:

PAST DUE

Test Due No Later than:

12/28/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4694

Backflow Prevention Assembly Test Report

DOLLAR GENERAL

Location: MENS RESTROOM

13400 MAPLE LANE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

20214

☐

NEW CONCORD, OH 43762

Account #: DOLLAR GENERAL-9

Manufacturer:

WATTS

☐

Site Use: Retail

Model:

919QT

☐

Hazard: IRRIGATION MED-ISOLATION

Type:

RP

☐

Mailing Address

Size:

1.00

☐

DOLLAR GENERAL

13400 MAPLE LANE

Orientation:

☐

NEW CONCORD, OH 43762

Protection:

☐

Test Due No Later than:

12/28/2021

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3767

Backflow Prevention Assembly Test Report

DOLLAR GENERAL**6412 FRAZEYSBURG ROAD**

NASHPORT, OH 43830

Site Use: Retail

Hazard: CONTAINMENT COMM.LOW

Mailing Address

KEVIN LUMAN
DOLLAR GENERAL
6412 FRAZEYSBURG ROAD

NASHPORT, OH 43830

Location: ABOVE WATER COOLER NEED LADDER.

Meter#:

LID/Service:

Account #: DOLLAR GENERAL-1

Serial #:

10800

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

1.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

09/26/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4170

Backflow Prevention Assembly Test Report

DOLLAR GENERAL

Location: MECH ROOM

907 W.MAIN ST.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

82389

Account #: DOLLARGENERAL

Manufacturer:

WATTS

Site Use: Retail

Model:

919QT

Hazard: CONTAINMENT COMM.LOW

Type:

RP

Mailing Address

Size:

0.75

Orientation:

Protection:

DOLLAR GENERAL**907 W.MAIN ST.****ZANESVILLE, OH 43701**

Test Due No Later than:

11/14/2022Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3567

Backflow Prevention Assembly Test Report

DOLLAR GENERAL**930 PUTNAM AVE.**

ZANESVILLE, OH 43701

Site Use: Retail

Hazard: CONTAINMENT COMM.LOW

Mailing Address

DOLLAR GENERAL
930 PUTNAM AVE.**ZANESVILLE, OH 43701**

Location: BACK OF BLDG.BACK WALL.

Meter#:

LID/Service:

Account #: DOLLAR GENERAL-8

Serial #:
20201Manufacturer:
WATTSModel:
919Type:
RPPASize:
1.00

Orientation:

Protection:

Check if Correct Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

03/15/2023Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4721

Backflow Prevention Assembly Test Report

DOLLAR GENERAL

930 PUTNAM AVE.

ZANESVILLE, OH 43701

Site Use: Retail

Hazard: IRRIGATION MED-ISOLATION

Mailing Address

DOLLAR GENERAL
930 PUTNAM AVE.

ZANESVILLE, OH 43701

Location: BACK OF BLDG.BACK WALL.

Meter#:

LID/Service:

Account #: DOLLAR GENERAL-8

Serial #:

43696

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

919

Type:

RPPA

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

03/15/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4527

Backflow Prevention Assembly Test Report

DOLLAR GENERAL

Location: MECH.ROOM.

975 GREENWOOD AVE.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

279764

☐

Account #: DOLLAR GENERAL-2

Manufacturer:

WATTS

☐

Site Use: Retail

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐DOLLAR GENERAL
975 GREENWOOD AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

11/09/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4617

Backflow Prevention Assembly Test Report

DOLLAR GENERAL STORE #1428

Location: STOCK ROOM AT MOPSINK.

12335 WEST PIKE

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

37777

☐

GRATIOT, OH 43740

Account #: DOLLAR GENERAL-4

Manufacturer:

WATTS

☐

Site Use: Retail

Model:

919

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐DOLLAR GENERAL
P.O. BOX 182595

Orientation:

☐

COLUMBUS, OH 43218

Protection:

☐

Test Due No Later than:

03/11/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2951

Backflow Prevention Assembly Test Report

DOLLAR TREE B-3/B-6

Location: BACK OF STORE ABOVE WATER HEATER.

2850 MAYSVILLE PIKE B-3/B-6

Meter#:

Serial #: Check if Correct Corrections

12937

☐

ZANESVILLE, OH 43701

LID/Service:

Account #: MAYSVILLEMKT B-3/6

Manufacturer:

WATTS

☐

Site Use: Retail

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

MANAGER

DOLLAR TREE B-3/B-6

2850 MAYSVILLE PIKE B-3/B-6

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/28/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2359

Backflow Prevention Assembly Test Report

DOLLAR TREE

23589 AIRPORT RD.

COSHOCTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

MANAGER
DOLLAR TREE
23589 AIRPORT ROAD

COSHOCTON, OH 43812

Location: MECH.RM.(WATER SERVICE CONTAINMENT.)

Meter#:

LID/Service:

Account #: COSH.PLAZA-03

Serial #:

06858

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

03/08/2021

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5163

Backflow Prevention Assembly Test Report

DOMINO'S MAPLE

2355 MAPLE AVE.

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

PRECISION PIZZA
DOMINO'S MAPLE
2355 MAPLE AVE

ZANESVILLE, OH 43701

Location: MECH. ROOM.

Meter#:

LID/Service:

Account #: DOMINO'S MAPLE

Serial #:

36300

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

04/02/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3336

Backflow Prevention Assembly Test Report

DOMINO'S PIZZA-EAST

Location: REST ROOM.

1710 EAST PIKE

Meter#:

Serial #: 31850

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

Site Use: PIZZA SHOP

Model:

719

Hazard: CONTAINMENT COMM.LOW

Account #: DOMINO'S PIZZA

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

PRECISION PIZZA
DOMINO'S PIZZA-EAST
P.O. BOX 2416

ZANESVILLE, OH 43701

Test Due No Later than:

02/27/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3337

Backflow Prevention Assembly Test Report

DONALD'S DELICIOUS DONUTS

Location: IN BACK.

2622 MAPLE AVE.

Meter#:

Serial #: 30241

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

Site Use:

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

10/31/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5461

Backflow Prevention Assembly Test Report

DONATO'S PIZZA

Location: MECH ROOM

3390 NORTH MAPLE AVE.

Meter#:

Serial #: Check if Correct Corrections

27589

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Restaurant

Model:

LF919QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RP

☐

Mailing Address

Size:

1.50

☐

ROBERT WEIMER

DONATO'S PIZZA

3390 NORTH MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

11/23/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3585

Backflow Prevention Assembly Test Report

DON'S AUTO AIR & RADIATOR

Location: MECH.ROOM

1508 W.MAIN ST.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

26563

Account #: DON'S AUTO AIR

Manufacturer:

WATTS

Site Use: Auto Repair

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

DON WOLFE

DON'S AUTO AIR & RADIATOR

1508 W.MAIN ST.

ZANESVILLE, OH 43701

Test Due No Later than:

06/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2838

Backflow Prevention Assembly Test Report

DONUT PROPERTY LLC

Location: MECH ROOM,*WATER SERVICE CONTAINMENT.

2355 SHAW ROAD

JESSICA EVERSON
ZANESVILLE, OH 43701

Meter#:

LID/Service:

Account #: DONUTPROPERTY

Serial #:

57646

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Site Use: Donut Shop

Hazard: CONTAINMENT COMM.LOW

Mailing Address

JESSICA EVERSON
DONUT PROPERTY LLC
3730 RIDGELAND DR

NASHPORT, OH 43830

Test Due No Later than:

06/22/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3777

Backflow Prevention Assembly Test Report

DOUG GATES

3775 WEST PIKE

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

DOUG GATES
5545 PINECREST DR.

ZANESVILLE, OH 43701

Location: IN BASEMENT OF HOUSE/OFFICE.

Meter#:

LID/Service:

Account #: DOUG GATES

Serial #:

27069

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

09/13/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3634

Backflow Prevention Assembly Test Report

DOUG KANE MOTOR SPORTS

Location: NEED INSTALLED

303 W.MONROE ST.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

Site Use:

Model:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

Type:

DOUG KANE
DOUG KANE MOTOR SPORTS
303 W.MONROE ST.Size:
0.00

Orientation:

ZANESVILLE, OH 43701

Protection:

NEED INSTALLED

Test Due No Later than:

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3285

Backflow Prevention Assembly Test Report

DOW CAMERON OIL & GAS LLC

Location: MECH. ROOM.

1470 ADAMSVILLE RD.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

71464

☐

Account #: DOW CAMERON

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

DOW CAMERON

DOW CAMERON OIL & GAS LLC

5555 EDEN PARK DR

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/16/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 197

Backflow Prevention Assembly Test Report

DR. ANTHONY ADORNETTO-OFFI

Location: LAWN SPRINKLER.

1038 MAPLE AVENUE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

A167923

☐

Account #: DRADORNETTO

Manufacturer:

FEBCO

☐

Site Use: OPTOMETRY

Model:

825Y

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

1.00

☐

DR. ANTHONY ADORNETTO

DR. ANTHONY ADORNETTO-OFFICE

1038 MAPLE AVENUE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/02/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 980

Backflow Prevention Assembly Test Report

DR. DUNMYER OFFICE

Location: MECH.ROOM.BY WATER HEATER.

3620 COURT DRIVE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

01144

Account #: DR. DUNMYER

Manufacturer:

WATTS

Site Use:

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

DR. DUNMYER OFFICE
3620 COURT DR.

ZANESVILLE, OH 43701

Test Due No Later than:

06/14/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3746

Backflow Prevention Assembly Test Report

DR.FLAREY DO INC.

Location: MECH. ROOM, NEED KEY.

915 ADAIR AVE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

28333

☐

Account #: DR.FLAREY

Manufacturer:

WATTS

☐

Site Use: Doctors Office

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

DR. FLAREY

915 ADAIR AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

08/22/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2869

Backflow Prevention Assembly Test Report

DR. HAWKINS DDS

2560 MAYSVILLE PIKE

ZANESVILLE, OH 43701

Site Use: Dentist

Hazard: CONTAINMENT COMM. MED.

Mailing Address

CHARLES HAWKINS DDS
DR. HAWKINS DDS
P.O. BOX 1752

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: HAWKINS DR-1

Serial #:

229114

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

06/17/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5262

Backflow Prevention Assembly Test Report

DR. HAWKINS DDS

Location: MECH. ROOM DENTAL CHAIR WATER

2560 MAYSVILLE PIKE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

208340

☐

ZANESVILLE, OH 43701

Account #: HAWKINSR-1

Manufacturer:

WATTS

☐

Site Use: Dentist

Model:

009

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

0.50

☐

CHARLES HAWKINS DDS

DR. HAWKINS DDS

P.O. BOX 1752

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

06/22/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4206

Backflow Prevention Assembly Test Report

DR. MELVIN L. MISKOVICH

Location: MECH. ROOM.

964 MAPLE AVE.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

30278

Account #: MELVIN MISKOVICH

Manufacturer:

WATTS

Site Use: Medical

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

07/24/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2781

Backflow Prevention Assembly Test Report

DR.BRIAN WAGGLE

4063-1 NORTHPOINTE DR.

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

DR.BRIAN WAGGLE

4063-1 NORTHPOINTE DR.

ZANESVILLE, OH 43701

Location: MECH.ROOM,WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: EDEN GROUP-1WAGGLE

Serial #:

A10514

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

2.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

08/23/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5436

Backflow Prevention Assembly Test Report

DR.BRIAN WAGGLE

Location: MECH. ROOM.DENTAL CHAIRS.

4063-1 NORTHPOINTE DR.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

181846

☐

ZANESVILLE, OH 43701

Account #: EDEN GROUP-1WAGGLE

Manufacturer:

WATTS

☐

Site Use:

Model:

009QT

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

0.50

☐

DR.BRIAN WAGGLE

Orientation:

4063-1 NORTHPOINTE DR.

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

08/23/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3625

Backflow Prevention Assembly Test Report

DR.CARL D.DODSON OD

Location: BASEMENT

2008 MAPLE AVE.

Meter#:

Serial #: Check if Correct Corrections

276741

☐

ZANESVILLE, OH 43701

LID/Service:

Account #: DR.CARL DODSON

Manufacturer:

APOLLO/CONBRAC

☐

Site Use: Offices

Model:

DC4A

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

0.75

☐

DR. CARL DODSON
DR.CARL D.DODSON OD
2008 MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

10/03/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2873

Backflow Prevention Assembly Test Report

COSHOCOTON DENTAL CARE

713 MAIN ST.

COSHOCOTON, OH 43812

Site Use: Doctors Office

Hazard: CONTAINMENT COMM. MED.

Mailing Address

PTM

DR.MARC LEWIS, THOMAS NIEDERHELMAN
6124 KARRER PLACE

DUBLIN, OH 43017

Location: BASEMENT CLOSET, *WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: DRSLEWISNIEDERHELM

Serial #:

08940

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

04/27/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2345

Backflow Prevention Assembly Test Report

DR.MARIA S.JAMIOLKOWSKI D.O

Location: IN MECH.RM. IN BACK SIDE OF OFFICE.

2531 MAPLE AVENUE

Meter#:

Serial #: 07617

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

Site Use: Business Office

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

JEFF BALL, JOK COMPANY

DR.MARIA S.JAMIOLKOWSKI D.O.

P.O. BOX 785

Orientation:

ZANESVILLE, OH 43701

Protection:

Test Due No Later than:

03/29/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1528

Backflow Prevention Assembly Test Report

DR.MIKE WHITAKER, D.D.S.

Location: WATER SERVICE CONTAINMENT - BASEMENT

2203 MAPLE AVENUE

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

476632

☐

ZANESVILLE, OH 43701

Account #: WHITAKERMIKE

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

DR.MIKE WHITAKER,D.D.S.

DR.MIKE WHITAKER, D.D.S.

2203 MAPLE AVENUE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

06/24/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3617

Backflow Prevention Assembly Test Report

DR. RAYMOND WATIKER DDS

Location: BASEMENT

1231 MAPLE AVE.

Meter#:

Serial #: Check if Correct Corrections

26159

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Dentist

Model:

719

☐

Hazard: CONTAINMENT COMM. MED.

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

DR. RAYMOND WATIKER DDS

1231 MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

01/01/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1571

Backflow Prevention Assembly Test Report

DR.YASSAMIN DOROSTI, DDS,LLC

Location: FIRE LINE - BASEMENT

2695 MAYSVILLE PIKE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

1022050903

Account #: YASSAMINDOROSTI

Manufacturer:

AMES

Site Use:

Model:

5000

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

Mailing Address

Size:

3.00

Orientation:

DR.YASSAMIN DOROSTI;DDS,LLC

2695 MAYSVILLE PIKE

ZANESVILLE, OH 43701

Protection:

PAST DUE

Test Due No Later than:

05/13/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1572

Backflow Prevention Assembly Test Report

DR.YASSAMIN DOROSTI, DDS,LLC

Location: FIRE LINE - BASEMENT

2695 MAYSVILLE PIKE

Meter#:

Serial #:

Check if Correct

Corrections

05579

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

AMES

☐

Site Use:

Model:

4000B

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

Protection:

☐DR.YASSAMIN DOROSTI;DDS,LLC
2695 MAYSVILLE PIKE

ZANESVILLE, OH 43701

Test Due No Later than:

12/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1630

Backflow Prevention Assembly Test Report

DR.YASSAMIN DOROSTI, DDS,LLC

Location: WATER SERVICE CONTAINMENT - BASEMENT MECH ROOM

2695 MAYSVILLE PIKE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

198505

☐

ZANESVILLE, OH 43701

Account #: YASSAMINDOROSTI

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

DR.YASSAMIN DOROSTI;DDS,LLC

2695 MAYSVILLE PIKE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

12/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 151

Backflow Prevention Assembly Test Report

DRENNEN DEALERSHIPS

3657 MAPLE AVENUE

ZANESVILLE, OH 43701

Site Use: AUTO SALES

Hazard: CONTAINMENT COMM.LOW

Mailing Address

CHUCK HARMON, PARTS MANAGER
DRENNEN DEALERSHIPS
3657 MAPLE AVENUE
CENTRAL REALTY
ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: DRENNEDEALERSHIPS

Serial #:

44999

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

1.50

Orientation:

Protection:

☐☐☐☐☐☐☐

Test Due No Later than:

06/24/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1158

Backflow Prevention Assembly Test Report

DRENNEN DEALERSHIPS

Location: WATER SERVICE CONTAINMENT - MECH ROOM

3657 MAPLE AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

45948

☐

ZANESVILLE, OH 43701

Account #: DRENNEDEALERSHIPS

Manufacturer:

WATTS

☐

Site Use: AUTO SALES

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.50

☐

Orientation:

☐

Protection:

☐

CHUCK HARMON, PARTS MANAGER
DRENNEN DEALERSHIPS
3657 MAPLE AVENUE
CENTRAL REALTY
ZANESVILLE, OH 43701

Test Due No Later than:

06/24/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4242

Backflow Prevention Assembly Test Report

DRESDEN ENERGY, LLC.ADMN/M

Location: NEUTRALIZATION BLDG.

9595 McGLADE SCHOOL ROAD

Meter#:

Serial #:

Check if Correct

Corrections

07725

☐

DRESDEN, OH 43821

LID/Service:

Manufacturer:

WATTS

☐

Site Use: energy generating plant

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

2.00

☐

DAN MORGENSTERN

DRESDEN ENERGY, LLC.ADMN/WHSE. BLDG

9595 McGLADE SCHOOL ROAD

Orientation:

☐

DRESDEN, OH 43821

Protection:

☐

Test Due No Later than:

07/27/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4243

Backflow Prevention Assembly Test Report

DRESDEN ENERGY, LLC.ADMN/M

Location: ADMINISTRATION BLDG.

9595 McGLADE SCHOOL ROAD

Meter#:

Serial #:

Check if Correct

Corrections

07121

☐

DRESDEN, OH 43821

LID/Service:

Manufacturer:

WATTS

☐

Site Use: energy generating plant

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.50

☐

DAN MORGENSTERN

DRESDEN ENERGY, LLC.ADMN/WHSE. BLDG

9595 McGLADE SCHOOL ROAD

Orientation:

☐

DRESDEN, OH 43821

Protection:

☐

Test Due No Later than:

07/27/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4244

Backflow Prevention Assembly Test Report

DRESDEN ENERGY, LLC.ADMN/M

Location: WATER TREATMENT BLDG.

9595 McGLADE SCHOOL ROAD

Meter#:

Serial #:

Check if Correct

Corrections

09572

☐

DRESDEN, OH 43821

LID/Service:

Manufacturer:

WATTS

☐

Site Use: energy generating plant

Model:

919

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

DAN MORGENSTERN

DRESDEN ENERGY, LLC.ADMN/WHSE. BLDG

9595 McGLADE SCHOOL ROAD

Orientation:

☐

DRESDEN, OH 43821

Protection:

☐

Test Due No Later than:

07/27/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4245

Backflow Prevention Assembly Test Report

DRESDEN ENERGY, LLC.ADMN/M

Location: STG BLDG.BY BATTERY ROOM.

9595 McGLADE SCHOOL ROAD

Meter#:

Serial #:

Check if Correct

Corrections

185196

☐

DRESDEN, OH 43821

LID/Service:

Manufacturer:

WATTS

☐

Site Use: energy generating plant

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

3.00

☐

DAN MORGENSTERN

DRESDEN ENERGY, LLC.ADMN/WHSE. BLDG

9595 McGLADE SCHOOL ROAD

Orientation:

☐

DRESDEN, OH 43821

Protection:

☐

Test Due No Later than:

07/27/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5291

Backflow Prevention Assembly Test Report

DRESDEN ENERGY, LLC.ADMN/M

Location: PIT IN WATER PUMP BLDG

9595 McGLADE SCHOOL ROAD

Meter#:

Serial #:

Check if Correct

Corrections

35704

☐

DRESDEN, OH 43821

LID/Service:

Manufacturer:

WATTS

☐

Site Use: energy generating plant

Model:

LF719QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

0.75

☐

DAN MORGENSTERN

DRESDEN ENERGY, LLC.ADMN/WHSE. BLDG

9595 McGLADE SCHOOL ROAD

Orientation:

☐

DRESDEN, OH 43821

Protection:

☐

Test Due No Later than:

07/27/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5292

Backflow Prevention Assembly Test Report

DRESDEN ENERGY, LLC.ADMN/M

Location: LAB TRAILER WATER SERVICE CONTAINMENT

9595 McGLADE SCHOOL ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

34670

☐

DRESDEN, OH 43821

Account #: DRESDENENERGY

Manufacturer:

WATTS

☐

Site Use: energy generating plant

Model:

LF719QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

0.75

☐

DAN MORGENSTERN

DRESDEN ENERGY, LLC.ADMN/WHSE. BLDG

9595 McGLADE SCHOOL ROAD

Orientation:

☐

DRESDEN, OH 43821

Protection:

☐

Test Due No Later than:

07/27/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5293

Backflow Prevention Assembly Test Report

DRESDEN ENERGY, LLC.ADMN/M

Location: WATER SKID FILTERS

9595 McGLADE SCHOOL ROAD

Meter#:

Serial #:

Check if Correct

Corrections

01029

☐

DRESDEN, OH 43821

LID/Service:

Manufacturer:

WATTS

☐

Site Use: energy generating plant

Model:

719QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

1.50

☐

DAN MORGENSTERN

DRESDEN ENERGY, LLC.ADMN/WHSE. BLDG

9595 McGLADE SCHOOL ROAD

Orientation:

☐

DRESDEN, OH 43821

Protection:

☐

Test Due No Later than:

07/27/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5294

Backflow Prevention Assembly Test Report

DRESDEN ENERGY, LLC.ADMN/M

Location: WATER TREATMENT

9595 McGLADE SCHOOL ROAD

Meter#:

Serial #:

Check if Correct

Corrections

10005

☐

DRESDEN, OH 43821

LID/Service:

Manufacturer:

WATTS

☐

Site Use: energy generating plant

Model:

719QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

2.00

☐

DAN MORGENSTERN

DRESDEN ENERGY, LLC.ADMN/WHSE. BLDG

9595 McGLADE SCHOOL ROAD

Orientation:

☐

DRESDEN, OH 43821

Protection:

☐

Test Due No Later than:

07/27/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 51

Backflow Prevention Assembly Test Report

DRESDEN FAMILY HEALTH CENT

Location: *BASEMENT. WATER SERVICE CONTAINMENT.

304 CHESTNUT STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

118882

☐

DRESDEN, OH 43821

Account #: DRESDEN FAMILY

Manufacturer:

WATTS

☐

Site Use: Doctors Office

Model:

009

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

ANNA PURKEY

DRESDEN FAMILY HEALTH CENTER

304 CHESTNUT STREET

Orientation:

☐

DRESDEN, OH 43821

Protection:

PAST DUE

☐

Test Due No Later than:

02/18/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3416

Backflow Prevention Assembly Test Report

DRESDEN FEED & SUPPLY

16 EAST SEVENTH STREET

DRESDEN, OH 43821

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

JIM ROMAN
DRESDEN FEED & SUPPLY
P.O.BOX 537
16 EAST SEVENTH STREET
DRESDEN, OH 43821

Location: MECH ROOM WATER SERVICE CONTAINMENT

Meter#:

LID/Service:

Account #: DRESDENFEED

Serial #:

27688

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 648

Backflow Prevention Assembly Test Report

Dresden Tavern

622 MAIN STREET

DRESDEN, OH 43821

Site Use: Retail

Hazard: CONTAINMENT COMM.LOW

Mailing Address

Gregory Morrison
Dresden Tavern
622 main street

DRESDEN, OH 43821

Location: WATER SERVICE CONTAINMENT - BASEMENT

Meter#:

LID/Service:

Account #: Dresden Tavern

Serial #:

108397

Manufacturer:

WATTS

Model:

007M3QT

Type:

DC

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

03/04/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 709

Backflow Prevention Assembly Test Report

DRESDEN UNITED METHODIST CLocation: **WATER SERVICE CONTAINMENT.****1014 MAIN STREET**

Meter#:

Serial #:

Check if Correct

Corrections

DRESDEN, OH 43821

LID/Service:

49023☐Account #: **DRESDENUMCHURCH-01**

Manufacturer:

WATTS☐Site Use: **Church**

Model:

009☐Hazard: **CONTAINMENT COMM.LOW**

Type:

RPPA☐

Mailing Address

Size:

1.50☐

Orientation:

☐

Protection:

☐**DRESDEN UNITED METHODIST CHURCH****P.O.BOX 111****1014 MAIN ST.****DRESDEN, OH 43821**

Test Due No Later than:

03/29/2023Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐**Reduced Pressure Principle Assembly****Double Check Valve Assembly****PVB/SVB****Check Valve #1****Check Valve #2****Relief Valve****Air Inlet****Check Valve****Initial Test**Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐**Repairs**Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐**Air Gap**

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1713

Backflow Prevention Assembly Test Report

DRESDEN UNITED METHODIST C

Location: WATER SERVICE CONTAINMENT.

1014 MAIN STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

4407543

☐

DRESDEN, OH 43821

Account #: DRESDENUMCHURCH-02

Manufacturer:

WILKINS

☐

Site Use: Church

Model:

975XL

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RP

☐

Mailing Address

Size:

0.75

☐DRESDEN UNITED METHODIST CHURCH
P.O.BOX 111

Orientation:

☐

DRESDEN, OH 43821

Protection:

☐

Test Due No Later than:

03/29/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2485

Backflow Prevention Assembly Test Report

DRESDEN VILLAGE FURNITURE

Location: MECH. RM. (WATER SERVICE CONTAINMENT)

43 WEST MUSKINGUM AVE.

Meter#:

Serial #: Check if Correct Corrections

DRESDEN, OH 43821

LID/Service:

08855

Account #: VILLAGEFURNITURE

Manufacturer:

WATTS

Site Use: Retail

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

GREG MORRISON

DRESDEN VILLAGE FURNITURE

43 WEST MUSKINGUM AVE.

Orientation:

DRESDEN, OH 43821

Protection:

PAST DUE

Test Due No Later than:

09/21/2007

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3230

Backflow Prevention Assembly Test Report

DRESDEN VILLAGE

Location: MECH. RM. *WATER DEPT.

904 CHESTNUT STREET

Meter#:

Serial #: Check if Correct Corrections

DRESDEN, OH 43821

LID/Service:

MY060

☐

Account #: DRESDEN VILLAGE

Manufacturer:

CONBRACO

☐

Site Use: Water Plant

Model:

40-104

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐SCOTT LISTON
DRESDEN VILLAGE
P.O.BOX 539

Protection:

PAST DUE

☐

DRESDEN, OH 43821

Test Due No Later than:

01/21/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4422

Backflow Prevention Assembly Test Report

DRESDEN VILLAGE

904 CHESTNUT STREET

DRESDEN, OH 43821

Site Use: Water Plant

Hazard: CONTAINMENT COMM.LOW

Mailing Address

SCOTT LISTON
DRESDEN VILLAGE
P.O.BOX 539

DRESDEN, OH 43821

Location: MECH. RM. IN CORNER BY MAIN ST.BEHIND PANNELING.

Meter#:

LID/Service:

Account #: DRESDEN VILLAGE

Serial #:

10954

Manufacturer:

WATTS

Model:

719QT

Type:

DC

Size:

1.00

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

01/21/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 465

Backflow Prevention Assembly Test Report

DRESDEN VOLUNTEER FIRE DEP

Location: WATER SERVICE CONTAINMENT - MECH. ROOM

27 WEST 9TH STREET

Meter#:

Serial #: Check if Correct Corrections

DRESDEN, OH 43821

LID/Service:

320702

Account #: DRESDENVFD

Manufacturer:

WATTS

Site Use:

Model:

909

Hazard: CONTAINMENT COMM. MED.

Type:

RPZA

Mailing Address

Size:

2.00

Orientation:

Protection:

VILLAGE OF DRESDEN

DRESDEN VOLUNTEER FIRE DEPARTMENT

27 WEST 9TH STREET

P.O. BOX 539

DRESDEN, OH 43821

Test Due No Later than:

09/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 466

Backflow Prevention Assembly Test Report

DRESDEN VOLUNTEER FIRE DEP

Location: WATER SERVICE CONTAINMENT.

27 WEST 9TH STREET

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

318130

☐

DRESDEN, OH 43821

Account #: DRESDENVFD

Manufacturer:

WATTS

☐

Site Use:

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

Orientation:

☐

Protection:

☐

VILLAGE OF DRESDEN

DRESDEN VOLUNTEER FIRE DEPARTMENT

27 WEST 9TH STREET

P.O. BOX 539

DRESDEN, OH 43821

Test Due No Later than:

09/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5230

Backflow Prevention Assembly Test Report

DUNCAN DONUTS**233 S.2ND. ST.**

COSHOCTON, OH 43812

Site Use:

Hazard: **CONTAINMENT COMM.LOW**

Mailing Address

DUNCAN DONUTS**233 S.2ND. ST.****COSHOCTON, OH 43812**Location: **OFFICE**

Meter#:

LID/Service:

Account #: **DUNCAN DONUTS**

Serial #:

44623

Manufacturer:

WATTS

Model:

719QT

Type:

DC

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

05/26/2022Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 949

Backflow Prevention Assembly Test Report

DUNCAN FALLS VOLUNTEER FIR

Location: BESIDE POP MACHINE *WATER SERVICE CONTAINMENT.

289 NORTH STREET

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

107298

☐

DUNCAN FALLS, OH 43734

Account #: DUNCANFALLSVFD

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

JASON MOCK

DUNCAN FALLS VOLUNTEER FIRE DEPT.

3155 WAYNE RIDGE ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/10/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3548

Backflow Prevention Assembly Test Report

DUTRO BODY SHOP

Location: IN MAIN SHOP.

1730 MAYSVILLE AVE.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

25433

Account #: DUTROBODYSHOP

Manufacturer:

WATTS

Site Use: BODY SHOP

Model:

719

Hazard: CONTAINMENT COMM. MED.

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

DUTRO BODY SHOP

1730 MAYSVILLE AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

08/15/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5220

Backflow Prevention Assembly Test Report

DUTRO FORD LINCOLN-MERCUR

Location: MECH. ROOM

131 S. 5TH ST.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

PF-1611

Account #: DUTROFORD

Manufacturer:

AMES

Site Use: AUTO SALES

Model:

COLT 500-GV

Hazard: CONTAINMENT COMM. MED.

Type:

RPDA

Mailing Address

Size:

6.00

Orientation:

Protection:

DUTRO FORD LINCOLN-MERCURY NISSAN

131 S. 5TH ST.

ZANESVILLE, OH 43701

Test Due No Later than:

04/08/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5222

Backflow Prevention Assembly Test Report

DUTRO FORD LINCOLN-MERCUR

Location: MECH. ROOM

131 S. 5TH ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

60007

☐

ZANESVILLE, OH 43701

Account #: DUTROFORD

Manufacturer:

WATTS

☐

Site Use: AUTO SALES

Model:

919QT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

0.75

☐

DUTRO FORD LINCOLN-MERCURY NISSAN

131 S. 5TH ST.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/08/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5223

Backflow Prevention Assembly Test Report

DUTRO FORD LINCOLN-MERCUR

Location: MECH. ROOM BOILER FEED

131 S. 5TH ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

60757

☐

ZANESVILLE, OH 43701

Account #: DUTROFORD

Manufacturer:

WATTS

☐

Site Use: AUTO SALES

Model:

919AQT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

0.75

☐

DUTRO FORD LINCOLN-MERCURY NISSAN

131 S. 5TH ST.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/08/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5224

Backflow Prevention Assembly Test Report

DUTRO FORD LINCOLN-MERCUR

Location: MAINTENANCE ROOM

131 S. 5TH ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

079747

☐

ZANESVILLE, OH 43701

Account #: DUTROFORD

Manufacturer:

WATTS

☐

Site Use: AUTO SALES

Model:

009M2QT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

2.00

☐

DUTRO FORD LINCOLN-MERCURY NISSAN

131 S. 5TH ST.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/08/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5225

Backflow Prevention Assembly Test Report

DUTRO FORD LINCOLN-MERCUR

Location: MECH. ROOM DOMESTIC WATER

131 S. 5TH ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

339443

☐

ZANESVILLE, OH 43701

Account #: DUTROFORD

Manufacturer:

WATTS

☐

Site Use: AUTO SALES

Model:

009M2QT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

2.00

☐

DUTRO FORD LINCOLN-MERCURY NISSAN

131 S. 5TH ST.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/08/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5226

Backflow Prevention Assembly Test Report

DUTRO FORD LINCOLN-MERCUR

Location: MECH. ROOM DOMESTIC SERVICE LINE

131 S. 5TH ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

002393

☐

ZANESVILLE, OH 43701

Account #: DUTROFORD

Manufacturer:

WATTS

☐

Site Use: AUTO SALES

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPDA

☐

Mailing Address

Size:

2.50

☐

DUTRO FORD LINCOLN-MERCURY NISSAN

Orientation:

131 S. 5TH ST.

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/08/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5227

Backflow Prevention Assembly Test Report

DUTRO FORD LINCOLN-MERCUR

Location: BOILER FEED LINE

131 S. 5TH ST.

Meter#:

Serial #:

Check if Correct

Corrections

67255

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: AUTO SALES

Model:

919QT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

0.75

☐

DUTRO FORD LINCOLN-MERCURY NISSAN

131 S. 5TH ST.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/08/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5228

Backflow Prevention Assembly Test Report

DUTRO FORD LINCOLN-MERCUR

Location: MECH. ROOM IRRIGATION SYSTEM

131 S. 5TH ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

21166

☐

ZANESVILLE, OH 43701

Account #: DUTROFORD

Manufacturer:

WATTS

☐

Site Use: AUTO SALES

Model:

919QT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

1.50

☐

DUTRO FORD LINCOLN-MERCURY NISSAN

131 S. 5TH ST.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/08/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5229

Backflow Prevention Assembly Test Report

DUTRO FORD LINCOLN-MERCUR

Location: MECH. ROOM FOUNTAIN SUPPLY

131 S. 5TH ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

21557

☐

ZANESVILLE, OH 43701

Account #: DUTROFORD

Manufacturer:

WATTS

☐

Site Use: AUTO SALES

Model:

919QT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

1.50

☐

DUTRO FORD LINCOLN-MERCURY NISSAN

131 S. 5TH ST.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/08/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4504

Backflow Prevention Assembly Test Report

E & K LAUNDROMAT

88 WEST MAIN ST.

NEW CONCORD, OH 43762

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

EDWARD JONES
E & K LAUNDROMAT
1310 ASBURY CHAPEL RD.

HOPEWELL, OH 43746

Location: IN MECH. ROOM, BACK WALL.

Meter#:

LID/Service:

Account #: E & K LAUNDROMAT

Serial #:

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

909

Type:

RPPA

Size:

2.00

Orientation:

Protection:

PAST DUE

Test Due No Later than:

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4439

Backflow Prevention Assembly Test Report

EAGLES LODGE #761

Location: MECH. RM.

99 MAIN STREET

Meter#:

Serial #: Check if Correct Corrections

COSHOCTON, OH 43812

LID/Service:

06527

Account #: EAGLES LODGE #761

Manufacturer:

WATTS

Site Use: Lodge

Model:

007M2-FP

Hazard: CONTAINMENT COMM.LOW

Mailing Address

Type:

DC

Size:

1.50

Orientation:

Protection:

EAGLES LODGE
99 MAIN STREET

COSHOCTON, OH 43812

Test Due No Later than:

06/06/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4441

Backflow Prevention Assembly Test Report

EAGLES LODGE #761

Location: MECH. RM.

99 MAIN STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

4LK3716

☐

COSHOCOTON, OH 43812

Account #: EAGLESLODGE #761

Manufacturer:

AMES

☐

Site Use: Lodge

Model:

4000SS

☐

Hazard: FIRE LINE CONNECTION-LOW

Type:

RP4000SS

☐

Mailing Address

Size:

2.00

☐

EAGLES LODGE

99 MAIN STREET

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

06/06/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1747

Backflow Prevention Assembly Test Report

EAGLESTICKSLocation: **FIRE LINE****2655 MAYSVILLE PIKE**

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

4110676☐Account #: **EAGLESTICKS**

Manufacturer:

AMES☐

Site Use:

Model:

4000 SILVER☐Hazard: **FIRE LINE CONNECTION-MEDIUM**

Type:

RPPA☐

Mailing Address

Size:

3.00☐

Orientation:

☐**KELLY MORROW****EAGLESTICKS****2655 MAYSVILLE PIKE****ZANESVILLE, OH 43701**

Protection:

PAST DUE☐

Test Due No Later than:

01/20/2023Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1748

Backflow Prevention Assembly Test Report

EAGLESTICKS

2655 MAYSVILLE PIKE

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

KELLY MORROW

EAGLESTICKS

2655 MAYSVILLE PIKE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT - MECH ROOM

Meter#:

LID/Service:

Account #: EAGLESTICKS

Serial #:

09583

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

2.00

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

01/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1749

Backflow Prevention Assembly Test Report

EAGLESTICKS

2655 MAYSVILLE PIKE

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

KELLY MORROW

EAGLESTICKS

2655 MAYSVILLE PIKE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT - MECH ROOM ON FRONT WALL (KITCHEN)

Meter#:

LID/Service:

Account #: EAGLESTICKS

Serial #:

06451

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

01/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 968

Backflow Prevention Assembly Test Report

EAGLEVIEW APARTMENTS

Location: BUILDING 2 - WATER SERVICE CONTAINMENT. - IN PIT.

92 EAGLEVIEW DRIVE

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

82079

☐

ZANESVILLE, OH 43701

Account #: EAGLEVIEWAPTS

Manufacturer:

WATTS

☐

Site Use: Apartments

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCDA

☐

Mailing Address

Size:

2.00

☐

TRISH WHITE, MANAGER
EAGLEVIEW APARTMENTS
92 EAGLEVIEW DRIVE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

07/21/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 969

Backflow Prevention Assembly Test Report

EAGLEVIEW APARTMENTS

Location: BUILDING 3 - WATER SERVICE CONTAINMENT. IN PIT

92 EAGLEVIEW DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

82074

☐

ZANESVILLE, OH 43701

Account #: EAGLEVIEWAPTS

Manufacturer:

WATTS

☐

Site Use: Apartments

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCDA

☐

Mailing Address

Size:

2.00

☐

TRISH WHITE, MANAGER
EAGLEVIEW APARTMENTS
92 EAGLEVIEW DRIVE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

07/21/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 970

Backflow Prevention Assembly Test Report

EAGLEVIEW APARTMENTS

Location: BUILDING 4 -PIT BEHIND BLDG. CONTAINMENT.

92 EAGLEVIEW DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

82070

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Apartments

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCDA

☐

Mailing Address

Size:

2.00

☐

TRISH WHITE, MANAGER
EAGLEVIEW APARTMENTS
92 EAGLEVIEW DRIVE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

07/21/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 971

Backflow Prevention Assembly Test Report

EAGLEVIEW APARTMENTS

Location: BUILDING 5 - WATER SERVICE CONTAINMENT - PIT BEHIND BLDG.

92 EAGLEVIEW DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

82073

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Apartments

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCDA

☐

Mailing Address

Size:

2.00

☐

TRISH WHITE, MANAGER
EAGLEVIEW APARTMENTS
92 EAGLEVIEW DRIVE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

07/21/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3007

Backflow Prevention Assembly Test Report

EAGLEVIEW APARTMENTS

Location: BUILDING 1 - WATER SERVICE CONTAINMENT. - IN PIT.

92 EAGLEVIEW DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

82072

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Apartments

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

2.00

☐

TRISH WHITE, MANAGER
EAGLEVIEW APARTMENTS
92 EAGLEVIEW DRIVE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

07/21/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1302

Backflow Prevention Assembly Test Report

BIMBO QSR BAKERIES

750 AIRPORT ROAD

ZANESVILLE, OH 43701

Site Use: BAKERY

Hazard: CONTAINMENT COMM. MED.

Mailing Address

MARK CHURCH
EAST BALT BAKERIES
750 AIRPORT ROAD

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT. - FRONT WALL NEAR CONVEYORS.

Meter#:

LID/Service:

Account #: BIMBO QSR- 01

Serial #:

06580

Manufacturer:

WATTS

Model:

007

Type:

DC

Size:

2.50

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

03/12/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1303

Backflow Prevention Assembly Test Report

BIMBO QSR BAKERIES

750 AIRPORT ROAD

ZANESVILLE, OH 43701

Site Use: BAKERY

Hazard: CONTAINMENT COMM. MED.

Mailing Address

MARK CHURCH
EAST BALT BAKERIES
750 AIRPORT ROAD

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT. - FRONT WALL NEAR CONVEYOR.

Meter#:

LID/Service:

Account #: BIMBO QSR- 01

Serial #:

06579

Manufacturer:

WATTS

Model:

007

Type:

DC

Size:

2.50

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

03/12/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2911

Backflow Prevention Assembly Test Report

BIMBO QSR BAKERIES

750 AIRPORT ROAD

ZANESVILLE, OH 43701

Site Use: BAKERY

Hazard: FIRE LINE BYPASS-MEDIUM

Mailing Address

MARK CHURCH
EAST BALT BAKERIES
750 AIRPORT ROAD

ZANESVILLE, OH 43701

Location: FIRE LINE READER.WEST WALL AT MAIN ENTRANCE.

Meter#:

LID/Service:

Account #: BIMBO QSR- 01

Serial #:

17769

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

919

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

03/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3342

Backflow Prevention Assembly Test Report

EAST END CAFE

Location: BASEMENT

1358 GREENWOOD AVE.

Meter#:

Serial #: 3287201

Check if Correct ☐ Corrections

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WILKINS

☐

Site Use: Bar and Grill

Model:

950XL

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

1.00

☐

EAST END CAFE

1358 GREENWOOD AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

05/15/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2620

Backflow Prevention Assembly Test Report

EAST END TATOO

1304 MAPLE AVENUE

ZANESVILLE, OH 43701

Site Use: Beauty Salon/Barber

Hazard: CONTAINMENT COMM. MED.

Mailing Address

JAKE HEMPFLING
EAST END TATOO
1304 MAPLE AVENUE

ZANESVILLE, OH 43701

Location: BASEMENT, WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: EAST END TATOO

Serial #:

0062761

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

06/21/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1705

Backflow Prevention Assembly Test Report

EAST FORTY CHURCH OF CHRIS'

Location: WATER SERVICE CONTAINMENT.

7522 EAST PIKE

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

196510

☐

NORWICH, OH 43767

Account #: E40CHURCHOFCHRIST

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

EAST FORTY CHURCH OF CHRIST

Orientation:

7522 EAST PIKE

☐

NORWICH, OH 43767

Protection:

☐

Test Due No Later than:

08/06/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 585

Backflow Prevention Assembly Test Report

EAST MUSKINGUM MIDDLE SCH
13120 JOHN GLENN SCHOOL RO,

Location: MIDDLE SCHOOL - WATER SERVICE CONTAINMENT

NEW CONCORD, OH 43762

Meter#:

LID/Service:

Account #: EASTMUSKSCHOOLS 05

Serial #:

168369

Check if Correct

Corrections

☐

Manufacturer:

WATTS

☐

Model:

909

☐

Type:

RP

☐

Size:

3.00

☐

Orientation:

☐

Protection:

☐

Site Use: School

Hazard: CONTAINMENT COMM. MED.

Mailing Address

DALE MALLET, CUSTODIAN SUPT.
 EAST MUSKINGUM MIDDLE SCHOOL
 13120 JOHN GLENN SCHOOL ROAD

NEW CONCORD, OH 43762

Test Due No Later than:

06/16/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 586

Backflow Prevention Assembly Test Report

EAST MUSKINGUM MIDDLE SCH

Location: MIDDLE SCHOOL

13120 JOHN GLENN SCHOOL RO

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

2000241002

☐

NEW CONCORD, OH 43762

Account #: EASTMUSKSCHOOLS 05

Manufacturer:

AMES

☐

Site Use: School

Model:

5000

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

6.00

☐DALE MALLET, CUSTODIAN SUPT.
EAST MUSKINGUM MIDDLE SCHOOL
13120 JOHN GLENN SCHOOL ROAD

Orientation:

☐

NEW CONCORD, OH 43762

Protection:

☐

Test Due No Later than:

06/14/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 587

Backflow Prevention Assembly Test Report

EAST MUSKINGUM MIDDLE SCH

Location: MIDDLE SCHOOL

13120 JOHN GLENN SCHOOL RO

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

04707

☐

NEW CONCORD, OH 43762

Account #: EASTMUSKSCHOOLS 05

Manufacturer:

AMES

☐

Site Use: School

Model:

4000B

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐DALE MALLET, CUSTODIAN SUPT.
EAST MUSKINGUM MIDDLE SCHOOL
13120 JOHN GLENN SCHOOL ROAD

Orientation:

☐

NEW CONCORD, OH 43762

Protection:

☐

Test Due No Later than:

06/14/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 573

Backflow Prevention Assembly Test Report

NEW CONCORD ELEMENTARY

Location: NEW CONCORD ELEMENTARY - FIRE LINE BYPASS

4 STORMONT

Meter#:

Serial #: Check if Correct Corrections

NEW CONCORD, OH 43762

LID/Service:

04881

☐

Account #: EASTMUSKSCHOOLS 02

Manufacturer:

AMES

☐

Site Use:

Model:

4000B

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

Protection:

☐DALE MALLET, CUSTODIAN SUPT.
EAST MUSKINGUM SCHOOL DISTRICT
13505 JOHN GLENN SCHOOL ROAD

NEW CONCORD, OH 43762

Test Due No Later than:

06/15/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 574

Backflow Prevention Assembly Test Report

NEW CONCORD ELEMENTARY

Location: NEW CONCORD ELEMENTARY - FIRE LINE

4 STORMONT

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

1019200103

☐

NEW CONCORD, OH 43762

Account #: EASTMUSKSCHOOLS 02

Manufacturer:

AMES

☐

Site Use:

Model:

5000

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

4.00

☐DALE MALLET, CUSTODIAN SUPT.
EAST MUSKINGUM SCHOOL DISTRICT
13505 JOHN GLENN SCHOOL ROAD

Orientation:

☐

NEW CONCORD, OH 43762

Protection:

☐

Test Due No Later than:

06/15/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 575

Backflow Prevention Assembly Test Report

NEW CONCORD ELEMENTARY

Location: NEW CONCORD ELEMENTARY - WATER SERVICE CONTAINMENT.

4 STORMONT

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

L04560

☐

NEW CONCORD, OH 43762

Account #: EASTMUSKSCHOOLS 02

Manufacturer:

WILKINS

☐

Site Use:

Model:

375

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

3.00

☐

DALE MALLET, CUSTODIAN SUPT.
EAST MUSKINGUM SCHOOL DISTRICT
13505 JOHN GLENN SCHOOL ROAD

Orientation:

☐

NEW CONCORD, OH 43762

Protection:

PAST DUE

☐

Test Due No Later than:

04/16/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 576

Backflow Prevention Assembly Test Report

NEW CONCORD ELEMENTARY

Location: NEW CONCORD ELEMENTARY - BOILER FEED, ISOLATION

4 STORMONT

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

060739

☐

NEW CONCORD, OH 43762

Account #: EASTMUSKSCHOOLS 02

Manufacturer:

WATTS

☐

Site Use:

Model:

LF909QT

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

0.75

☐

DALE MALLET, CUSTODIAN SUPT.
EAST MUSKINGUM SCHOOL DISTRICT
13505 JOHN GLENN SCHOOL ROAD

Orientation:

☐

NEW CONCORD, OH 43762

Protection:

PAST DUE

☐

Test Due No Later than:

06/16/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 577

Backflow Prevention Assembly Test Report

PERRY ELEMENTARY SCHOOL

Location: PERRY ELEMENTARY - ISOLATION,*REBUILT 04/12/07

6975 EAST PIKE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

154182

☐

ZANESVILLE, OH 43701

Account #: EASTMUSKSCHOOLS 01

Manufacturer:

WATTS

☐

Site Use: School

Model:

909QT

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

0.75

☐

DALE MALLET, CUSTODIAN SUPT.
EAST MUSKINGUM SCHOOL DISTRICT
13505 JOHN GLENN SCHOOL ROAD

Orientation:

☐

NEW CONCORD, OH 43762

Protection:

☐

Test Due No Later than:

06/16/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 578

Backflow Prevention Assembly Test Report

PERRY ELEMENTARY SCHOOL

Location: PERRY ELEMENTARY

6975 EAST PIKE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

344906

☐

ZANESVILLE, OH 43701

Account #: EASTMUSKSSCHOOLS01

Manufacturer:

WATTS

☐

Site Use: School

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐DALE MALLET, CUSTODIAN SUPT.
EAST MUSKINGUM SCHOOL DISTRICT
13505 JOHN GLENN SCHOOL ROAD

Orientation:

☐

NEW CONCORD, OH 43762

Protection:

☐

Test Due No Later than:

07/16/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 580

Backflow Prevention Assembly Test Report

LARRY MILLER INTERMEDIATE S

Location: EAST MUSKINGUM INTERMEDIATE

13125 JOHN GLENN SCHOOL RO

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

05226

☐

NEW CONCORD, OH 43762

Account #: EASTMUSKSCHOOLS 04

Manufacturer:

AMES

☐

Site Use: School

Model:

4000B

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐DALE MALLET, CUSTODIAN SUPT.
EAST MUSKINGUM SCHOOL DISTRICT
13505 JOHN GLENN SCHOOL ROAD

Orientation:

☐

NEW CONCORD, OH 43762

Protection:

☐

Test Due No Later than:

06/15/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 581

Backflow Prevention Assembly Test Report

LARRY MILLER INTERMEDIATE S
13125 JOHN GLENN SCHOOL RO

Location: EAST MUSKINGUM INTERMEDIATE

NEW CONCORD, OH 43762

Meter#:

LID/Service:

Account #: EASTMUSKSCHOOLS 04

Serial #:

102072

Check if Correct

Corrections

☐

Manufacturer:

AMES

☐

Model:

5000

☐

Type:

RPDA

☐

Size:

4.00

☐

Orientation:

☐

Protection:

☐

Site Use: School

Hazard: FIRE LINE CONNECTION-MEDIUM

Mailing Address

DALE MALLET, CUSTODIAN SUPT.
 EAST MUSKINGUM SCHOOL DISTRICT
 13505 JOHN GLENN SCHOOL ROAD

NEW CONCORD, OH 43762

Test Due No Later than:

06/16/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 584

Backflow Prevention Assembly Test Report

EAST MUSKINGUM MIDDLE SCH
13120 JOHN GLENN SCHOOL RO

Location: MIDDLE SCHOOL - ISOLATION - MECH ROOM

NEW CONCORD, OH 43762

Meter#:

LID/Service:

Account #: EASTMUSKSCHOOLS 05

Serial #:

83961

Check if Correct

Corrections

☐

Manufacturer:

WATTS

☐

Model:

009

☐

Type:

RPPA

☐

Size:

1.50

☐

Orientation:

☐

Protection:

☐

Site Use: School

Hazard: ISOLATION MED.

Mailing Address

DALE MALLET, CUSTODIAN SUPT.
 EAST MUSKINGUM SCHOOL DISTRICT
 13505 JOHN GLENN SCHOOL ROAD

NEW CONCORD, OH 43762

Test Due No Later than:

06/16/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 588

Backflow Prevention Assembly Test Report

JOHN GLENN HIGH SCHOOL

Location: HIGH SCHOOL - FIRE LINE - SPRINKLERS MECH ROOM.

13115 JOHN GLENN SCHOOL ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

1515042

☐

NEW CONCORD, OH 43762

Account #: EASTMUSKSHOOLS 06

Manufacturer:

WILKINS

☐

Site Use: School

Model:

975XL

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

Protection:

☐DALE MALLET, CUSTODIAN SUPT.
EAST MUSKINGUM SCHOOL DISTRICT
13505 JOHN GLENN SCHOOL ROAD

NEW CONCORD, OH 43762

Test Due No Later than:

06/14/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2082

Backflow Prevention Assembly Test Report

LARRY MILLER INTERMEDIATE S
13125 JOHN GLENN SCHOOL RO

Location: LARRY MILLER INTERMEDIATE SCHOOL - CHILLER, HEAT PUMP FEED, &

NEW CONCORD, OH 43762

Meter#:

LID/Service:

Account #: EASTMUSKSCHOOLS 04

Serial #:

394748

Check if Correct

Corrections

☐

Manufacturer:

WATTS

☐

Model:

909

☐

Type:

RPPA

☐

Size:

2.00

☐

Orientation:

☐

Protection:

☐

Site Use: School

Hazard: ISOLATION MED.

Mailing Address

DALE MALLET, CUSTODIAN SUPT.
 EAST MUSKINGUM SCHOOL DISTRICT
 13505 JOHN GLENN SCHOOL ROAD

NEW CONCORD, OH 43762

Test Due No Later than:

06/16/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2083

Backflow Prevention Assembly Test Report

LARRY MILLER INTERMEDIATE S
13125 JOHN GLENN SCHOOL RO

Location: LARRY MILLER INTERMEDIATE SCHOOL - MECH ROOM - WATER SERVICE CONT.

NEW CONCORD, OH 43762

Meter#:

LID/Service:

Account #: EASTMUSKSCHOOLS 04

Serial #:

203996

Check if Correct

Corrections

☐

Manufacturer:

WATTS

☐

Model:

909

☐

Type:

RP

☐

Size:

4.00

☐

Orientation:

☐

Protection:

☐

Site Use: School

Hazard: CONTAINMENT COMM. MED.

Mailing Address

DALE MALLET, CUSTODIAN SUPT.
 EAST MUSKINGUM SCHOOL DISTRICT
 13505 JOHN GLENN SCHOOL ROAD

NEW CONCORD, OH 43762

Test Due No Later than:

06/16/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 579

Backflow Prevention Assembly Test Report

EAST MUSKINGUM SCHOOLS BU

Location: WATER SERVICE CONTAINMENT.

13505 JOHN GLENN SCHOOL RO,

Meter#:

Serial #: Check if Correct Corrections

NEW CONCORD, OH 43762

LID/Service:

0826178

Account #: EASTMUSKSCHOOLS 03

Manufacturer:

WATTS

Site Use:

Model:

Hazard: CONTAINMENT COMM. MED.

900

Mailing Address

Type:

RPDA

DALE MALLET, CUSTODIAN SUPT.
EAST MUSKINGUM SCHOOLS BUS GARAGE
13505 JOHN GLENN SCHOOL ROAD

Size:

2.00

Orientation:

NEW CONCORD, OH 43762

Protection:

Test Due No Later than:

06/16/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3675

Backflow Prevention Assembly Test Report

EAST OHIO ORAL & MAXILLOFAC

Location: MECHANICAL ROOM

3515 CLIFFHANGER WAY

Meter#:

Serial #: 06078

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: ORAL&MAX.SURGERY

Manufacturer:

WATTS

Site Use: Medical

Hazard: CONTAINMENT COMM. MED.

Model:

719

Mailing Address

Type:

DCVA

MILEY

EAST OHIO ORAL & MAXILLOFACIAL SURGERY

3515 CLIFFHANGER WAY

Size:

1.00

Orientation:

ZANESVILLE, OH 43701

Protection:

Test Due No Later than:

04/22/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 951

Backflow Prevention Assembly Test Report

EAST SIDE COMMUNITY MINISTR

Location: WATER SERVICE CONTAINMENT - MECH ROOM

221 STILWELL STREET

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43702

LID/Service:

182487

Account #: ESIDECOMMMINISTRY

Manufacturer:

WATTS

Site Use: FOOD PANTRY

Model:

007

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

1.00

Orientation:

Protection:

JOSEPH W. BARCLAY, MAINT.

EAST SIDE COMMUNITY MINISTRIES

P.O. BOX 965

ZANESVILLE, OH 43702

Test Due No Later than:

05/10/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 952

Backflow Prevention Assembly Test Report

EAST SIDE COMMUNITY MINISTR

Location: FIRE LINE - MECH ROOM

221 STILWELL STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

01143

☐

ZANESVILLE, OH 43702

Account #: ESIDECOMMINISTRY

Manufacturer:

AMES

☐

Site Use: FOOD PANTRY

Model:

2000B

☐

Hazard: FIRE LINE CONNECTION-LOW

Type:

DC

☐

Mailing Address

Size:

1.00

☐

JOSEPH W. BARCLAY, MAINT.

EAST SIDE COMMUNITY MINISTRIES

P.O. BOX 965

Orientation:

☐

ZANESVILLE, OH 43702

Protection:

☐

Test Due No Later than:

05/10/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1326

Backflow Prevention Assembly Test Report

ECLIPSE RESOURCES

4900 BOGGS ROAD

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

TONY BLIZZARD
ECLIPSE RESOURCES
4900 BOGGS ROAD

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT. - MECH ROOM.

Meter#:

LID/Service:

Account #: ECLIPSE

Serial #:

156025

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

2.00

Orientation:

Protection:

Test Due No Later than:

01/18/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3010

Backflow Prevention Assembly Test Report

ECLIPSE RESOURCES

4900 BOGGS ROAD

ZANESVILLE, OH 43701

Site Use:

Hazard: ISOLATION MED.

Mailing Address

TONY BLIZZARD
ECLIPSE RESOURCES
4900 BOGGS ROAD

ZANESVILLE, OH 43701

Location: BOILER. - MECH ROOM.

Meter#:

LID/Service:

Account #: ECLIPSE

Serial #:

267611

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

LF009M3QT

Type:

RP

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

01/18/2023

 Existing ☐
New ☐

 Removed ☐
Replaced ☐

 Commercial ☐
Industrial ☐

 Residential ☐

 Construction ☐

 Domestic ☐

 Irrigation ☐

 Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

	Yes	No
Proper Installation	<input type="checkbox"/>	<input type="checkbox"/>
RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>
#2 Shutoff Closed	<input type="checkbox"/>	<input type="checkbox"/>
Service Restored	<input type="checkbox"/>	<input type="checkbox"/>

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐
 Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4707

Backflow Prevention Assembly Test Report

ECLIPSE RESOURCES

4900 BOGGS ROAD

ZANESVILLE, OH 43701

Site Use:

Hazard: ISOLATION MED.

Mailing Address

TONY BLIZZARD
ECLIPSE RESOURCES
4900 BOGGS ROAD

ZANESVILLE, OH 43701

Location: BOILER - MECH ROOM.

Meter#:

LID/Service:

Account #: ECLIPSE

Serial #:

267660

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

LF009M3QT

Type:

RP

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

01/18/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 459

Backflow Prevention Assembly Test Report

ECONOMY INN

4925 EAST PIKE

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

ECONOMY INN
4925 EAST PIKE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT - MECH ROOM

Meter#:

LID/Service:

Account #: ECONOMY INN

Serial #:

193583

Manufacturer:

WATTS

Model:

909

Type:

RPPA

Size:

2.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

05/20/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1207

Backflow Prevention Assembly Test Report

ECONOMY LINEN

508 HOWARD STREET

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

MAINTENANCE DIRECTOR
ECONOMY LINEN
508 HOWARD STREET

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT - MAIN WATER - BOILER ROOM

Meter#:

LID/Service:

Account #: ECONOMYLINEN

Serial #:

191707

Manufacturer:

WATTS

Model:

909

Type:

RP

Size:

4.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

10/07/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1210

Backflow Prevention Assembly Test Report

ECONOMY LINEN

508 HOWARD STREET

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

MAINTENANCE DIRECTOR

ECONOMY LINEN

508 HOWARD STREET

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT - NW CORNER BOILER RM - NEED 6' LADDER

Meter#:

LID/Service:

Account #: ECONOMYLINEN

Serial #:

29751

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

1.50

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

10/07/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1211

Backflow Prevention Assembly Test Report

ECONOMY LINEN

Location: WATER SERVICE CONTAINMENT - NORTHWEST CORNER OF BOILER ROOM

508 HOWARD STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

329787

☐

ZANESVILLE, OH 43701

Account #: ECONOMYLINEN

Manufacturer:

WATTS

☐

Site Use:

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

Orientation:

☐

Protection:

☐

MAINTENANCE DIRECTOR

ECONOMY LINEN

508 HOWARD STREET

ZANESVILLE, OH 43701

Test Due No Later than:

10/07/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2691

Backflow Prevention Assembly Test Report

ECONOMY LINEN

Location: FIRE LINE BYPASS

508 HOWARD STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

08230

☐

ZANESVILLE, OH 43701

Account #: ECONOMYLINEN

Manufacturer:

AMES

☐

Site Use:

Model:

4000B

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐

MAINTENANCE DIRECTOR

ECONOMY LINEN

508 HOWARD STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

10/07/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2692

Backflow Prevention Assembly Test Report

ECONOMY LINEN

Location: FIRE LINE

508 HOWARD STREET

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

2001730706

Account #: ECONOMYLINEN

Manufacturer:

AMES

Site Use:

Model:

5000

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

Mailing Address

Size:

4.00

Orientation:

Protection:

MAINTENANCE DIRECTOR

ECONOMY LINEN

508 HOWARD STREET

ZANESVILLE, OH 43701

Test Due No Later than:

08/03/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2849

Backflow Prevention Assembly Test Report

ECONOMY LINEN

508 HOWARD STREET

ZANESVILLE, OH 43701

Site Use:

Hazard: ISOLATION MED.

Mailing Address

DOW PRICE, MAINTENANCE

ECONOMY LINEN

508 HOWARD STREET

ZANESVILLE, OH 43701

Location: MECH.RM.*BOILER FEED.

Meter#:

LID/Service:

Account #: ECONOMY LINEN

Serial #:

A03362

Check if Correct

Corrections

☐

Manufacturer:

WATTS

☐

Model:

009

☐

Type:

RPPA

☐

Size:

1.00

☐

Orientation:

☐

Protection:

☐

Test Due No Later than:

10/07/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3491

Backflow Prevention Assembly Test Report

ECONOMY LINEN

508 HOWARD STREET

ZANESVILLE, OH 43701

Site Use:

Hazard: ISOLATION MED.

Mailing Address

MAINTENANCE DIRECTOR

ECONOMY LINEN

508 HOWARD STREET

ZANESVILLE, OH 43701

Location: WELL WATER TO BOILER, 3-WAY VALVE WITH CITY WATER.

Meter#:

LID/Service:

Account #: ECONOMYLINEN

Serial #:

A86770

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

1.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

10/07/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3492

Backflow Prevention Assembly Test Report

ECONOMY LINEN

Location: WEST END OF BLDG. WASHER CHEMICAL MIXER PUMPS.

508 HOWARD STREET

Meter#:

Serial #:

Check if Correct

Corrections

273587

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

MAINTENANCE DIRECTOR

ECONOMY LINEN

508 HOWARD STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

10/07/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2080

Backflow Prevention Assembly Test Report

NATURAL RESOURCES CONSERVATION

Location: WATER SERVICE CONTAINMENT - MECH ROOM

3983 NORTHPOINTE DRIVE, SUITE 100

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

06061

☐

Account #: NATURALRESCONSERVA

Manufacturer:

WATTS

☐

Site Use: Business Office

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

ATTN: TRENT

EDEN GROUP

499 GRAND VIEW Dr.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

08/12/2020

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked

☐

Leaked

☐

Did not open

☐

Date _____

Closed Tight

☐

Closed Tight

☐

Did not open

☐

Opened Fully

Yes

☐

Leaked

☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned

☐

Rubber Kit

☐

Rebuild

☐

Replaced

☐

Other

☐

Date _____

Time _____

Final Test

Date _____

Closed Tight

☐

Closed Tight

☐

Opened Fully

☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2454

Backflow Prevention Assembly Test Report

EDEN GROUP

3999 NORTHPOINTE DRIVE

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

EDEN GROUP

499 GRANDVIEW DR.

ZANESVILLE, OH 43701

Location: MECH RM. WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: EDEN GROUP-3

Serial #:

06635

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

01/15/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5190

Backflow Prevention Assembly Test Report

EDH REAL ESTATE

608 S. 2ND. ST.

COSHOCTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

EDH REAL ESTATE
P.O. BOX 263

MAUMEE, OH 43537

Location: BASEMENT TOP BACKFLOW.

Meter#:

LID/Service:

Account #: EDH REAL ESTATE

Serial #:

67129

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

04/18/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5191

Backflow Prevention Assembly Test Report

EDH REAL ESTATE

608 S.2ND. ST.

COSHOCOTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

EDH REAL ESTATE
P.O. BOX 263

MAUMEE, OH 43537

Location: BASEMENT, BOTTOM BACKFLOW.

Meter#:

LID/Service:

Account #: EDH REAL ESTATE

Serial #:

67128

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

04/02/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5192

Backflow Prevention Assembly Test Report

EDH REAL ESTATE

608 S.2ND. ST.

COSHOCOTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

EDH REAL ESTATE
P.O. BOX 263

MAUMEE, OH 43537

Location: BASEMENT, MIDDLE BACKFLOW.

Meter#:

LID/Service:

Account #: EDH REAL ESTATE

Serial #:

71010

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

04/02/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2811

Backflow Prevention Assembly Test Report

EDWARD JONES INVESTMENTS

Location: ABOVE MECH. ROOM CEILING.*WATER SERVICE CONTAINMENT.

2800-L MAPLE AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

11392

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Business Office

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

DEBBIE

EDWARD JONES INVESTMENTS

2800-L MAPLE AVENUE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

01/10/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4027

Backflow Prevention Assembly Test Report

EDWARD JONES

2027 MAPLE AVE.

ZANESVILLE, OH 43701

Site Use: Business Office

Hazard: CONTAINMENT COMM.LOW

Mailing Address

CAROL MARHARR
EDWARD JONES
2027 MAPLE AVE.

ZANESVILLE, OH 43701

Location: BASEMENT BATHROOM CLOSET.

Meter#:

LID/Service:

Account #: EDWARD JONES-1

Serial #:

31208

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

03/22/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1317

Backflow Prevention Assembly Test Report

DALE R. EDWARDS

Location: WATER SERVICE CONTAINMENT.

1431 MAPLE AVENUE

Meter#:

Serial #: Check if Correct Corrections

157714

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

DALE R. EDWARDS

EDWARDS REAL ESTATE HOLDINGS LTD

1235 COLONY DR.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

03/20/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2774

Backflow Prevention Assembly Test Report

EICHER ENGINEERING & CONSU

Location: BASEMENT, REAR OF BLDG.

47 N. 4TH ST. SUITE-204

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

17671

Account #: EICHERENGINEERING

Manufacturer:

WATTS

Site Use: Business Office

Model:

007

Hazard: CONTAINMENT COMM. LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

11/28/2013

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2750

Backflow Prevention Assembly Test Report

EL PARIAN

145 N. MAYSVILLE PIKE

SOUTH ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

OWNER; MARCIAS REYES

EL PARIAN

145 N. MAYSVILLE PIKE

SOUTH ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT - MAIN DOMESTIC WATER

Meter#:

LID/Service:

Account #: SOUTHPOINTE-10

Serial #:

06857

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

1.50

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

02/07/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4697

Backflow Prevention Assembly Test Report

ELDER-BEERMAN

3575 MAPLE AVE.

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

ELDER-BEERMAN
3575 MAPLE AVE.

ZANESVILLE, OH 43701

Location: SPRINKLER ROOM,IN BACK.

Meter#:

LID/Service:

Account #: COSQMALL-ELDER B

Serial #:

09257

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

2.00

Orientation:

Protection:

NEEDS TESTED

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1363

Backflow Prevention Assembly Test Report

ELECTRIC LINKS GOLF CLUBLocation: **WATER SERVICE CONTAINMENT.****250 FRONT STREET**

Meter#:

Serial #: Check if Correct Corrections

PHILO, OH 43771

LID/Service:

118067☐Account #: **ELECTRICLINKSGOLF**

Manufacturer:

WATTS☐

Site Use:

Model:

007☐Hazard: **CONTAINMENT COMM.LOW**

Type:

DCVA☐

Mailing Address

Size:

0.75☐**DOUG GATES****ELECTRIC LINKS GOLF CLUB****250 FRONT STREET**

Orientation:

☐**PHILO, OH 43771**

Protection:

PAST DUE☐

Test Due No Later than:

04/11/2011Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3786

Backflow Prevention Assembly Test Report

ELECTRIC MOTOR & SERVICE CO

Location: IN FRONT PART OF SHOP.

218 ADAMS STREET

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

28166☐Account #: **ELECTRIC MOTOR**

Manufacturer:

WATTS☐Site Use: **ELECTRIC MOTOR REPAIR**

Model:

719☐

Hazard:

Type:

DCVA☐

Mailing Address

Size:

0.75☐

Orientation:

☐

Protection:

☐**JOHN HASWELL****ELECTRIC MOTOR & SERVICE CO.****218 ADAMS STREET****ZANESVILLE, OH 43701**

Test Due No Later than:

08/15/2022Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐**Reduced Pressure Principle Assembly****Double Check Valve Assembly****PVB/SVB****Check Valve #1****Check Valve #2****Relief Valve****Air Inlet****Check Valve****Initial Test**Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐**Repairs**Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐**Final Test**

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐**Air Gap**

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5437

Backflow Prevention Assembly Test Report

ELECTRIC MOTOR & SERVICE CO

Location: IN BACK PART OF SHOP.

218 ADAMS STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

59864

☐

ZANESVILLE, OH 43701

Account #: ELECTRIC MOTOR

Manufacturer:

WATTS

☐

Site Use: ELECTRIC MOTOR REPAIR

Model:

LF919AQT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

0.75

☐

JOHN HASWELL

ELECTRIC MOTOR & SERVICE CO.

218 ADAMS STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

08/15/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2930

Backflow Prevention Assembly Test Report

ELPALENGUE MEXICAN RESTAU

Location: BASEMENT, WATER SERVICE CONTAINMENT.

269 MAIN STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

369387

☐

DUNCAN FALLS, OH 43734

Account #: ELPALENGUE MEX.RES

Manufacturer:

APOLLO

☐

Site Use: Restaurant

Model:

DC-4A

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

ELPALENGUE MEXICAN RESTAURANT

P.O. BOX 172

Orientation:

☐

DUNCAN FALLS, OH 43734

Protection:

☐

Test Due No Later than:

02/05/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2144

Backflow Prevention Assembly Test Report

EMMANUEL LUTHERAN CHURCH

Location: WATER SERVICE CONTAINMENT. * BASEMENT, BESIDE FURNACE.

1500 PLEASANT VALLEY DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

299224

☐

COSHOCTON, OH 43812

LID/Service:

Account #: EMMANUELCHURCHCOSH

Manufacturer:

WATTS

☐

Site Use:

Hazard: CONTAINMENT COMM.LOW

Model:

007

☐

Mailing Address

Type:

DCVA

☐

Size:

1.00

☐

Orientation:

☐

Protection:

☐EMMANUEL LUTHERAN CHURCH
1500 PLEASANT VALLEY DRIVE

COSHOCTON, OH 43812

Test Due No Later than:

02/20/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3203

Backflow Prevention Assembly Test Report

ENDSLEY INSURANCE

Location: FIRE LINE - BASEMENT

433 WALNUT STREET

Meter#:

Serial #: Check if Correct Corrections

COSHOCTON, OH 43812

LID/Service:

J10992

Account #: ENSLEYINSURANCE

Manufacturer:

WATTS

Site Use:

Model:

957

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RP

Mailing Address

Size:

2.00

Orientation:

Protection:

LARRY ENSLEY, OWNER
ENDSLEY INSURANCE
433 WALNUT STREET

COSHOCTON, OH 43812

Test Due No Later than:

09/13/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3204

Backflow Prevention Assembly Test Report

ENDSLEY INSURANCE

433 WALNUT STREET

COSHOCTON, OH 43812

Site Use:

Hazard: FIRE LINE BYPASS-LOW

Mailing Address

LARRY ENDSLEY, OWNER
ENDSLEY INSURANCE
433 WALNUT STREET

COSHOCTON, OH 43812

Location: FIRE LINE BYPASS - BASEMENT

Meter#:

LID/Service:

Account #: ENDSLEYINSURANCE

Serial #:

24633

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

919

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

09/13/2022

 Existing ☐
New ☐

 Removed ☐
Replaced ☐

 Commercial ☐
Industrial ☐

 Residential ☐

 Construction ☐

 Domestic ☐

 Irrigation ☐

 Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐

Leaked

☐

Closed Tight

☐

Held at _____ PSID

Leaked

☐

Closed Tight

☐

Held at _____ PSID

Did not open

☐

Opened at _____ PSID

Did not open

☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked

☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned

☐

Rubber Kit

☐

Rebuild

☐

Replaced

☐

Other

☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐

Closed Tight

☐

Held at _____ PSID

Closed Tight

☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully

☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐
 Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3413

Backflow Prevention Assembly Test Report

ENDSLEY INSURANCE

Location: WATER SERVICE CONTAINMENT.

433 WALNUT STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

3179266

☐

COSHOCOTON, OH 43812

Account #: ENSDLEYINSURANCE

Manufacturer:

WILKINS

☐

Site Use:

Model:

550

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

0.75

☐

LARRY ENSDLEY, OWNER

ENDSLEY INSURANCE

433 WALNUT STREET

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

09/13/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3247

Backflow Prevention Assembly Test Report

MAYSVILLE DUCHESS SHOPPE#

Location: MECH ROOM.

2830 MAYSVILLE PIKE

Meter#:

Serial #: 52918

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

Site Use:

Model:

LF919QT

Hazard: CONTAINMENT COMM. MED.

Type:

RP

Mailing Address

Size:

0.75

Orientation:

Protection:

ENGLE FIELD OIL
447 JAMES PARKWAY

HEATH, OH 43056

Test Due No Later than:

08/04/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3269

Backflow Prevention Assembly Test Report

PLEASANT GROVE DUCHESS SH

Location: IN FRONT OF STORE, UNDER SINK.

140 PLEASANT GROVE RD.

Meter#:

Serial #:

Check if Correct

Corrections

53293

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

LF919QT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

0.75

☐

ENGLE FIELD OIL

447 JAMES PARKWAY

Orientation:

☐

HEATH, OH 43056

Protection:

☐

Test Due No Later than:

08/04/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3241

Backflow Prevention Assembly Test Report

DUKE & DUCHESS SHOPPE #222

Location: MECH. ROOM.

3415 MAPLE AVE.

Meter#:

Serial #:
53299

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:
WATTS

Site Use:

Model:

Hazard: CONTAINMENT COMM. MED.

LF919AQT

Mailing Address

Type:

RP

TRACY SULLIVAN
ENGLEFIELD OIL
447 JAMES PARKWAY

Size:

0.75

Orientation:

HEATH, OH 43055-9904

Protection:

Test Due No Later than:

08/04/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3340

Backflow Prevention Assembly Test Report

DUCHESS SHOPPE #122

Location: MECH. ROOM.

1209 BLUE AVE.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

54889

Account #: B/P DUCHESS #4

Manufacturer:

WATTS

Site Use: Convenience/GAS

Model:

919QT

Hazard: CONTAINMENT COMM. MED.

Type:

RP

Mailing Address

Size:

0.75

Orientation:

Protection:

ENGLEFIELD OIL
447 JAMES PARKWAY

HEATH, OH 43056

Test Due No Later than:

08/04/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3409

Backflow Prevention Assembly Test Report

ENGLEFIELD OIL

1400 MOXAHALA AVE.

ZANESVILLE, OH 43701

Site Use: BULK GAS

Hazard: CONTAINMENT COMM. MED.

Mailing Address

ENGLEFIELD OIL
447 JAMES PARKWAY

HEATH, OH 43056

Location: MECH ROOM.

Meter#:

LID/Service:

Account #: B/P ENGLEFIELD #8

Serial #:

51604

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

LF919AQT

Type:

RP

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

08/04/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5071

Backflow Prevention Assembly Test Report

BP STATION - MAPLE AVE.#70

Location: MECH. ROOM.

1305 MAPLE AVE.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

53199

☐

ZANESVILLE, OH 43701

Account #: B/P MAPLE #1

Manufacturer:

WATTS

☐

Site Use:

Model:

LF919AQT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

0.75

☐

ENGLEFIELD OIL

447 JAMES PARKWAY

Orientation:

☐

HEATH, OH 43056

Protection:

☐

Test Due No Later than:

07/26/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5072

Backflow Prevention Assembly Test Report

BP STATION NEWARK RD.

Location: MECH. ROOM.

3193 NEWARK RD.

Meter#:

Serial #:

Check if Correct

Corrections

11827

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

719QT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

DC

☐

Mailing Address

Size:

2.00

☐

ENGLEFIELD OIL

447 JAMES PARKWAY

Orientation:

☐

HEATH, OH 43056

Protection:

☐

Test Due No Later than:

07/26/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5074

Backflow Prevention Assembly Test Report

B/P STATION-DUKE & DUCHESS,
259 3RD. ST.

Location: UNDER SINK.

Meter#:

LID/Service:

Account #: B/P FRAZEYS.#10

Serial #:

53151

Check if Correct

Corrections

☐

Manufacturer:

WATTS

☐

Model:

LF919QT

☐

Type:

RP

☐

Size:

0.75

☐

Orientation:

☐

Protection:

☐

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

ENGLEFIELD OIL
447 JAMES PARKWAY

HEATH, OH 43056

Test Due No Later than:

07/26/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5075

Backflow Prevention Assembly Test Report

B/P STATION-DUCHESS SHOPPE

Location: UNDER SINK.

5955 NEWARK RD.

Meter#:

Serial #:

Check if Correct

Corrections

51607

☐

NASHPORT, OH 43830

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

LF919AQT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

0.75

☐

ENGLEFIELD OIL

447 JAMES PARKWAY

Orientation:

☐

HEATH, OH 43056

Protection:

☐

Test Due No Later than:

07/26/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Date _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3258

Backflow Prevention Assembly Test Report

BP EAST PIKE/DUCHESS #71

Location: BACK OF STORE, OUT SIDE. REMOVE PANEL.

4985 EAST PIKE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

30692

☐

ZANESVILLE, OH 43701

Account #: B/P DUCHESS #3

Manufacturer:

WATTS

☐

Site Use: Convenience/gas station

Model:

719

☐

Hazard: CONTAINMENT COMM. MED.

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

TRACY SULLIVAN

ENGLEFIELD OIL

447 JAMES PARKWAY

Orientation:

☐

HEATH, OH. 43056-9904

Protection:

☐

Test Due No Later than:

08/04/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 854

Backflow Prevention Assembly Test Report

ENGLISH IVY RESTAURANT

104 PARK AVENUE

COSHOCTON, OH 43812

Site Use: Restaurant

Hazard: CONTAINMENT COMM.LOW

Mailing Address

DAVID HAMERDINGER, OWNER
ENGLISH IVY RESTAURANT
104 PARK AVENUE

COSHOCTON, OH 43812

Location: WATER SERVICE CONTAINMENT - BASEMENT STORAGE ROOM

Meter#:

LID/Service:

Account #: ENGLISHIVYRESTAURA

Serial #:

73842

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCDA

Size:

2.00

Orientation:

Protection:

PAST DUE

Test Due No Later than:

07/12/2020

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 855

Backflow Prevention Assembly Test Report

ENGLISH IVY RESTAURANT

Location: FIRE LINE. *SPRINKLER SYSTEM

104 PARK AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

09980

☐

COSHOCTON, OH 43812

Account #: ENGLISHIVYRESTAURA

Manufacturer:

AMES

☐

Site Use: Restaurant

Model:

2000B

☐

Hazard: FIRE LINE CONNECTION-LOW

Type:

DC

☐

Mailing Address

Size:

2.00

☐

DAVID HAMERDINGER, OWNER

ENGLISH IVY RESTAURANT

104 PARK AVENUE

Orientation:

☐

COSHOCTON, OH 43812

Protection:

PAST DUE

☐

Test Due No Later than:

05/04/2018

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1592

Backflow Prevention Assembly Test Report

ENNIS BUSINESS FORMS

24170 HANGAR COURT

COSHOCTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

ENNIS BUSINESS FORMS

24170 HANGAR COURT

COSHOCTON, OH 43812

Location: WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: ENNISBUSINESSFORMS

Serial #:

208052

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

1.00

Orientation:

Protection:

PAST DUE

Test Due No Later than:

11/20/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 515

Backflow Prevention Assembly Test Report

ENTERPRISE RENT-A-CAR

Location: BREAK ROOM.

2127 MAPLE AVENUE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

141446

Account #: ENTERPRISERENTACAR

Manufacturer:

WATTS

Site Use: RENTAL

Model:

007

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

JENNIFER HENDRICK, OPERS.SUP.

ENTERPRISE RENT -A-CAR

2127 MAPLE AVE.

Orientation:

ZANESVILLE, OH 43701

Protection:

Test Due No Later than:

04/17/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 954

Backflow Prevention Assembly Test Report

ENVIRO-FLOW

Location: NORTHWEST CORNER BLDG.#1, SHOP

4830 NORTH POINTE DRIVE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

246060

Account #: ENVIRO-FLOW

Manufacturer:

WATTS

Site Use:

Model:

Hazard: CONTAINMENT COMM.LOW

007

Mailing Address

Type:

DCVA

JEFF TANNER,PRESIDENT

ENVIRO-FLOW

4830 NORTH POINTE DRIVE

Size:

1.00

Orientation:

ZANESVILLE, OH 43701

Protection:

Test Due No Later than:

03/21/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 955

Backflow Prevention Assembly Test Report

ENVIRO-FLOW

4830 NORTH POINTE DRIVE

ZANESVILLE, OH 43701

Site Use:

Hazard: ISOLATION MED.

Mailing Address

JEFF TANNER, PRESIDENT

ENVIRO-FLOW

4830 NORTH POINTE DRIVE

ZANESVILLE, OH 43701

Location: IN WASH BAY.

Meter#:

LID/Service:

Account #: ENVIRO-FLOW

Serial #:

5626692

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

909

Type:

RPPA

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

03/21/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

	Yes	No
Proper Installation	<input type="checkbox"/>	<input type="checkbox"/>
RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>
#2 Shutoff Closed	<input type="checkbox"/>	<input type="checkbox"/>
Service Restored	<input type="checkbox"/>	<input type="checkbox"/>

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3582

Backflow Prevention Assembly Test Report

ENVIRO-FLOW

Location: NORTHEAST CORNER BLDG. #2.

4830 NORTH POINTE DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

01367

☐

ZANESVILLE, OH 43701

Account #: ENVIRO-FLOW

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

JEFF TANNER,PRESIDENT

ENVIRO-FLOW

4830 NORTH POINTE DRIVE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/21/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5012

Backflow Prevention Assembly Test Report

ENVIRONMENTAL MANAGEMENT

Location: MECH. ROOM.

2055 GRIEF RD.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

4159414

☐

Account #: ENV MNGMT SPEC

Manufacturer:

WILKINS

☐

Site Use:

Model:

950XL

☐

Hazard: CONTAINMENT COMM. MED.

Type:

DC

☐

Mailing Address

Size:

2.00

☐

ENVIRONMENTAL MANAGEMENT SPECIALISTS

2055 GRIEF RD.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

12/03/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4047

Backflow Prevention Assembly Test Report

ERIC B. CROMWELL DDS

Location: BASEMENT.UP IN FLOOR JOIST.

2810 DRESDEN RD.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

44624

☐

ZANESVILLE, OH 43701

Account #: ERIC CROMWELL

Manufacturer:

WATTS

☐

Site Use: Dentist

Model:

919

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

ERIC CROMWELL

ERIC B. CROMWELL DDS

2810 DRESDEN RD.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

08/15/2020

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1561

Backflow Prevention Assembly Test Report

EVERGREEN VILLAGE APARTME

Location: WATER SERVICE CONTAINMENT.

201 LAKESIDE DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

132539

☐

NEW CONCORD, OH 43762

Account #: EVERGREENVILLAGE

Manufacturer:

WATTS

☐

Site Use: Apartments

Model:

709

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

3.00

☐

EVERGREEN VILLAGE APARTMENTS

201 LAKESIDE DRIVE

Orientation:

☐

NEW CONCORD, OH 43762

Protection:

☐

Test Due No Later than:

09/11/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2187

Backflow Prevention Assembly Test Report

EXCELLO FABRIC FINISHERS

802 SOUTH 2ND STREET

COSHOCTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

EXCELLO FABRIC FINISHERS
802 SOUTH 2ND. ST.

COSHOCTON, OH 43812

Location: WATER SERVICE CONTAINMENT. * FIRST FLOOR

Meter#:

LID/Service:

Account #: EXCELLOFABRICFINIS

Serial #:

177415

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

909

Type:

RP

Size:

3.00

Orientation:

Protection:

Test Due No Later than:

07/20/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 310

Backflow Prevention Assembly Test Report

EXPRESSIONS HAIR & TANNING

Location: WATER SERVICE CONTAINMENT BASEMENT

1344 DEWEY STREET

Meter#:

Serial #:

Check if Correct

Corrections

DRESDEN, OH 43821

LID/Service:

03350

☐

Account #: EXPRESSIONSDRESDEN

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

WANDA K. HARNEY

EXPRESSIONS HAIR & TANNING SALON

1344 DEWEY STREET

Orientation:

☐

DRESDEN, OH 43821

Protection:

☐

Test Due No Later than:

10/08/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 58

Backflow Prevention Assembly Test Report

GENESIS-EYE SURGERY ASSOCI

Location: MECH. ROOM - FIRE LINE

2935 MAPLE AVENUE

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

46118

☐

ZANESVILLE, OH 43701

Account #: GENESIS 29

Manufacturer:

WATTS

☐

Site Use: EYE SPECIALIST

Model:

007

☐

Hazard: FIRE LINE CONNECTION-LOW

Type:

DCVA

☐

Mailing Address

Size:

1.50

☐OFFICE MANAGER
EYE SURGERY ASSOCIATES
800 FOREST AVENUE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4970

Backflow Prevention Assembly Test Report

GENESIS-EYE SURGERY ASSOCI

Location: MECH. ROOM.

2935 MAPLE AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

291646

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

APOLLO/CONBRACO

☐

Site Use: EYE SPECIALIST

Model:

DC40

☐

Hazard: CONTAINMENT COMM. MED.

Type:

DC

☐

Mailing Address

Size:

1.25

☐

OFFICE MANAGER

EYE SURGERY ASSOCIATES

800 FOREST AVENUE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5455

Backflow Prevention Assembly Test Report

EYEMART EXPRESS #105

Location: IN LAB.

3191 MAPLE AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

246957

Account #: EYEMARTEXPRESS105

Manufacturer:

WATTS

Site Use:

Model:

LF009QT

Hazard: CONTAINMENT COMM. MED.

Type:

RP

Mailing Address

Size:

0.50

Orientation:

Protection:

Test Due No Later than:

04/16/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3288

Backflow Prevention Assembly Test Report

EYEMART EXPRESS #105

Location: WATER SERVICE CONTAINMENT - MECH ROOM

3191 MAPLE AVENUE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

A88451

Account #: EYEMARTEXPRESS105

Manufacturer:

WATTS

Site Use:

Model:

009

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

Mailing Address

Size:

1.00

Orientation:

Protection:

PAST DUE

Test Due No Later than:

04/06/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4971

Backflow Prevention Assembly Test Report

CAMBRIDGE HOME HEALTH CAR
4035-B NORTHPOINTE RD. BLDG.

ZANESVILLE, OH 43701

Site Use: **Offices**Hazard: **CONTAINMENT COMM.LOW**

Mailing Address

FAADIT LTD.
P.O. BOX 1296

ZANESVILLE, OH 43702-1296

Location: **MECH. ROOM. BY WATER HEATER.**

Meter#:

LID/Service:

Account #: **FAADIT LTD.-B**

Serial #:

37927

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Test Due No Later than:

07/25/2021Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3626

Backflow Prevention Assembly Test Report

FABULOUS STYLES & CUTS

Location: BASEMENT

2116 MAPLE AVE.

Meter#:

Serial #: 13805

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: FABULOUSSTYLESCUTS

Manufacturer: WATTS

Site Use: Beauty Salon/Barber

Model:

Hazard: CONTAINMENT COMM.LOW

719

Mailing Address

Type:

DCVA

John Booth

FABULOUS STYLES & CUTS

6400 Dresden Road

Size:

0.75

Orientation:

ZANESVILLE, OH 43701

Protection:

Test Due No Later than:

07/27/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4076

Backflow Prevention Assembly Test Report

FAIR OAKS BAPTIST CHURCH

Location: MECH.ROOM.

1025 WOODLAWN AVE.

Meter#:

Serial #: 06466

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

Site Use: Church

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

1.00

Orientation:

Protection:

FAIR OAKS BAPTIST CHURCH
1025 WOODLAWN AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

02/21/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4909

Backflow Prevention Assembly Test Report

FAIRWAY VISTA APARTMENTS

Location: MECH. ROOM.

2858 N.VISTA DR.

Meter#:

Serial #: 13441

Check if Correct

Corrections

NASHPORT, OH 43830

LID/Service:

Manufacturer:

WATTS

Site Use: Apartments

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

1.00

Orientation:

Protection:

FAIRWAY VISTA APARTMENTS
2858 N.VISTA DR.

NASHPORT, OH 43830

Test Due No Later than:

11/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4077

Backflow Prevention Assembly Test Report

FAITH UNITED METHODIST CHUR

Location: MECH ROOM.

1616 BLUE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

09526

☐

Account #: FAITHUN.METHODIST

Manufacturer:

WATTS

☐

Site Use: Church

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

2.00

☐

SUSAN DAVIS

FAITH UNITED METHODIST CHURCH

1616 BLUE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

08/08/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked

☐

Leaked

☐

Did not open

☐

Date _____

Closed Tight

☐

Closed Tight

☐

Did not open

☐

Opened Fully

☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Pass ☐ Fail ☐No ☐

Leaked

☐

Held at _____ PSID

Repairs

Cleaned

☐

Rubber Kit

☐

Rebuild

☐

Replaced

☐

Other

☐

Final Test

Date _____

Closed Tight

☐

Closed Tight

☐

Opened Fully

☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Pass ☐ Fail ☐

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4626

Backflow Prevention Assembly Test Report

FAITH UNITED METHODIST CHUR

Location: MECH.ROOM. BOILER FEED.

1616 BLUE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

46483

☐

ZANESVILLE, OH 43701

Account #: FAITHUN.METHODIST

Manufacturer:

WATTS

☐

Site Use: Church

Model:

919

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

SUSAN DAVIS

FAITH UNITED METHODIST CHURCH

1616 BLUE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

08/08/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3691

Backflow Prevention Assembly Test Report

FALLEN ANGEL TATOO CO.

147 N. MAYSVILLE AVE.

SO. ZANESVILLE, OH 43701

Site Use: TATOO SHOP

Hazard: CONTAINMENT COMM.LOW

Mailing Address

JASON AYERS
FALLEN ANGEL TATOO CO.
147 MAYSVILLE AVE.

SO. ZANESVILLE, OH 43701

Location: BACKROOM BY WATER HEATER.

Meter#:

LID/Service:

Account #: SOUTHPOINTE-09

Serial #:

26584

Manufacturer:

WATTS

Model:

007QT

Type:

DC

Size:

0.75

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

08/05/2020

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1130

Backflow Prevention Assembly Test Report

FALLS TOWNSHIP FIRE DEPARTMENT

Location: WATER SERVICE CONTAINMENT.

3095 DILLON FALLS ROAD

Meter#:

Serial #:

Check if Correct

Corrections

411227

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐FALLS TOWNSHIP FIRE DEPARTMENT
P.O. BOX 2215

Orientation:

☐

ZANESVILLE, OH 43702-2215

Protection:

☐

Test Due No Later than:

06/03/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4078

Backflow Prevention Assembly Test Report

FALLS TOWNSHIP FIRE STATION

Location: Garage

565 RICHEY RD.

Meter#:

Serial #: 40406

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

Site Use: FIRE STATION

Model:

719QT

Hazard: CONTAINMENT COMM.LOW

Type:

DC

Mailing Address

Size:

0.75

Orientation:

Protection:

FALLS TOWNSHIP FIRE STATION #2

P.O. BOX 2215

ZANESVILLE, OH 43702-2215

Test Due No Later than:

07/28/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 979

Backflow Prevention Assembly Test Report

FALLSBURG PIZZA

338 WEST 3RD STREET

FRAZEYSBURG, OH 43822

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

ANN CLINE, OWNER
FALLSBURG PIZZA
P.O. BOX 69

FRAZEYSBURG, OH 43822

Location: WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: FALLSBURGPizza

Serial #:

64614

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

1.50

Orientation:

Protection:

Test Due No Later than:

04/23/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Submit completed
Test Report:

Fax:



Service Address

Hazard/CCID: 2813

Backflow Prevention Assembly Test Report

FAMILY DOLLAR #7762

220 WEST 3RD STREET

FRAZEYSBURG, OH 43822

Site Use: Retail

Hazard: CONTAINMENT COMM.LOW

Mailing Address

FAMILY DOLLAR #7762

P.O.BOX 324

FRAZEYSBURG, OH 43822

Location: MECH.ROOM,AT CEILING LEVEL. *STEP LADDER NEEDED.

Meter#:

LID/Service:

Account #: FAMILYDOLLAR#7762

Serial #:

11397

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

01/11/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3486

Backflow Prevention Assembly Test Report

FAMILY DOLLAR #8090

Location: BREAK ROOM.

144 SOUTH SECOND STREET

Meter#:

Serial #: Check if Correct Corrections

COSHOCTON, OH 43812

LID/Service:

23424

Account #: FAMILY DOLLAR#8090

Manufacturer:

WATTS

Site Use:

Model:

919

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

Mailing Address

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

08/31/2012

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4943

Backflow Prevention Assembly Test Report

FAMILY DOLLAR STORE

Location: MECH ROOM.

16160 TOWNSHIP RD. 287

Meter#:

Serial #: Check if Correct Corrections

CONESVILLE, OH 43811

LID/Service:

ABC6806

☐

Account #: FAMILY DOLLAR

Manufacturer:

WILKINS

☐

Site Use: Retail

Model:

375XL

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RP

☐

Mailing Address

Size:

1.00

☐

Orientation:

☐

Protection:

PAST DUE

☐

Test Due No Later than:

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 509

Backflow Prevention Assembly Test Report

FAMILY DOLLAR #2933

1747 MAYSVILLE AVENUE

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

MANAGER
FAMILY DOLLAR
1747 MAYSVILLE AVENUE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: FAMILYDOLLARMAYSVI

Serial #:

42510

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

09/13/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5059

Backflow Prevention Assembly Test Report

FAMILY URGENT CARE

Location: BY WATER HEATER.

305 DOWNTOWNER PLAZA

Meter#:

Serial #: Check if Correct Corrections

COSHOCTON, OH 43821

LID/Service:

308101

Account #: FAMILY URGENT CARE

Manufacturer:

WATTS

Site Use:

Model:

Hazard: CONTAINMENT COMM. MED.

009M3-FP

Mailing Address

Type:

RP

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

02/04/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2688

Backflow Prevention Assembly Test Report

FAMILY VIDEO

115(A) NORTH 2ND STREET

COSHOCTON, OH 43812

Site Use: Video rental

Hazard: CONTAINMENT COMM.LOW

Mailing Address

FAMILY VIDEO

115(A) NORTH 2ND STREET

COSHOCTON, OH 43812

Location: WATER SERVICE CONTAINMENT - MECH. ROOM

Meter#:

LID/Service:

Account #: FAMILY VIDEO-A

Serial #:

07496

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

1.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

07/31/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2689

Backflow Prevention Assembly Test Report

FAMILY VIDEO

115(C) NORTH 2ND STREET

COSHOCTON, OH 43812

Site Use: Retail

Hazard: CONTAINMENT COMM.LOW

Mailing Address

FAMILY VIDEO

115(B) NORTH 2ND STREET

COSHOCTON, OH 43812

Location: MECH.ROOM,*WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: FAMILY VIDEO-C

Serial #:

11052

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

07/31/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 416

Backflow Prevention Assembly Test Report

FANATICS SPORTS APPAREL

Location: WATER SERVICE CONTAINMENT. - MECH ROOM.

11630 OLD RILEY RD.

Meter#:

Serial #: Check if Correct Corrections

11248

☐

FRAZEYSBURG, OH 43822

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

3.00

☐

FANATICS SPORTS APPAREL

11630 OLD RILEY RD.

Orientation:

☐

FRAZEYSBURG, OH 43822

Protection:

☐

Test Due No Later than:

03/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4393

Backflow Prevention Assembly Test Report

FARUS FUNERAL HOME

Location: MECH ROOM.

63 WEST MAIN ST.

Meter#:

Serial #:

Check if Correct

Corrections

357182

☐

NEW CONCORD, OH 43762

LID/Service:

Account #: FARUS FUNERAL HOME

Manufacturer:

WATTS

☐

Site Use: FUNERAL HOME

Model:

009M3QT

☐

Hazard: CONTAINMENT COMM. HIGH

Type:

RP

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

Protection:

☐

FARUS FUNERAL HOME

63 WEST MAIN ST.

NEW CONCORD, OH 43762

Test Due No Later than:

06/19/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐

Leaked

☐

Closed Tight

☐

Held at _____ PSID

Leaked

☐

Closed Tight

☐

Held at _____ PSID

Did not open

☐

Opened at _____ PSID

Did not open

☐

Opened Fully

Yes ☐No ☐

Opened at _____ PSID

Leaked

☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned

☐

Rubber Kit

☐

Rebuild

☐

Replaced

☐

Other

☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐

Closed Tight

☐

Held at _____ PSID

Closed Tight

☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully

☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes

No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐Fail ☐☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5312

Backflow Prevention Assembly Test Report

FASTENAL COMPANY

Location: WOMEN'S RESTROOM

2078 OTSEGO AVE.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

58551

☐

COSHOCTON, OH 43812

Account #: FASTENAL COMPANY

Manufacturer:

WATTS

☐

Site Use:

Model:

919

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

FASTENAL COMPANY

2078 OTSEGO AVE.

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/16/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 738

Backflow Prevention Assembly Test Report

FASTENAL

2171 OTSEGO AVENUE

COSHOCTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

MATT HOFFER
FASTENAL
2171 OTSEGO AVENUE

COSHOCTON, OH 43812

Location: WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: FASTENAL

Serial #:

98228

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

11/09/2013

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2424

Backflow Prevention Assembly Test Report

FASTENAL

2560 MAYSVILLE PIKE

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

CHARLES HAWKINS DDS
FASTENAL
P.O. BOX 1752

ZANESVILLE, OH 43701

Location: BATH RM.

Meter#:

LID/Service:

Account #: HAWKINSR-2

Serial #:

50134

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.50

Orientation:

Protection:

Test Due No Later than:

06/17/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4225

Backflow Prevention Assembly Test Report

FILLING STATION FAMILY DENTIST

Location: MECH ROOM.

1136 BLUE AVE.

Meter#:

Serial #: 30831

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

Site Use: Dentist

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

DR.JEFFERY NASH DDS

FILLING STATION FAMILY DENTISTRY

1136 BLUE AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

08/01/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3900

Backflow Prevention Assembly Test Report

FINELINE IMPRINTS

516 STATE ST.

ZANESVILLE, OH 43701

Site Use: Print Shop

Hazard: CONTAINMENT COMM.LOW

Mailing Address

FINELINE IMPRINTS
516 STATE ST.

ZANESVILLE, OH 43701

Location: WOMEN'S REST ROOM.

Meter#:

LID/Service:

Account #: FINELINE IMPRINTS

Serial #:

29946

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

02/15/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1802

Backflow Prevention Assembly Test Report

FINERAN TRAILER COURT

155 BALL RD.

ZANESVILLE, OH 43701

Site Use: Park

Hazard: CONTAINMENT COMM.LOW

Mailing Address

MARGUERITE FINERAN
FINERAN TRAILER COURT
1929 HAZEL AVE.

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT - IN PIT BESIDE TRAILOR.

Meter#:

LID/Service:

Account #: FINERANTRAILOR COU

Serial #:

11282

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

03/25/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1679

Backflow Prevention Assembly Test Report

FINISH LINE CAR WASH

414 STATE STREET

ZANESVILLE, OH 43701

Site Use: Car Wash

Hazard: CONTAINMENT COMM.LOW

Mailing Address

ANDY HESS
FINISH LINE CAR WASH
100 STATE STREET
302 STATE STREET
ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT

Meter#:

LID/Service:

Account #: FINISHLINECARWASH

Serial #:

68753

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

06/09/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1680

Backflow Prevention Assembly Test Report

FINISH LINE CAR WASH

Location: WATER SERVICE CONTAINMENT

414 STATE STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

175940

☐

ZANESVILLE, OH 43701

Account #: FINISHLINECARWASH

Manufacturer:

WATTS

☐

Site Use: Car Wash

Model:

009

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

Orientation:

☐

Protection:

☐

ANDY HESS

FINISH LINE CAR WASH

100 STATE STREET

302 STATE STREET

ZANESVILLE, OH 43701

Test Due No Later than:

06/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 534

Backflow Prevention Assembly Test Report

FINKS AUTO

2 MERRIAM STREET

ZANESVILLE, OH 43701

Site Use: AUTO SALES

Hazard: ISOLATION LOW

Mailing Address

CAROL FINK
FINKS AUTO
2 MERRIAM STREET

ZANESVILLE, OH 43701

Location: OUTSIDE HYDRANTS.

Meter#:

LID/Service:

Account #: FINKSAUTO

Serial #:

117110

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

09/17/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4384

Backflow Prevention Assembly Test Report

FINKS AUTO

2 MERRIAM STREET

ZANESVILLE, OH 43701

Site Use: AUTO SALES

Hazard: CONTAINMENT COMM.LOW

Mailing Address

CAROL FINK
FINKS AUTO
2 MERRIAM STREET

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT - MECH ROOM

Meter#:

LID/Service:

Account #: FINKSAUTO

Serial #:

321438

Manufacturer:

WATTS

Model:

009M3QT

Type:

RP

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

09/17/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 982

Backflow Prevention Assembly Test Report

FINKS HARLEY DAVIDSON

Location: *PLUMBING CHASE, IN FRONT RIGHT CORNER.

2650 MAYSVILLE PIKE

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

249539

☐

ZANESVILLE, OH 43701

Account #: FINKSHARLEYDAVID

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐TROY FINK, MANAGER
FINKS HARLEY DAVIDSON
2650 MAYSVILLE PIKE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

05/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 983

Backflow Prevention Assembly Test Report

FINKS HARLEY DAVIDSON

Location: FIRE LINE. - SERVICE AREA.

2650 MAYSVILLE PIKE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

64537

☐

ZANESVILLE, OH 43701

Account #: FINKSHARLEYDAVID

Manufacturer:

AMES

☐

Site Use:

Model:

4000B

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐

TROY FINK, MANAGER

FINKS HARLEY DAVIDSON

2650 MAYSVILLE PIKE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

05/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 984

Backflow Prevention Assembly Test Report

FINKS HARLEY DAVIDSON

Location: FIRE LINE. - SERVICE AREA BACK OF BLDG.

2650 MAYSVILLE PIKE

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

101708110

☐

ZANESVILLE, OH 43701

Account #: FINKSHARLEYDAVID

Manufacturer:

AMES

☐

Site Use:

Model:

5000

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

4.00

☐

Orientation:

☐

Protection:

☐

TROY FINK, MANAGER
FINKS HARLEY DAVIDSON
2650 MAYSVILLE PIKE

ZANESVILLE, OH 43701

Test Due No Later than:

05/18/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3695

Backflow Prevention Assembly Test Report

FIRST AMERICAN TITLE INSURANCE
961 LINDEN AVE.

ZANESVILLE, OH 43701

Site Use: **Business Office**Hazard: **CONTAINMENT COMM.LOW**

Mailing Address

JOHN MELSHIMER
FIRST AMERICAN TITLE INSURANCE CO.
933 LINDEN AVE.

ZANESVILLE, OH 43701

Location: **REST ROOM.**

Meter#:

LID/Service:

Account #: **FIRST AMER.TITLE**

Serial #:

29479

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

11/05/2022Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4081

Backflow Prevention Assembly Test Report

FIRST ASSEMBLY OF GOD

Location: BACK OF CHURCH, BASEMENT BOTTOM OF STEPS BEHIND CURTAIN.

503 MCINTIRE AVE.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

28381

☐

ZANESVILLE, OH 43701

Account #: FIRST ASSEMBLY

Manufacturer:

WATTS

☐

Site Use: Church

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

FIRST ASSEMBLY OF GOD

503 MCINTIRE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

08/01/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4634

Backflow Prevention Assembly Test Report

FIRST ASSEMBLY OF GOD

Location: BACK OF CHURCH, BASEMENT BOTTOM OF STEPS BEHIND CURTAIN.

503 MCINTIRE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

13492

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Church

Model:

009QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RP

☐

Mailing Address

Size:

0.75

☐FIRST ASSEMBLY OF GOD
503 MCINTIRE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

08/01/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4582

Backflow Prevention Assembly Test Report

FIRST BAPTIST CHURCH, GYM
80 STANLEY AVE.

S.ZANESVILLE, OH 43701

Site Use:

Hazard: **CONTAINMENT COMM.LOW**

Mailing Address

FIRST BAPTIST CHURCH, GYM
105 S. 6TH ST.

ZANESVILLE, OH 43701

Location: **IN FRONT PART OF BLDG.**

Meter#:

LID/Service:

Account #: **FIRST BAPTIST CH.**

Serial #:

11392

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

1.00

Orientation:

Protection:

PAST DUE

Test Due No Later than:

05/16/2013Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2584

Backflow Prevention Assembly Test Report

FIRST CHRISTIAN CHURCH

Location: MECH. RM. (WATER SERVICE CONTAINMENT)

3000 DRESDEN RD.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

2333787

☐

ZANESVILLE, OH 43701

Account #: FIRST CHRISTIAN

Manufacturer:

WILKINS

☐

Site Use:

Model:

950

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

2.00

☐JANICE FOX (SECRETARY)
FIRST CHRISTIAN CHURCH
3000 DRESDEN RD.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

02/26/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3073

Backflow Prevention Assembly Test Report

FIRST CHURCH OF GOD

Location: WATER SERVICE CONTAINMENT - MECH ROOM

1930 NEWARK ROAD

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

02042

☐

Account #: FIRSTCHURCHOFGOD

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐JIM MOOREHEAD
FIRST CHURCH OF GOD
1930 NEWARK ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

02/21/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1230

Backflow Prevention Assembly Test Report

FIRST CHURCH OF THE NAZARENE
5700 MARTIN LANE

ZANESVILLE, OH 43701

Site Use:

Hazard: **CONTAINMENT COMM.LOW**

Mailing Address

PASTOR
FIRST CHURCH OF THE NAZARENE
5700 MARTIN LANE

ZANESVILLE, OH 43701

Location: **WATER SERVICE CONTAINMENT. - BASEMENT MECH ROOM.**

Meter#:

LID/Service:

Account #: **1STCHURCHNAZARENE**

Serial #:

16497

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

1.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

03/06/2023Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3135

Backflow Prevention Assembly Test Report

FIRST CHURCH OF THE NAZARIN

Location: WATER SERVICE CONTAINMENT.

1058 ORANGE STREET

Meter#:

Serial #: Check if Correct Corrections

COSHOCOTON, OH 43812

LID/Service:

1932750

☐

Account #: 1STCHRCHNAZARINECO

Manufacturer:

WILKINS

☐

Site Use: Church

Model:

950XL

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

1.00

☐

Orientation:

☐

Protection:

☐FIRST CHURCH OF THE NAZARINE
1058 ORANGE STREET

COSHOCOTON, OH 43812

Test Due No Later than:

08/22/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 986

Backflow Prevention Assembly Test Report

FIRST IMPRESSIONS

2219 MAPLE AVENUE

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

OWNER / MANAGER
FIRST IMPRESSIONS
2219 MAPLE AVENUE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT. - BASEMENT.

Meter#:

LID/Service:

Account #: FIRSTIMPRESSIONS

Serial #:

12361

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

06/12/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____



Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4050

Backflow Prevention Assembly Test Report

FIRST SETTLEMENT REHAB

3590 MAPLE AVE.

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

FIRST SETTLEMENT REHAB
3590 MAPLE AVE.

ZANESVILLE, OH 43701

Location: MECH ROOM.

Meter#:

LID/Service:

Account #: FIRST SETTLEMENT

Serial #:

A840458

Check if Correct

Corrections

Manufacturer:

WILKINS

Model:

350

Type:

DC

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

08/08/2021

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Submit completed
Test Report:

Fax:



Service Address

Hazard/CCID: 5004

Backflow Prevention Assembly Test Report

FIRST SETTLEMENT REHAB

Location: mech room

3590 MAPLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

A808296

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WILKINS

☐

Site Use:

Model:

350

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

0.75

☐

FIRST SETTLEMENT REHAB

3590 MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

08/08/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5041

Backflow Prevention Assembly Test Report

FIRST STEP

200 MAIN ST.

COSHOCTON, OH 43812

Site Use: Child/Day Care/Nursery

Hazard: CONTAINMENT COMM.LOW

Mailing Address

FIRST STEP

200 Main St.

P.O. BOX 335

COSHOCTON, OH 43812

Location: MECH. ROOM.

Meter#:

LID/Service:

Account #: FIRST STEP

Serial #:
41497Manufacturer:
WATTSModel:
719QTType:
DCSize:
0.75

Orientation:

Protection:

Check if Correct Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

09/17/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4085

Backflow Prevention Assembly Test Report

FIRST UNITED METHODIST CHUR

Location: SOUTHEAST CORNER.

857 PUTNAM AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

31192

☐

ZANESVILLE, OH 43701

Account #: UNITED METHODIST

Manufacturer:

WATTS

☐

Site Use: Church

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

FIRST UNITED METHODIST CHURCH

857 PUTNAM AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/02/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4569

Backflow Prevention Assembly Test Report

FIRST UNITED METHODIST CHUR

Location: BOILER ROOM. BOILER FEED

857 PUTNAM AVE.

Meter#:

Serial #:

Check if Correct

Corrections

31189

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Church

Model:

719

☐

Hazard: ISOLATION MED.

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐FIRST UNITED METHODIST CHURCH
857 PUTNAM AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/02/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1716

Backflow Prevention Assembly Test Report

5 BELOW

3575 MAPLE AVE #408

ZANESVILLE, OH 43701

Site Use: Retail

Hazard: CONTAINMENT COMM.LOW

Mailing Address

DUANE PAISLEY
FIVE BELOW
3575 MAPLE AVE #408

ZANESVILLE, OH 43701

Location: ABOVE REST ROOM.

Meter#:

LID/Service:

Account #: COSQMALL#408

Serial #:

39975

Manufacturer:

WATTS

Model:

719QT

Type:

DC

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

01/22/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 173

Backflow Prevention Assembly Test Report

FIVE POINT CHIROPRACTIC CEN

Location: WATER SERVICE CONTAINMENT.

1101 CHESTNUT STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

244949

☐

COSHOCTON, OH 43812

Account #: 5POINTCHIROPRACTIC

Manufacturer:

WILKINS

☐

Site Use: Chiropractic

Model:

950XL

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

1.00

☐

DR. CHAD GUESS

Orientation:

FIVE POINT CHIROPRACTIC CENTER

☐

1101 CHESTNUT STREET

Protection:

☐

COSHOCTON, OH 43812

Test Due No Later than:

04/14/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 174

Backflow Prevention Assembly Test Report

FIVE POINT CHIROPRACTIC CEN

Location: FIRE LINE.

1101 CHESTNUT STREET

Meter#:

Serial #:

Check if Correct

Corrections

57280

☐

COSHOCOTON, OH 43812

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Chiropractic

Model:

007

☐

Hazard: FIRE LINE CONNECTION-LOW

Type:

DCVA

☐

Mailing Address

Size:

2.00

☐

DR. CHAD GUESS

Orientation:

☐

FIVE POINT CHIROPRACTIC CENTER

1101 CHESTNUT STREET

Protection:

☐

COSHOCOTON, OH 43812

Test Due No Later than:

04/14/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 781

Backflow Prevention Assembly Test Report

SHOE SHOW-A3

2850 MAYSVILLE PIKE A-3

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

JENNY - PROPERTY MANAGER
FLETCHER BRIGHT REALTY CO.
537 MARKET STREET, SUITE 400

CHATTANOOGA, TN 37402-1287

Location: WATER SERVICE CONTAINMENT.*DOMESTIC MAIN WATER ABOVE REST ROOMS.

Meter#:

LID/Service:

Account #: MAYSVILLEMKT A-3

Serial #:

1486829

Check if Correct

Corrections

Manufacturer:

WILKINS

Model:

950XL

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

06/30/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Submit completed
Test Report:

Fax:



Service Address

Hazard/CCID: 783

Backflow Prevention Assembly Test Report

TREASURE CHEST INTERNET CA

Location: WATER SERVICE CONTAINMENT. - ABOVE RESTROOM.

2850 MAYSVILLE PIKE-B 8/9

Meter#:

Serial #:

Check if Correct

Corrections

1575790

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WILKINS

☐

Site Use:

Model:

950XL

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

Protection:

PAST DUE

☐

Test Due No Later than:

10/30/2020

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 786

Backflow Prevention Assembly Test Report

GAME STOP,B-4

Location: WATER SERVICE CONTAINMENT - *ABOVE REST ROOM, NEED 6FT.LADDER.

2850 MAYSVILLE PIKE B-4

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

1486613

Account #: MAYSVILLEMKT B-4

Manufacturer:

WILKINS

Site Use: Retail

Model:

950XL

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

06/30/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 777

Backflow Prevention Assembly Test Report

VACANT,A-6

2850 MAYSVILLE PIKE A-6

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

JENNY - PROPERTY MANAGER
FLETCHER BRIGHT REALTY
537 MARKET ST.,SUITE 400

CHATTANOOGA, TN 37402-1287

Location: WATER SERVICE CONTAINMENT * ABOVE MEN'S REST ROOM NEED 6FT LADDER.

Meter#:

LID/Service:

Account #: MAYSVILLEMKT A-6

Serial #:

1331869

Check if Correct

Corrections

Manufacturer:

WILKINS

Model:

950XL

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

06/30/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 782

Backflow Prevention Assembly Test Report

RADIO SHACK,B11

2850 MAYSVILLE PIKE B-11

ZANESVILLE, OH 43701

Site Use: Retail

Hazard: CONTAINMENT COMM.LOW

Mailing Address

JENNY,PROPERTY MANAGER
FLETCHER BRIGHT REALTY
537 MARKET ST.,SUITE 400

CHATTANOOGA, TN. 37402-1287

Location: WATER SERVICE CONTAINMENT .

Meter#:

LID/Service:

Account #: MAYSVILLEMKTB-11

Serial #:

1519412

Check if Correct

Corrections

Manufacturer:

WILKINS

Model:

950XL

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

06/30/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2951

Backflow Prevention Assembly Test Report

DOLLAR TREE B-3/B-6

Location: BACK OF STORE ABOVE WATER HEATER.

2850 MAYSVILLE PIKE B-3/B-6

Meter#:

Serial #:

Check if Correct

Corrections

12937

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Retail

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

JENNY, PROPERTY MANAGER

FLETCHER BRIGHT REALTY

537 MARKET ST., SUITE 400

Orientation:

☐

CHATTANOOGA, TN. 37402-1287

Protection:

☐

Test Due No Later than:

03/28/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 780

Backflow Prevention Assembly Test Report

SMOKER FRIENDLY,B-10

2850 MAYSVILLE PIKE B10

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

JENNY,PROPERTY MANAGER
FLETCHER BRIGHT REALTY
537 MARKET ST.

CHATTANOOGA, TN. 37402-1287

Location: WATER SERVICE CONTAINMENT. *ABOVE RESTROOM.

Meter#:

LID/Service:

Account #: MAYSVILLEMKTB-10

Serial #:

1575801

Check if Correct

Corrections

Manufacturer:

WILKINS

Model:

950XL

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

06/30/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4723

Backflow Prevention Assembly Test Report

MAIN FIRE, RISER ROOM

Location: **FIRE LINE BY-PASS**

2850 MAYSVILLE PIKE

Meter#:

Serial #: 3850689

Check if Correct ☐ Corrections

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WILKINS

☐

Site Use: Retail

Model:

975XL

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐

KAREN WARD

FLETCHER BRIGHT REALTY

537 MARKET STREET, SUITE 400

Orientation:

☐

CHATTANOOGA, TN 37402-1287

Protection:

☐

Test Due No Later than:

02/04/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3616

Backflow Prevention Assembly Test Report

FLORAFINO'S FLOWER MARKET

Location: BASEMENT.

1416 MAPLE AVE.

Meter#:

Serial #: 28828

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

Site Use: FLOWER SHOP

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

PAST DUE

GREGORY OROFINO

FLORAFINO'S FLOWER MARKET

1416 MAPLE AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

01/10/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2875

Backflow Prevention Assembly Test Report

FONDALES II TAVERN

203 WATER ST.

DUNCAN FALLS, OH 43734

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

FONDALES II TAVERN
203 WATER ST

DUNCAN FALLS, OH 43734

Location: BASEMENT,*WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: FONDALESII TAVERN

Serial #:

13055

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

01/23/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4499

Backflow Prevention Assembly Test Report

FOOTLIGHT PLAYERS

Location: MECH ROOM

P.O.BOX 3

Meter#:

Serial #: Check if Correct Corrections

COSHOCTON, OH 43812

LID/Service:

29812

Account #: FOOTLIGHTPAYERS

Manufacturer:

WATTS

Site Use: PLAY THEATER

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

FOOTLIGHT PLAYERS

P.O.BOX 3

COSHOCTON, OH 43812

Test Due No Later than:

08/23/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1406

Backflow Prevention Assembly Test Report

INK CONNNECTION

46 SOUTH 6TH STREET

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

BLAIR MAGAZINER
FOR: THE INK CONNNECTION
46 SOUTH 6TH STREET

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: INKCONNECTION

Serial #:

17189

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

09/15/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2576

Backflow Prevention Assembly Test Report

VAPOR JOE'S

2365 MAPLE AVE.

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

M & M PROPERTIES
FOR: VAPOR JOE'S
30 WEST OVERLOOK DRIVE

ZANESVILLE, OH 43701

Location: MECH. RM.

Meter#:

LID/Service:

Account #: VAPOR JOE'S

Serial #:

09392

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

06/29/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4625

Backflow Prevention Assembly Test Report

VERIZON WIRELESS CELLULAR
2359 MAPLE AVENUE

ZANESVILLE, OH 43701

Site Use: Business Office

Hazard: CONTAINMENT COMM.LOW

Mailing Address

M & M PROPERTIES
for: VERIZON WIRELESS CELLULAR CENT
30 WEST OVERLOOK DRIVE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT.*CLOSET,1ST.FLR.

Meter#:

LID/Service:

Account #: CELLULAR CENTRAL

Serial #:

31596

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

06/29/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5053

Backflow Prevention Assembly Test Report

FORCE ENVIROMENTAL SOLUTIK

Location: MECH ROOM.

255 ZANE GREY RD.

Meter#:

Serial #: 36869

Check if Correct

Corrections

ZANESVILLE, OH. 43701

LID/Service:

Manufacturer:

WATTS

Site Use:

Model:

719QT

Hazard: CONTAINMENT COMM. MED.

Type:

DC

Mailing Address

Size:

0.75

Orientation:

Protection:

BOB ORR

FORCE ENVIROMENTAL SOLUTIONS LLC

P.O. BOX 2683

ZANESVILLE, OH 43702

Test Due No Later than:

01/04/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5154

Backflow Prevention Assembly Test Report

FORCE ENVIROMENTAL SOLUTIK

Location: mech room-boiler feed

255 ZANE GREY RD.

Meter#:

Serial #:

Check if Correct

Corrections

59878

☐

ZANESVILLE, OH. 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

919QT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

Protection:

☐

BOB ORR

FORCE ENVIROMENTAL SOLUTIONS LLC

P.O. BOX 2683

ZANESVILLE, OH 43702

Test Due No Later than:

01/04/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Date _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3618

Backflow Prevention Assembly Test Report

FORD'S FLOWERS

Location: BATHROOM

1345 MAPLE AVE.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

28505

Account #: FORD'S FLOWERS

Manufacturer:

WATTS

Site Use: FLOWER SHOP

Model:

719QT

Hazard: CONTAINMENT COMM.LOW

Type:

DC

Mailing Address

Size:

0.75

RICK NESSELROAD
FORD'S FLOWERS
1345 MAPLE AVE.

Orientation:

ZANESVILLE, OH 43701

Protection:

Test Due No Later than:

01/24/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 382

Backflow Prevention Assembly Test Report

JOHN SUTTON-CLOSED

Location: **450 NORTH 3RD ST. BUILDING, FOREST RESOURCES.

450 NORTH THIRD STREET

Meter#:

Serial #: Check if Correct Corrections

79155

☐

COSHOCTON, OH 43812

LID/Service:

Manufacturer:

WATTS

☐

Site Use: PAPER MILL

Model:

009

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

JOHN SUTTON

FOREST RESOURCES BUILDING

450 NORTH THIRD STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

PAST DUE

☐

Test Due No Later than:

02/01/2018

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1494

Backflow Prevention Assembly Test Report

FOREVERDADS-JAMES MADISON

Location: WATER SERVICE CONTAINMENT. * BASEMENT.

109 MADISON STREET

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

43364

☐

ZANESVILLE, OH 43701

Account #: FOREVERDADS

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCDA

☐

Mailing Address

Size:

2.00

☐

BURL LEMON

FOREVERDADS

109 MADISON ST.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

01/16/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1903

Backflow Prevention Assembly Test Report

FORGET ME NOT SHOP

Location: WATER SERVICE CONTAINMENT.*BASEMENT.

530 MAIN STREET

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

37828

☐

ZANESVILLE, OH 43701

Account #: FORGET ME NOT SHOP

Manufacturer:

WATTS

☐

Site Use: Retail

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

LISA DENNIS

FORGET ME NOT SHOP

530 MAIN STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

02/14/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4093

Backflow Prevention Assembly Test Report

FORKER COMPANY

964 GROVE RD.

ZANESVILLE, OH 43701

Site Use: Business Office

Hazard: FIRE LINE CONNECTION-LOW

Mailing Address

FRANK DOSCH
FORKER COMPANY
964 GROVE RD.

ZANESVILLE, OH 43701

Location: IN MECH.ROOM.

Meter#:

LID/Service:

Account #: FORKER CO.

Serial #:

20104

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

12/18/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4520

Backflow Prevention Assembly Test Report

FORKER COMPANY

Location: IN MECH.ROOM.

964 GROVE RD.

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

29819

☐

Account #: FORKER CO.

Manufacturer:

WATTS

☐

Site Use: Business Office

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

Protection:

☐

FRANK DOSCH

FORKER COMPANY

964 GROVE RD.

ZANESVILLE, OH 43701

Test Due No Later than:

12/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 468

Backflow Prevention Assembly Test Report

VACANT

531 MAIN STREET

COSHOCTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

LINDA REISS
FORMER NAIL CITY
39120 C.R. 19

KILLBUCK, OH 44637

Location: WATER SERVICE CONTAINMENT. - RESTROOM.

Meter#:

LID/Service:

Account #: NAILCITYCOSH

Serial #:

46983

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

07/28/2011

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3151

Backflow Prevention Assembly Test Report

NAIL CITY

529 MAIN STREET

COSHOCOTON, OH 43812

Site Use: NAIL SALON

Hazard: CONTAINMENT COMM.LOW

Mailing Address

LINDA REISS
FORMER NAIL CITY
39120 C.R. 19

KILLBUCK, OH 44637

Location: WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: NAILCITYCOSHOCOTON

Serial #:

158001

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

07/28/2011

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

	Yes	No
Proper Installation	<input type="checkbox"/>	<input type="checkbox"/>
RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>
#2 Shutoff Closed	<input type="checkbox"/>	<input type="checkbox"/>
Service Restored	<input type="checkbox"/>	<input type="checkbox"/>

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3661

Backflow Prevention Assembly Test Report

FOUR SEASONS GRAPHICS

1370 GREENWOOD AVE.

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

FOUR SEASONS GRAPHICS
1370 GREENWOOD AVE.

ZANESVILLE, OH 43701

Location: BASEMENT.

Meter#:

LID/Service:

Account #: 4 SEASONGRAPHICS

Serial #:

27835

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

LF719QT

Type:

DC

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

03/31/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3350

Backflow Prevention Assembly Test Report

FOUR STAR PIZZA

Location: MECH.ROOM.

1536 MAYSVILLE PIKE

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

29495

☐

ZANESVILLE, OH 43701

Account #: FOUR STAR PIZZA

Manufacturer:

WATTS

☐

Site Use: PIZZA SHOP

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

FOUR STAR PIZZA

1536 MAYSVILLE PIKE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 477

Backflow Prevention Assembly Test Report

TROY YOUNG MANAGEMENT

Location: WATER SERVICE CONTAINMENT. - MECH ROOM.

3525 MAYSVILLE PIKE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

03354

Account #: T.YOUNG MANAGEMENT

Manufacturer:

WATTS

Site Use: Beauty Salon/Barber

Model:

007

Hazard: CONTAINMENT COMM.LOW

Mailing Address

Type:

DCVA

TROY YOUNG

FOUR YOUNGS MANAGEMENT LLC

1361 COOPERMILL ROAD

Size:

0.75

Orientation:

ZANESVILLE, OH 43701

Protection:

Test Due No Later than:

05/17/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4094

Backflow Prevention Assembly Test Report

FOX LAW OFFICE

Location: BASEMENT.

233 MAIN ST.

Meter#:

Serial #: 3184

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: FOX LAW OFFICE

Manufacturer:

WATTS

Site Use: Office

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

08/01/2014

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1482

Backflow Prevention Assembly Test Report

FOXFIRE COMMUNITY SCHOOL

Location: MECH ROOM.

2805 PINKERTON ROAD

Meter#:

Serial #: 39661

Check if Correct

Corrections

ZANESVILLE, OH 43702

LID/Service:

Manufacturer:

WATTS

Site Use:

Hazard: ISOLATION MED.

Model:

009

Mailing Address

Type:

RPPA

Size:

0.75

Orientation:

Protection:

FOXFIRE COMMUNITY SCHOOL
2805 PINKERTON ROAD

ZANESVILLE, OH 43701-7086

Test Due No Later than:

07/15/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1483

Backflow Prevention Assembly Test Report

FOX FIRE COMMUNITY SCHOOL

Location: MECH. ROOM.

2805 PINKERTON ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

37096

☐

ZANESVILLE, OH 43702

Account #: FOX FIRE SCHOOL

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

FOX FIRE COMMUNITY SCHOOL

2805 PINKERTON ROAD

Orientation:

☐

ZANESVILLE, OH 43701-7086

Protection:

☐

Test Due No Later than:

07/15/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4096

Backflow Prevention Assembly Test Report

FRANK COOK SENIOR HOUSING
450 BAKER ST.

ZANESVILLE, OH 43701

Site Use: Apartments

Hazard: FIRE LINE CONNECTION-MEDIUM

Mailing Address

JANICE ANDERSON, AGENT
 FRANK COOK SENIOR HOUSING
 450 BAKER ST.

ZANESVILLE, OH 43701

Location: STREET LEVEL WEST SIDE OF BLDG. IN WATER METER ROOM.

Meter#:

LID/Service:

Account #: FRANKCOOKSENIOR

Serial #:

1038700407

Check if Correct

Corrections

Manufacturer:

AMES

Model:

5000

Type:

RPDA

Size:

6.00

Orientation:

Protection:

PAST DUE

Test Due No Later than:

12/19/2020

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4109

Backflow Prevention Assembly Test Report

FRANK COOK SENIOR HOUSING

Location: STREET LEVEL WEST SIDE OF BLDG. IN WATER METER ROOM.

450 BAKER ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

08958

☐

ZANESVILLE, OH 43701

Account #: FRANKCOOKSENIOR

Manufacturer:

AMES

☐

Site Use: Apartments

Model:

4000B

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐

JANICE ANDERSON, AGENT

FRANK COOK SENIOR HOUSING

450 BAKER ST.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

12/19/2020

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4110

Backflow Prevention Assembly Test Report

FRANK COOK SENIOR HOUSING

Location: STREET LEVEL WEST SIDE OF BLDG. IN WATER METER ROOM.

450 BAKER ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

155283

☐

ZANESVILLE, OH 43701

Account #: FRANKCOOKSENIOR

Manufacturer:

AMES

☐

Site Use: Apartments

Model:

2000SS

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

3.00

☐

JANICE ANDERSON, AGENT

FRANK COOK SENIOR HOUSING

450 BAKER ST.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

12/19/2020

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1433

Backflow Prevention Assembly Test Report

FRANKLIN LOCAL SCHOOLS

Location: LAWN SPRINKLER, SOCCER FIELD - BEHIND WELL PUMP HOUSE.

397 OAK STREET

Meter#:

Serial #: Check if Correct Corrections

DUNCAN FALLS, OH 43734

LID/Service:

016913

Account #: FRANKLINLOCAL

Manufacturer:

WATTS

Site Use: School

Model:

800

Hazard: IRRIGATION MED-ISOLATION

Type:

PVB

Mailing Address

Size:

2.00

Orientation:

Protection:

BOB WALDEN

FRANKLIN LOCAL SCHOOLS

P.O. BOX 428

DUNCAN FALLS, OH 43734

Test Due No Later than:

07/31/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1436

Backflow Prevention Assembly Test Report

FRANKLIN LOCAL SCHOOLS

Location: FIRE LINE.

397 OAK STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

30N0294

☐

DUNCAN FALLS, OH 43734

Account #: FRANKLINLOCAL

Manufacturer:

AMES

☐

Site Use: School

Model:

3000 SILVER

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

DCDA

☐

Mailing Address

Size:

6.00

☐

BOB WALDEN

FRANKLIN LOCAL SCHOOLS

P.O. BOX 428

Orientation:

☐

DUNCAN FALLS, OH 43734

Protection:

☐

Test Due No Later than:

07/31/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1437

Backflow Prevention Assembly Test Report

FRANKLIN LOCAL SCHOOLS

Location: FIRE LINE BYPASS.

397 OAK STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

35448

☐

DUNCAN FALLS, OH 43734

Account #: FRANKLINLOCAL

Manufacturer:

WATTS

☐

Site Use: School

Model:

007

☐

Hazard: FIRE LINE BYPASS-LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

BOB WALDEN

FRANKLIN LOCAL SCHOOLS

P.O. BOX 428

Orientation:

☐

DUNCAN FALLS, OH 43734

Protection:

☐

Test Due No Later than:

07/31/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1438

Backflow Prevention Assembly Test Report

FRANKLIN LOCAL SCHOOLS

Location: WATER SERVICE CONTAINMENT.

397 OAK STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

129545

☐

DUNCAN FALLS, OH 43734

Account #: FRANKLINLOCAL

Manufacturer:

WATTS

☐

Site Use: School

Model:

709

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

3.00

☐

BOB WALDEN

FRANKLIN LOCAL SCHOOLS

P.O. BOX 428

Orientation:

☐

DUNCAN FALLS, OH 43734

Protection:

☐

Test Due No Later than:

07/31/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1439

Backflow Prevention Assembly Test Report

FRANKLIN LOCAL SCHOOLS

Location: WATER SERVICE CONTAINMENT.

360 CEDAR STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

03448

☐

DUNCAN FALLS, OH 43734

Account #: FRANKLINLOCAL

Manufacturer:

WATTS

☐

Site Use: School

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

BOB WALDEN

FRANKLIN LOCAL SCHOOLS

P.O. BOX 428

Orientation:

☐

DUNCAN FALLS, OH 43734

Protection:

☐

Test Due No Later than:

07/31/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1440

Backflow Prevention Assembly Test Report

FRANKLIN LOCAL SCHOOLS

Location: BOILER FEED.

35 ELM STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

440594

☐

ROSEVILLE, OH 43777

Account #: FRANKLINLOCAL

Manufacturer:

WATTS

☐

Site Use: School

Model:

909

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

BOB WALDEN

FRANKLIN LOCAL SCHOOLS

P.O. BOX 428

Orientation:

☐

DUNCAN FALLS, OH 43734

Protection:

☐

Test Due No Later than:

07/31/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1441

Backflow Prevention Assembly Test Report

FRANKLIN LOCAL SCHOOLS

Location: WATER SERVICE CONTAINMENT.

35 ELM STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

324611

☐

ROSEVILLE, OH 43777

Account #: FRANKLINLOCAL

Manufacturer:

WATTS

☐

Site Use: School

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

BOB WALDEN

FRANKLIN LOCAL SCHOOLS

P.O. BOX 428

Orientation:

☐

DUNCAN FALLS, OH 43734

Protection:

☐

Test Due No Later than:

07/31/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1446

Backflow Prevention Assembly Test Report

FRANKLIN LOCAL SCHOOLS

Location: FIRE LINE BYPASS - MECH ROOM BACK OF BLDG.

225 MARKET STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

26525

☐

PHILO, OH 43771

Account #: FRANKLINLOCAL

Manufacturer:

WATTS

☐

Site Use: School

Model:

007

☐

Hazard: FIRE LINE BYPASS-LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

BOB WALDEN

FRANKLIN LOCAL SCHOOLS

P.O. BOX 428

Orientation:

☐

DUNCAN FALLS, OH 43734

Protection:

☐

Test Due No Later than:

07/31/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1451

Backflow Prevention Assembly Test Report

FRANKLIN LOCAL SCHOOLS

Location: WATER SERVICE CONTAINMENT - OLD BLDG. MECH ROOM

225 MARKET STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

60852

☐

PHILO, OH 43771

Account #: FRANKLINLOCAL

Manufacturer:

WATTS

☐

Site Use: School

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCDA

☐

Mailing Address

Size:

2.00

☐

BOB WALDEN

FRANKLIN LOCAL SCHOOLS

P.O. BOX 428

Orientation:

☐

DUNCAN FALLS, OH 43734

Protection:

☐

Test Due No Later than:

07/31/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2447

Backflow Prevention Assembly Test Report

FRANKLIN LOCAL SCHOOLS

Location: MECH RM. BOILER FEED.

225 MARKET STREET

Meter#:

Serial #:

Check if Correct

Corrections

287406

☐

PHILO, OH 43771

LID/Service:

Manufacturer:

WATTS

☐

Site Use: School

Model:

009

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

BOB WALDEN

FRANKLIN LOCAL SCHOOLS

P.O. BOX 428

Orientation:

☐

DUNCAN FALLS, OH 43734

Protection:

☐

Test Due No Later than:

07/31/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2448

Backflow Prevention Assembly Test Report

FRANKLIN LOCAL SCHOOLS

Location: IN DISHROOM, HOSE REEL.

225 MARKET STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

37020

☐

PHILO, OH 43771

Account #: FRANKLINLOCAL

Manufacturer:

WATTS

☐

Site Use: School

Model:

008

☐

Hazard: ISOLATION LOW

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

BOB WALDEN

FRANKLIN LOCAL SCHOOLS

P.O. BOX 428

Orientation:

☐

DUNCAN FALLS, OH 43734

Protection:

☐

Test Due No Later than:

07/31/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2449

Backflow Prevention Assembly Test Report

FRANKLIN LOCAL SCHOOLS

Location: BOILER RM.,BOILER FEED.

397 OAK STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

304091

☐

DUNCAN FALLS, OH 43734

Account #: FRANKLINLOCAL

Manufacturer:

WATTS

☐

Site Use: School

Model:

009

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

BOB WALDEN

FRANKLIN LOCAL SCHOOLS

P.O. BOX 428

Orientation:

☐

DUNCAN FALLS, OH 43734

Protection:

☐

Test Due No Later than:

07/31/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2450

Backflow Prevention Assembly Test Report

FRANKLIN LOCAL SCHOOLS

Location: DISH RM., HOSE REEL.

397 OAK STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

37410

☐

DUNCAN FALLS, OH 43734

Account #: FRANKLINLOCAL

Manufacturer:

WATTS

☐

Site Use: School

Model:

008

☐

Hazard: ISOLATION LOW

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

BOB WALDEN

FRANKLIN LOCAL SCHOOLS

P.O. BOX 428

Orientation:

☐

DUNCAN FALLS, OH 43734

Protection:

☐

Test Due No Later than:

07/31/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2451

Backflow Prevention Assembly Test Report

FRANKLIN LOCAL SCHOOLS

Location: JANITOR'S MOP RM. YARD HYDRANT IN SEWER PLANT.

397 OAK STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

297630

☐

DUNCAN FALLS, OH 43734

Account #: FRANKLINLOCAL

Manufacturer:

WATTS

☐

Site Use: School

Model:

009

☐

Hazard: ISOLATION HIGH HEALTH HAZ

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

BOB WALDEN

FRANKLIN LOCAL SCHOOLS

P.O. BOX 428

Orientation:

☐

DUNCAN FALLS, OH 43734

Protection:

☐

Test Due No Later than:

07/31/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2462

Backflow Prevention Assembly Test Report

FRANKLIN LOCAL SCHOOLS

Location: MECH. RM. , FIRE LINE. (ELEMENTARY SCHOOL.)

397 OAK STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

03402500

☐

DUNCAN FALLS, OH 43734

Account #: FRANKLINLOCAL

Manufacturer:

AMES

☐

Site Use: School

Model:

5000

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

4.00

☐

BOB WALDEN

FRANKLIN LOCAL SCHOOLS

P.O. BOX 428

Orientation:

☐

DUNCAN FALLS, OH 43734

Protection:

☐

Test Due No Later than:

07/31/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2463

Backflow Prevention Assembly Test Report

FRANKLIN LOCAL SCHOOLS

Location: MECH. RM. FIRE LINE BYPASS.(ELEMENTARY SCHOOL.)

397 OAK STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

07635

☐

DUNCAN FALLS, OH 43734

Account #: FRANKLINLOCAL

Manufacturer:

AMES

☐

Site Use: School

Model:

4000B

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐

BOB WALDEN

FRANKLIN LOCAL SCHOOLS

P.O. BOX 428

Orientation:

☐

DUNCAN FALLS, OH 43734

Protection:

☐

Test Due No Later than:

07/31/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2464

Backflow Prevention Assembly Test Report

FRANKLIN LOCAL SCHOOLS

Location: BASEMENT, FIRE LINE, (ROSEVILLE MIDDLE SCHOOL)

76 WEST ATHENS ROAD

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

077140506

☐

ROSEVILLE, OH 43777

Account #: FRANKLINLOCAL

Manufacturer:

AMES

☐

Site Use: School

Model:

5000

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

4.00

☐

Orientation:

☐

Protection:

☐

BOB WALDEN

FRANKLIN LOCAL SCHOOLS

P.O. BOX 428

DUNCAN FALLS, OH 43734

Test Due No Later than:

07/31/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

	Yes	No
Proper Installation	<input type="checkbox"/>	<input type="checkbox"/>
RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>
#2 Shutoff Closed	<input type="checkbox"/>	<input type="checkbox"/>
Service Restored	<input type="checkbox"/>	<input type="checkbox"/>

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2465

Backflow Prevention Assembly Test Report

FRANKLIN LOCAL SCHOOLS

Location: BASEMENT, FIRELINE BYPASS. (MIDDLE SCHOOL.)

76 WEST ATHENS ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

08237

☐

ROSEVILLE, OH 43777

Account #: FRANKLINLOCAL

Manufacturer:

AMES

☐

Site Use: School

Model:

4000B

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐

BOB WALDEN

FRANKLIN LOCAL SCHOOLS

P.O. BOX 428

Orientation:

☐

DUNCAN FALLS, OH 43734

Protection:

☐

Test Due No Later than:

07/31/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2467

Backflow Prevention Assembly Test Report

FRANKLIN LOCAL SCHOOLS

Location: BASEMENT, CONTAINMENT.

76 WEST ATHENS ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

213407

☐

ROSEVILLE, OH 43777

Account #: FRANKLINLOCAL

Manufacturer:

WATTS

☐

Site Use: School

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

4.00

☐

BOB WALDEN

FRANKLIN LOCAL SCHOOLS

P.O. BOX 428

Orientation:

☐

DUNCAN FALLS, OH 43734

Protection:

☐

Test Due No Later than:

07/31/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2468

Backflow Prevention Assembly Test Report

FRANKLIN LOCAL SCHOOLS

Location: BASEMENT, BOILER RM. ISOLATION DEVICE.

76 WEST ATHENS ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

604649

☐

ROSEVILLE, OH 43777

Account #: FRANKLINLOCAL

Manufacturer:

WATTS

☐

Site Use: School

Model:

909

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

BOB WALDEN

FRANKLIN LOCAL SCHOOLS

P.O. BOX 428

Orientation:

☐

DUNCAN FALLS, OH 43734

Protection:

☐

Test Due No Later than:

07/31/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2469

Backflow Prevention Assembly Test Report

FRANKLIN LOCAL SCHOOLS

Location: BASEMENT, BOILER RM. ISOLATION DEVICE.

35 ELM STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

606347

☐

ROSEVILLE, OH 43777

Account #: FRANKLINLOCAL

Manufacturer:

WATTS

☐

Site Use: School

Model:

909

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

BOB WALDEN

FRANKLIN LOCAL SCHOOLS

P.O. BOX 428

Orientation:

☐

DUNCAN FALLS, OH 43734

Protection:

☐

Test Due No Later than:

07/31/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2470

Backflow Prevention Assembly Test Report

FRANKLIN LOCAL SCHOOLS

Location: MECH. RM. ISOLATION.

35 ELM STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

608135

☐

ROSEVILLE, OH 43777

Account #: FRANKLINLOCAL

Manufacturer:

WATTS

☐

Site Use: School

Model:

009

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

BOB WALDEN

FRANKLIN LOCAL SCHOOLS

P.O. BOX 428

Orientation:

☐

DUNCAN FALLS, OH 43734

Protection:

☐

Test Due No Later than:

07/31/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2555

Backflow Prevention Assembly Test Report

FRANKLIN LOCAL SCHOOL,HIGH
4005 ELECTRIC WAY

DUNCAN FALLS, OH 43734

Site Use: School

Hazard: ISOLATION MED.

Mailing Address

BOB WALDEN
FRANKLIN LOCAL SCHOOLS
P.O. BOX 428

DUNCAN FALLS, OH 43734

Location: MECH. RM. - 5.5' ABOVE DOOR.(ON CHILLER MAKE UP WATER FEED.)

Meter#:

LID/Service:

Account #: FRANKLINLOCAL

Serial #:

2165631

Check if Correct

Corrections

Manufacturer:

WILKINS

Model:

975XL

Type:

RP

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

07/31/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

	Yes	No
Proper Installation	<input type="checkbox"/>	<input type="checkbox"/>
RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>
#2 Shutoff Closed	<input type="checkbox"/>	<input type="checkbox"/>
Service Restored	<input type="checkbox"/>	<input type="checkbox"/>

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2556

Backflow Prevention Assembly Test Report

FRANKLIN LOCAL SCHOOL,HIGH
4005 ELECTRIC WAY

DUNCAN FALLS, OH 43734

Site Use: School

Hazard: ISOLATION MED.

Mailing Address

BOB WALDEN
FRANKLIN LOCAL SCHOOLS
P.O. BOX 428

DUNCAN FALLS, OH 43734

Location: MECH.RM. 3.5' ABOVE FLOOR. (ON BOILER MAKE UP WATER FEED.)

Meter#:

LID/Service:

Account #: FRANKLINLOCAL

Serial #:

1940263

Check if Correct

Corrections

Manufacturer:

WILKINS

Model:

975XL

Type:

RP

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

07/31/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

	Yes	No
Proper Installation	<input type="checkbox"/>	<input type="checkbox"/>
RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>
#2 Shutoff Closed	<input type="checkbox"/>	<input type="checkbox"/>
Service Restored	<input type="checkbox"/>	<input type="checkbox"/>

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2557

Backflow Prevention Assembly Test Report

FRANKLIN LOCAL SCHOOL, HIGH

Location: MECH. RM. 5.5' ABOVE FLOOR, (WATER SERVICE CONTAINMENT.)

4005 ELECTRIC WAY

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

X01422

☐

DUNCAN FALLS, OH 43734

Account #: FRANKLINLOCAL

Manufacturer:

WILKINS

☐

Site Use: School

Model:

375

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPDA

☐

Mailing Address

Size:

4.00

☐

Orientation:

☐

Protection:

☐

BOB WALDEN

FRANKLIN LOCAL SCHOOLS

P.O. BOX 428

DUNCAN FALLS, OH 43734

Test Due No Later than:

07/31/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2558

Backflow Prevention Assembly Test Report

FRANKLIN LOCAL SCHOOL, HIGH

Location: MECH. RM. (FIRE LINE)

4005 ELECTRIC WAY

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

M04720

☐

DUNCAN FALLS, OH 43734

Account #: FRANKLINLOCAL

Manufacturer:

WILKINS

☐

Site Use: School

Model:

375DA

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

6.00

☐

BOB WALDEN

FRANKLIN LOCAL SCHOOLS

P.O. BOX 428

Orientation:

☐

DUNCAN FALLS, OH 43734

Protection:

☐

Test Due No Later than:

07/31/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2559

Backflow Prevention Assembly Test Report

FRANKLIN LOCAL SCHOOL,HIGH

Location: MECH. RM. FIRE LINE,BYPASS,

4005 ELECTRIC WAY

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

W250736

☐

DUNCAN FALLS, OH 43734

Account #: FRANKLINLOCAL

Manufacturer:

WILKINS

☐

Site Use: School

Model:

975XL

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐

BOB WALDEN

FRANKLIN LOCAL SCHOOLS

P.O. BOX 428

Orientation:

☐

DUNCAN FALLS, OH 43734

Protection:

☐

Test Due No Later than:

07/31/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2596

Backflow Prevention Assembly Test Report

FRANKLIN LOCAL SCHOOLS

Location: MECH. RM. MAIN FIRE LINE.

35 ELM STREET

Meter#:

Serial #: Check if Correct Corrections

ROSEVILLE, OH 43777

LID/Service:

116898-0606

Account #: FRANKLINLOCAL

Manufacturer:

AMES

Site Use: School

Model:

4000 SILVER

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPPA

Mailing Address

Size:

6.00

Orientation:

Protection:

BOB WALDEN

FRANKLIN LOCAL SCHOOLS

P.O. BOX 428

DUNCAN FALLS, OH 43734

Test Due No Later than:

07/31/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

	Yes	No
Proper Installation	<input type="checkbox"/>	<input type="checkbox"/>
RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>
#2 Shutoff Closed	<input type="checkbox"/>	<input type="checkbox"/>
Service Restored	<input type="checkbox"/>	<input type="checkbox"/>

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4866

Backflow Prevention Assembly Test Report

FRANKLIN LOCAL SCHOOLS

Location: FOOTBALL FIELD -LAWN SPRINKLER.

397 OAK STREET

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

028588

☐

DUNCAN FALLS, OH 43734

Account #: FRANKLINLOCAL

Manufacturer:

WATTS

☐

Site Use: School

Model:

800

☐

Hazard: IRRIGATION MED-ISOLATION

Type:

PVB

☐

Mailing Address

Size:

1.50

☐

BOB WALDEN

FRANKLIN LOCAL SCHOOLS

P.O. BOX 428

Orientation:

☐

DUNCAN FALLS, OH 43734

Protection:

☐

Test Due No Later than:

07/31/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5335

Backflow Prevention Assembly Test Report

FRANKLIN LOCAL SCHOOLS

Location: IN WATER HEATER ROOM.

360 CEDAR STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

14294

☐

DUNCAN FALLS, OH 43734

Account #: FRANKLINLOCAL

Manufacturer:

WATTS

☐

Site Use: School

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

BOB WALDEN

FRANKLIN LOCAL SCHOOLS

P.O. BOX 428

Orientation:

☐

DUNCAN FALLS, OH 43734

Protection:

☐

Test Due No Later than:

07/31/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5336

Backflow Prevention Assembly Test Report

FRANKLIN LOCAL SCHOOLS

Location: MECH. ROOM.

360 CEDAR STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

11991

☐

DUNCAN FALLS, OH 43734

Account #: FRANKLINLOCAL

Manufacturer:

WATTS

☐

Site Use: School

Model:

719QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

1.00

☐

BOB WALDEN

FRANKLIN LOCAL SCHOOLS

P.O. BOX 428

Orientation:

☐

DUNCAN FALLS, OH 43734

Protection:

☐

Test Due No Later than:

07/31/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5337

Backflow Prevention Assembly Test Report

FRANKLIN LOCAL SCHOOLS

Location: MECH. ROOM.

360 CEDAR STREET

Meter#:

Serial #:

Check if Correct

Corrections

11295

☐

DUNCAN FALLS, OH 43734

LID/Service:

Manufacturer:

WATTS

☐

Site Use: School

Model:

LF719QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

2.00

☐

BOB WALDEN

FRANKLIN LOCAL SCHOOLS

P.O. BOX 428

Orientation:

☐

DUNCAN FALLS, OH 43734

Protection:

☐

Test Due No Later than:

07/31/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5338

Backflow Prevention Assembly Test Report

FRANKLIN LOCAL SCHOOLS

Location: CHILLER MAKEUP WATER.

397 OAK STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

60555

☐

DUNCAN FALLS, OH 43734

Account #: FRANKLINLOCAL

Manufacturer:

WATTS

☐

Site Use: School

Model:

919

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

BOB WALDEN

FRANKLIN LOCAL SCHOOLS

P.O. BOX 428

Orientation:

☐

DUNCAN FALLS, OH 43734

Protection:

☐

Test Due No Later than:

07/31/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5339

Backflow Prevention Assembly Test Report

FRANKLIN LOCAL SCHOOLS

Location: FIRE LINE BACK OF BUILDING.

225 MARKET STREET

Meter#:

Serial #: Check if Correct Corrections

PHILO, OH 43771

LID/Service:

1005810317

Account #: FRANKLINLOCAL

Manufacturer:

AMES

Site Use: School

Model:

3000SS

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

DCDA

Mailing Address

Size:

6.00

Orientation:

Protection:

BOB WALDEN

FRANKLIN LOCAL SCHOOLS

P.O. BOX 428

DUNCAN FALLS, OH 43734

Test Due No Later than:

07/31/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐ ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5340

Backflow Prevention Assembly Test Report

FRANKLIN LOCAL SCHOOLS

Location: BOILER FEED. MECH. ROOM BEHIND GYM AT TOP OF STAIRS.

225 MARKET STREET

Meter#:

Serial #:

Check if Correct

Corrections

55047

☐

LID/Service:

Manufacturer:

WATTS

☐

PHILO, OH 43771

Account #: FRANKLINLOCAL

Model:

LF919QT

☐

Site Use: School

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RP

☐

Mailing Address

Size:

1.00

☐

Orientation:

☐

Protection:

☐

BOB WALDEN

FRANKLIN LOCAL SCHOOLS

P.O. BOX 428

DUNCAN FALLS, OH 43734

Test Due No Later than:

07/31/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2346

Backflow Prevention Assembly Test Report

FRANKLIN PRINTING

984 BEVERLY AVENUE

ZANESVILLE, OH 43701

Site Use: Print Shop

Hazard: CONTAINMENT COMM.LOW

Mailing Address

ELDON JACKSON
FRANKLIN PRINTING
984 BEVERLY AVENUE

ZANESVILLE, OH 43701

Location: PRINTING ROOM BY HOT WATER TANK. MECH.ROOM

Meter#:

LID/Service:

Account #: FRANKLIN PRINTING

Serial #:

09643

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

919

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

03/16/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 343

Backflow Prevention Assembly Test Report

FRATERNAL ORDER OF EAGLES

Location: WATER SERVICE CONTAINMENT.

1275 EAST MARKET STREET

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

156952

☐

Account #: FOE#302

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

Orientation:

☐

Protection:

☐

BILL RUCKER JR.

FRATERNAL ORDER OF EAGLES #302

1275 EAST MARKET STREET

ZANESVILLE, OH 43701

Test Due No Later than:

06/23/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 344

Backflow Prevention Assembly Test Report

FRATERNAL ORDER OF EAGLES

Location: FIRE LINE.

1275 EAST MARKET STREET

Meter#:

Serial #:

Check if Correct

Corrections

81092

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: FIRE LINE CONNECTION-LOW

Type:

DCDA

☐

Mailing Address

Size:

2.00

☐

BILL RUCKER JR.

FRATERNAL ORDER OF EAGLES #302

1275 EAST MARKET STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

06/23/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

	Yes	No
Proper Installation	<input type="checkbox"/>	<input type="checkbox"/>
RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>
#2 Shutoff Closed	<input type="checkbox"/>	<input type="checkbox"/>
Service Restored	<input type="checkbox"/>	<input type="checkbox"/>

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2918

Backflow Prevention Assembly Test Report

**FRAZEYSBURG WASTEWATER P
CANAL STREET**

FRAZEYSBURG, OH 43822

Site Use: Wastewater Plant

Hazard: CONT.COMM.HIGH HEALTH HAZARD

Mailing Address

**CHAD POWELL
FRAZEYSBURG WASTEWATER PLANT
P.O. BOX 160**

FRAZEYSBURG, OH 43822

Location: WATER SERVICE CONTINMENT. - MECH ROOM

Meter#:

LID/Service:

Account #: FRAZEYSBURG WW.

Serial #:

12498

Manufacturer:

WATTS

Model:

919

Type:

RPPA

Size:

0.75

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

05/11/2021

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2048

Backflow Prevention Assembly Test Report

FRAZEYSBURG WATER TREATM

Location: * SILCOCK MECH. ROOM.

6605 BLUEBIRD LN.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

363107

☐

FRAZEYSBURG, OH 43822

Account #: FRAZEYSBURG WT

Manufacturer:

WATTS

☐

Site Use: Water Plant

Model:

007

☐

Hazard: ISOLATION MED.

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

CHAD POWELL

FRAZEYSBURG WATER TREATMENT PLANT

P.O. BOX 160

Orientation:

☐

FRAZEYSBURG, OH 43822

Protection:

PAST DUE

☐

Test Due No Later than:

05/11/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2049

Backflow Prevention Assembly Test Report

FRAZEYSBURG WATER TREATM

Location: WATER SERVICE CONTAINMENT.* DOMESTIC WATER MECH. ROOM.

6605 BLUEBIRD LN.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

362528

☐

FRAZEYSBURG, OH 43822

Account #: FRAZEYSBURG WT

Manufacturer:

WATTS

☐

Site Use: Water Plant

Model:

007

☐

Hazard: CONTAINMENT COMM. MED.

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

CHAD POWELL

FRAZEYSBURG WATER TREATMENT PLANT

P.O. BOX 160

Orientation:

☐

FRAZEYSBURG, OH 43822

Protection:

PAST DUE

☐

Test Due No Later than:

05/11/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2050

Backflow Prevention Assembly Test Report

FRAZEYSBURG WATER TREATM

Location: * PROCESS WATER MECH. ROOM.

6605 BLUEBIRD LN.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

208261

☐

FRAZEYSBURG, OH 43822

Account #: FRAZEYSBURG WT

Manufacturer:

WATTS

☐

Site Use: Water Plant

Model:

909

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

4.00

☐

CHAD POWELL

FRAZEYSBURG WATER TREATMENT PLANT

P.O. BOX 160

Orientation:

☐

FRAZEYSBURG, OH 43822

Protection:

PAST DUE

☐

Test Due No Later than:

05/11/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2051

Backflow Prevention Assembly Test Report

FRAZEYSBURG WATER TREATM

Location: * TANK FILL MECH. ROOM.

6605 BLUEBIRD LN.

Meter#:

Serial #:

Check if Correct

Corrections

138197

☐

LID/Service:

Manufacturer:

WATTS

☐

FRAZEYSBURG, OH 43822

Account #: FRAZEYSBURG WT

Model:

007

☐

Site Use: Water Plant

Hazard: ISOLATION MED.

Type:

DCDA

☐

Mailing Address

Size:

2.00

☐

CHAD POWELL

FRAZEYSBURG WATER TREATMENT PLANT

P.O. BOX 160

Orientation:

☐

FRAZEYSBURG, OH 43822

Protection:

PAST DUE

☐

Test Due No Later than:

05/11/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1759

Backflow Prevention Assembly Test Report

KEN FREE - RESIDENCE

Location: ***LAWN SPRINKLER.

1510 SHARONWOOD DRIVE

Meter#:

Serial #: 457038

Check if Correct ☐ Corrections

COSHOCTON, OH 43812

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: IRRIGATION MED-ISOLATION

Mailing Address

Type:

RPPA

☐

KEN FREE

Size:

0.75

☐

FREE FUNERAL HOME

Orientation:

☐

788 SOUTH 2ND STREET

Protection:

PAST DUE

☐

COSHOCTON, OH 43812

Test Due No Later than:

06/05/2015

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2255

Backflow Prevention Assembly Test Report

FREE FUNERAL HOME

788 SOUTH 2ND STREET

COSHOCOTON, OH 43812

Site Use:

Hazard: IRRIGATION MED-ISOLATION

Mailing Address

KEN FREE

FREE FUNERAL HOME

788 SOUTH 2ND STREET

COSHOCOTON, OH 43812

Location: ***LAWN SPRINKLER.

Meter#:

LID/Service:

Account #: FREEFUNERALHOME

Serial #:

202236

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

909

Type:

RPPA

Size:

1.00

Orientation:

Protection:

PAST DUE

Test Due No Later than:

06/05/2015

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

	Yes	No
Proper Installation	<input type="checkbox"/>	<input type="checkbox"/>
RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>
#2 Shutoff Closed	<input type="checkbox"/>	<input type="checkbox"/>
Service Restored	<input type="checkbox"/>	<input type="checkbox"/>

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2473

Backflow Prevention Assembly Test Report

FREE FUNERAL HOME

788 SOUTH 2ND STREET

COSHOCTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM. HIGH

Mailing Address

KEN FREE

FREE FUNERAL HOME

788 SOUTH 2ND STREET

COSHOCTON, OH 43812

Location: MECH. RM. (WATER SERVICE CONTAINMENT.)

Meter#:

LID/Service:

Account #: FREEFUNERALHOME

Serial #:

473069

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

909

Type:

RPPA

Size:

1.00

Orientation:

Protection:

PAST DUE

Test Due No Later than:

06/05/2015

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

	Yes	No
Proper Installation	<input type="checkbox"/>	<input type="checkbox"/>
RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>
#2 Shutoff Closed	<input type="checkbox"/>	<input type="checkbox"/>
Service Restored	<input type="checkbox"/>	<input type="checkbox"/>

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 762

Backflow Prevention Assembly Test Report

FREW BUILDING

504 MAIN STREET

COSHOCTON, OH 43812

Site Use:

Hazard: ISOLATION MED.

Mailing Address

ERIC GRIFFITH, OWNER
FREW BUILDING
504 MAIN STREET

COSHOCTON, OH 43812

Location: *BOILER ROOM * BOILER FEED *BASEMENT

Meter#:

LID/Service:

Account #: FREWBUILDING

Serial #:

68652

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

09/07/2014

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2361

Backflow Prevention Assembly Test Report

FRIENDLY HILLS CAMP

Location: WATER SERVICE CONTAINMENT.

5880 FRIENDLY HILLS RD.

Meter#:

Serial #: 02176

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: FRIENDLYHILLSCAMP

Manufacturer:

WATTS

Site Use:

Hazard: CONTAINMENT COMM.LOW

Model:

719

Mailing Address

Type:

DCVA

GLEN FULLMER, PRESIDENT
FRIENDLY HILLS CAMP
5880 FRIENDLY HILLS RD

Size:

1.00

Orientation:

ZANESVILLE, OH 43701

Protection:

Test Due No Later than:

03/12/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3213

Backflow Prevention Assembly Test Report

FRIENDSHIP BAPTIST CHURCH

Location: MECH. RM.

1390 FRIENDSHIP DR.

Meter#:

Serial #: Check if Correct Corrections

NEW CONCORD, OH 43762

LID/Service:

371664

Account #: FRIENDSHIPBAPTIST

Manufacturer:

WATTS

Site Use:

Model:

Hazard: CONTAINMENT COMM.LOW

007M1QT

Mailing Address

Type:

DC

DAVE DAVIDSON OR PATTI PAISLEY
FRIENDSHIP BAPTIST CHURCH
1390 FRIENDSHIP DR.

Size:

1.00

Orientation:

NEW CONCORD, OH 43762

Protection:

Test Due No Later than:

04/23/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4750

Backflow Prevention Assembly Test Report

FRINGE HAIR SALON

Location: IN BASEMENT DOOLEYS.

235 MARKET STREET

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

34676

Account #: FRINGE

Manufacturer:

WATTS

Site Use: Beauty Salon/Barber

Model:

LF719QT

Hazard: CONTAINMENT COMM.LOW

Mailing Address

Type:

DC

LYNN BISHOP

Size:

0.75

FRINGE HAIR SALON

Orientation:

235 MARKET STREET

ZANESVILLE, OH 43701

Protection:

Test Due No Later than:

04/30/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2795

Backflow Prevention Assembly Test Report

FRONTIER POWER COMPANY

770 SOUTH 2ND ST.

COSHOCTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

STEVE NELSON, GENERAL MANAGER
FRONTIER POWER COMPANY
770 SOUTH 2ND ST.

COSHOCTON, OH 43812

Location: MECH. ROOM, *WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: FRONTIERPOWERCO.

Serial #:

2304843

Check if Correct

Corrections

Manufacturer:

WILKINS

Model:

975XL

Type:

RP

Size:

2.00

Orientation:

Protection:

Test Due No Later than:

01/10/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4718

Backflow Prevention Assembly Test Report

COSHOCTON COFFEE CONNECT

Location: NEXT TO MOP ROOM.

750 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

012324

☐

COSHOCTON, OH 43812

LID/Service:

Account #: FRONTIER POWER

Manufacturer:

WATTS

☐

Site Use:

Hazard: CONTAINMENT COMM.LOW

Model:

LF007M3QT

☐

Mailing Address

Type:

DC

☐

KELLY KENDELL

FRONTIER POWER COMPANY

P.O. BOX 280

Size:

0.75

☐

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

01/10/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2314

Backflow Prevention Assembly Test Report

FRUEH ENTERPRISES INC.

Location: *BY SIDE ENTRANCE, WATER SERVICE CONTAINMENT.

357 N. FIFTH ST.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

06041

Account #: GEO.P.FRUEH CO.

Manufacturer:

WATTS

Site Use:

Model:

Hazard: CONTAINMENT COMM.LOW

719

Mailing Address

Type:

DCVA

Size:

1.50

Orientation:

Protection:

FRUEH ENTERPRISES INC.

P.O. BOX 2819

ZANESVILLE, OH 43702

Test Due No Later than:

03/26/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1277

Backflow Prevention Assembly Test Report

FRUEH ENTERPRISES INC.

4005 ALL AMERICAN WAY

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

JOHN COLLET
FRUEH ENTERPRISES
P.O. BOX 2790

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT.IN PIT

Meter#:

LID/Service:

Account #: FRUEH ENTERPRISES

Serial #:

0000344

Check if Correct

Corrections

Manufacturer:

AMES

Model:

2000B

Type:

DC

Size:

2.00

Orientation:

Protection:

Test Due No Later than:

09/27/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1278

Backflow Prevention Assembly Test Report

FRUEH ENTERPRISES INC.

Location: FIRE LINE - LOCATED IN PIT ON WEST SIDE OF BLDG.

4005 ALL AMERICAN WAY

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

3DN2270

☐

ZANESVILLE, OH 43701

Account #: FRUEH ENTERPRISES

Manufacturer:

AMES

☐

Site Use:

Model:

3000 SILVER

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

DCDA

☐

Mailing Address

Size:

10.00

☐

Orientation:

☐

Protection:

☐

JOHN COLLET

FRUEH ENTERPRISES

P.O. BOX 2790

ZANESVILLE, OH 43701

Test Due No Later than:

09/27/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1280

Backflow Prevention Assembly Test Report

FRUEH ENTERPRISES INC.

Location: LOCATED IN PIT ON WEST SIDE OF BLDG.

4005 ALL AMERICAN WAY

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

0004653

☐

ZANESVILLE, OH 43701

Account #: FRUEH ENTERPRISES

Manufacturer:

AMES

☐

Site Use:

Model:

2000B

☐

Hazard: ISOLATION LOW

Type:

DC

☐

Mailing Address

Size:

0.75

☐

JOHN COLLET

FRUEH ENTERPRISES

P.O. BOX 2790

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

09/27/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1586

Backflow Prevention Assembly Test Report

PORTS PETROLEUM - FUEL MAR

Location: WATER SERVICE CONTAINMENT. - MECH ROOM.

201 WEST MAIN STREET

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

456044

☐

NEW CONCORD, OH 43762

Account #: PORTSPETROLEUM

Manufacturer:

WATTS

☐

Site Use:

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐PORTS PETROLEUM
FUEL MART
P.O. BOX 1046

Orientation:

☐

WOOSTER, OH 44691-1046

Protection:

☐

Test Due No Later than:

10/30/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5269

Backflow Prevention Assembly Test Report

FYDA FREIGHT LINER

Location: BOILER ROOM

5005 EAST PIKE

Meter#:

Serial #: Check if Correct Corrections

61207

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

LF919QT

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

0.75

☐BOB HARRISON
FYDA FREIGHT LINER
5005 EAST PIKE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/22/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5270

Backflow Prevention Assembly Test Report

FYDA FREIGHT LINER

Location: MECH. ROOM.

5005 EAST PIKE

Meter#:

Serial #:

Check if Correct

Corrections

415208

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WILKINS

☐

Site Use:

Model:

975XL2

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐

BOB HARRISON

FYDA FREIGHT LINER

5005 EAST PIKE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/22/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5271

Backflow Prevention Assembly Test Report

FYDA FREIGHT LINER

Location: MAIN FIRE, MECH. ROOM.

5005 EAST PIKE

Meter#:

Serial #:

Check if Correct

Corrections

1067D

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WILKINS

☐

Site Use:

Model:

375ASTDA

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

6.00

☐

BOB HARRISON

FYDA FREIGHT LINER

5005 EAST PIKE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/22/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5272

Backflow Prevention Assembly Test Report

FYDA FREIGHT LINER

Location: MECH. ROOM.

5005 EAST PIKE

Meter#:

Serial #:

Check if Correct

Corrections

20065

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

LF919QT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

1.50

☐

BOB HARRISON

FYDA FREIGHT LINER

5005 EAST PIKE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/22/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 494

Backflow Prevention Assembly Test Report

GABRIEL BROS.

Location: *MECH ROOM IN BACK OF BUILDING.OUTSIDE RISER ROOM.

3030 MAPLE AVENUE

Meter#:

Serial #: Check if Correct Corrections

17286

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Retail

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.50

☐

MARK STOVICH/JOE SHAW
GABRIEL BROTHERS
55 SCOTT AVE.

Orientation:

☐

MORGANTOWN, WV 26508

Protection:

☐

Test Due No Later than:

03/01/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2055

Backflow Prevention Assembly Test Report

GABRIEL BROS.

Location: *IN GABRIEL BROTHERS MECH ROOM IN BACK OF BUILDING.

3030 MAPLE AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

83180

☐

ZANESVILLE, OH 43701

Account #: GABRIELS02

Manufacturer:

WATTS

☐

Site Use: Retail

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

MARK STOVICH/JOE SHAW

GABRIEL BROTHERS

55 SCOTT AVE.

Orientation:

☐

MORGANTOWN, WV 26508

Protection:

☐

Test Due No Later than:

03/01/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked

☐

Leaked

☐

Did not open

☐

Date _____

Closed Tight

☐

Closed Tight

☐

Did not open

☐

Opened Fully

☐

Time _____

Pass ☐ Fail ☐

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Leaked

☐

Held at _____ PSID

Repairs

Cleaned

☐

Rubber Kit

☐

Date _____

Rebuild

☐

Replaced

☐

Time _____

Other

☐

Final Test

Date _____

Closed Tight

☐

Closed Tight

☐

Opened Fully

☐

Time _____

Pass ☐ Fail ☐

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2901

Backflow Prevention Assembly Test Report

GABRIEL BROS.

Location: *FIRE LINE.OUTSIDE RISER ROOM.

3030 MAPLE AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

00873

☐

ZANESVILLE, OH 43701

Account #: GABRIELS01

Manufacturer:

AMES

☐

Site Use: Retail

Model:

5000

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

8.00

☐

Orientation:

☐

Protection:

☐

MARK STOVICH/JOE SHAW

GABRIEL BROTHERS

55 SCOTT AVE.

MORGANTOWN, WV 26508

Test Due No Later than:

03/01/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

	Yes	No
Proper Installation	<input type="checkbox"/>	<input type="checkbox"/>
RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>
#2 Shutoff Closed	<input type="checkbox"/>	<input type="checkbox"/>
Service Restored	<input type="checkbox"/>	<input type="checkbox"/>

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2904

Backflow Prevention Assembly Test Report

GABRIEL BROS.

Location: *FIRE LINE - BYPASS, OUTSIDE RISER ROOM.

3030 MAPLE AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

4150547

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WILKINS

☐

Site Use: Retail

Model:

950XL

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

DC

☐

Mailing Address

Size:

0.75

☐

MARK STOVICH/JOE SHAW

GABRIEL BROTHERS

55 SCOTT AVE.

Orientation:

☐

MORGANTOWN, WV 26508

Protection:

☐

Test Due No Later than:

03/01/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5128

Backflow Prevention Assembly Test Report

GARLAND HOTEL

Location: MECH. ROOM.

150 GARLAND WAY

Meter#:

Serial #: Check if Correct Corrections

NEW CONCORD, OH 43762

LID/Service:

40552

Account #: GARLAND HOTEL

Manufacturer:

APOLLO/CONBRAC

Site Use:

Model:

Hazard: FIRE LINE CONNECTION-MEDIUM

DCLF4A

Mailing Address

Type:

DC

Size:

4.00

Orientation:

Protection:

Test Due No Later than:

02/04/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5129

Backflow Prevention Assembly Test Report

GARLAND HOTEL

Location: MECH ROOM.

150 GARLAND WAY

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

34234

☐

NEW CONCORD, OH 43762

Account #: GARLAND HOTEL

Manufacturer:

WILKINS

☐

Site Use:

Model:

375

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

4.00

☐

GARLAND HOTEL

150 GARLAND WAY

Orientation:

☐

NEW CONCORD, OH 43762

Protection:

☐

Test Due No Later than:

02/04/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5130

Backflow Prevention Assembly Test Report

GARLAND HOTEL

150 GARLAND WAY

NEW CONCORD, OH 43762

Site Use:

Hazard: ISOLATION MED.

Mailing Address

GARLAND HOTEL
150 GARLAND WAY

NEW CONCORD, OH 43762

Location: POOL FEED.

Meter#:

LID/Service:

Account #: GARLAND HOTEL

Serial #:

59578

Manufacturer:

WATTS

Model:

919QT

Type:

RP

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

02/04/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4703

Backflow Prevention Assembly Test Report

GARY SCHAUMLEFFEL RENTAL

Location: BASEMENT.

1930 MAPLE AVE.

Meter#:

Serial #: 32117

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

Site Use:

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

GARY SCHAUMLEFFEL RENTAL
5345 GLENWOOD DR.

NASHPORT, OH 43830

Test Due No Later than:

01/14/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 824

Backflow Prevention Assembly Test Report

SHOE CARNIVAL

Location: *ABOVE MOP SINK.

3575 MAPLE AVE. SPACE #318

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

39656

☐

ZANESVILLE, OH 43701

Account #: COSQMALL#318

Manufacturer:

WATTS

☐

Site Use: Retail

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐DUANE PAISLEY, OPERATIONS MANAGER
GENERAL GROWTH PROPERTIES
3575 MAPLE AVE #318

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

07/13/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1641

Backflow Prevention Assembly Test Report

CLAIRE'S BOUTIQUE STORE #52

Location: WATER SERVICE CONTAINMENT

3575 MAPLE AVE #068

Meter#:

Serial #: 47846

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: COSQMALL#068

Manufacturer:

WATTS

Site Use: Beauty Salon/Barber

Model:

007

Hazard: CONTAINMENT COMM.LOW

Mailing Address

Type:

DCVA

STORE MANAGER

GENERAL GROWTH PROPERTIES

3575 MAPLE AVE #68

Size:

0.75

Orientation:

ZANESVILLE, OH 43701

Protection:

PAST DUE

Test Due No Later than:

05/14/2019

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2044

Backflow Prevention Assembly Test Report

VINTAGE RESCUE

3575 MAPLE AVE #74

ZANESVILLE, OH 43701

Site Use: Retail

Hazard: CONTAINMENT COMM.LOW

Mailing Address

MANAGER
GENERAL GROWTH PROPERTIES
3575 MAPLE AVE #74

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT - ABOVE MOP SINK IN BACK DOCK AREA.

Meter#:

LID/Service:

Account #: COSQMALL#074

Serial #:

54515

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

05/01/2014

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 333

Backflow Prevention Assembly Test Report

MASTER CUTS

3575 MAPLE AVE #100

ZANESVILLE, OH 43701

Site Use: Beauty Salon/Barber

Hazard: CONTAINMENT COMM. MED.

Mailing Address

DUANE PAISLEY
GENERAL GROWTH PROPERTIES
3575 MAPLE AVENUE, SPACE #100

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT

Meter#:

LID/Service:

Account #: COSQMALL#100

Serial #:

23849

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

01/27/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 89

Backflow Prevention Assembly Test Report

JO ANN FABRICS

3575 MAPLE AVE #300

ZANESVILLE, OH 43701

Site Use: Retail

Hazard: CONTAINMENT COMM.LOW

Mailing Address

DUANE PAISLEY MALL MANAGER
GENERAL GROWTH PROPERTIES
3575 MAPLE AVENUE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT. *ABOVE SINK IN BREAK ROOM.

Meter#:

LID/Service:

Account #: COSQMALL#300

Serial #:

143310

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

07/31/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 452

Backflow Prevention Assembly Test Report

CASA BELLA ORNAMENTAL IROI

Location: WATER SERVICE CONTAINMENT

3575 MAPLE AVE #148

Meter#:

Serial #:

Check if Correct

Corrections

117501

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Retail

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐DUANE PAISLEY MALL MANAGER
GENERAL GROWTH PROPERTIES
3575 MAPLE AVENUE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

04/06/2020

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 464

Backflow Prevention Assembly Test Report

SNACK SHOP

3575 MAPLE AVE #104

ZANESVILLE, OH 43701

Site Use: Bakery

Hazard: CONTAINMENT COMM.LOW

Mailing Address

DUANE PAISLEY MALL MANAGER
GENERAL GROWTH PROPERTIES
3575 MAPLE AVENUE
SPACE #104
ZANESVILLE, OH 43701

Location: ABOVE FREEZER NEED LADDER & LIGHT.

Meter#:

LID/Service:

Account #: COSQMALL#104

Serial #:

150688

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

08/09/2020

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

	Yes	No
Proper Installation	<input type="checkbox"/>	<input type="checkbox"/>
RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>
#2 Shutoff Closed	<input type="checkbox"/>	<input type="checkbox"/>
Service Restored	<input type="checkbox"/>	<input type="checkbox"/>

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 822

Backflow Prevention Assembly Test Report

CHINA MAX

3575 MAPLE AVE #132

ZANESVILLE, OH 43701

Site Use: Restaurant

Hazard: CONTAINMENT COMM.LOW

Mailing Address

DUANE PAISLEY MALL MANAGER
GENERAL GROWTH PROPERTIES
3575 MAPLE AVENUE

ZANESVILLE, OH 43701

Location: WATER SERVICE - ABOVE BATH ROOM - ABOVE CEILING

Meter#:

LID/Service:

Account #: COSQMALL#132

Serial #:

63733

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

03/28/2020

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

	Yes	No
Proper Installation	<input type="checkbox"/>	<input type="checkbox"/>
RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>
#2 Shutoff Closed	<input type="checkbox"/>	<input type="checkbox"/>
Service Restored	<input type="checkbox"/>	<input type="checkbox"/>

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 825

Backflow Prevention Assembly Test Report

SMASHING BARRELS RETROCAI

Location: *WATER SERVICE CONTAINMENT. IN CEILING NEED LADDER.

3575 MAPLE AVE #154

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

179476

☐

ZANESVILLE, OH 43701

Account #: COSQMALL#154

Manufacturer:

WATTS

☐

Site Use: Retail

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐DUANE PAISLEY MALL MANAGER
GENERAL GROWTH PROPERTIES
3575 MAPLE AVENUE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

12/13/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 828

Backflow Prevention Assembly Test Report

FLAIR DANCE BOUTIQUE

Location: *WATER SERVICE CONTAINMENT.

3575 MAPLE AVE #106

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

486922

☐

ZANESVILLE, OH 43701

Account #: COSQMALL#106

Manufacturer:

WILKINS

☐

Site Use: Retail

Model:

950XL

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐DUANE PAISLEY MALL MANAGER
GENERAL GROWTH PROPERTIES
3575 MAPLE AVENUE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

04/19/2014

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1124

Backflow Prevention Assembly Test Report

VICTORIA'S SECRET

3575 MAPLE AVE #422

ZANESVILLE, OH 43701

Site Use: Retail

Hazard: CONTAINMENT COMM.LOW

Mailing Address

DUANE PAISLEY MALL MANAGER
GENERAL GROWTH PROPERTIES
3575 MAPLE AVENUE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: COSQMALL#422

Serial #:

25519

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

11/14/2014

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1147

Backflow Prevention Assembly Test Report

ICINGS BY CLAIRE-CLOSED

Location: WATER SERVICE CONTAINMENT. - ABOVE STORAGE ROOM.CLOSED

3575 MAPLE AVE #108

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

04830 CLOSED

☐

ZANESVILLE, OH 43701

Account #: COSQMALL#108

Manufacturer:

WATTS

☐

Site Use: Retail

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐DUANE PAISLEY MALL MANAGER
GENERAL GROWTH PROPERTIES
3575 MAPLE AVENUE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

09/30/2015

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1578

Backflow Prevention Assembly Test Report

ARMED FORCES

3575 MAPLE AVE #141

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

DUANE PAISLEY MALL MANAGER
GENERAL GROWTH PROPERTIES
3575 MAPLE AVENUE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: COSQMALL#141

Serial #:

49948

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

04/28/2016

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1816

Backflow Prevention Assembly Test Report

DUNHAM'S SPORTS - MALL

Location: SOUTH SIDE OF BUILDING. MECH ROOM.

3575 MAPLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

372294

☐

ZANESVILLE, OH 43701

Account #: COSQMALL-DUNHAM'S

Manufacturer:

WATTS

☐

Site Use: Retail

Model:

909

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RPZA

☐

Mailing Address

Size:

2.00

☐DUANE PAISLEY MALL MANAGER
GENERAL GROWTH PROPERTIES
3575 MAPLE AVENUE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

07/24/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1837

Backflow Prevention Assembly Test Report

EN TEE'S-CLOSED

Location: WATER SERVICE CONTAINMENT. * ABOVE CEILING.CLOSED

3575 MAPLE AVE #124

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

158008 CLOSED

ZANESVILLE, OH 43701

Account #: COSQMALL#124

Manufacturer:

WATTS

Site Use: Retail

Model:

007

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

PAST DUE

DUANE PAISLEY MALL MANAGER
GENERAL GROWTH PROPERTIES
3575 MAPLE AVENUE

ZANESVILLE, OH 43701

Test Due No Later than:

04/28/2015

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1995

Backflow Prevention Assembly Test Report

PERRY'S GLO GOLF

3575 MAPLE AVE #612

ZANESVILLE, OH 43701

Site Use: Retail

Hazard: CONTAINMENT COMM.LOW

Mailing Address

DUANE PAISLEY MALL MANAGER
GENERAL GROWTH PROPERTIES
3575 MAPLE AVENUE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT - ABOVE RESTROOM

Meter#:

LID/Service:

Account #: COSQMALL#612

Serial #:

172723

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

04/06/2020

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1946

Backflow Prevention Assembly Test Report

GENESIS DR'S PARK #2

Location: * CRAWL SPACE FRONT OF BLDG.#2.

860 BETHESDA DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

254427

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Offices

Model:

909M1QT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

1.50

☐

MTCE. DIRECTOR

GENESIS - HEALTHCARE SYSTEM

2951 MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1014

Backflow Prevention Assembly Test Report

GENESIS- ZANESVILLE SURGERY

Location: FIRE LINE BYPASS. * MECH ROOM.

2907 BELL STREET

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

A196212

☐

Account #: GENESIS 02

Manufacturer:

FEBCO

☐

Site Use: SURGERY CENTER

Model:

825Y

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

Protection:

☐

MTCE. DIRECTOR

GENESIS - HEALTHCARE SYSTEMS

2951 MAPLE AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1015

Backflow Prevention Assembly Test Report

GENESIS- ZANESVILLE SURGERY

Location: FIRE LINE. * MECH ROOM.

2907 BELL STREET

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

9910151451

Account #: GENESIS 02

Manufacturer:

FEBCO

Site Use: SURGERY CENTER

Model:

880V

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RP

Mailing Address

Size:

4.00

Orientation:

Protection:

MTCE. DIRECTOR

GENESIS - HEALTHCARE SYSTEMS

2951 MAPLE AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

03/20/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1017

Backflow Prevention Assembly Test Report

GENESIS- ZANESVILLE SURGERY

Location: BOILER FEED.

2907 BELL STREET

Meter#:

Serial #:

Check if Correct

Corrections

121412

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: SURGERY CENTER

Model:

009

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

Orientation:

☐

Protection:

☐

MTCE. DIRECTOR

GENESIS - HEALTHCARE SYSTEMS

2951 MAPLE AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1018

Backflow Prevention Assembly Test Report

GENESIS- ZANESVILLE SURGERY

Location: SUB STERILE - OR2 & OR3

2907 BELL STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

180237

☐

ZANESVILLE, OH 43701

Account #: GENESIS 02

Manufacturer:

WATTS

☐

Site Use: SURGERY CENTER

Model:

009

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

MTCE. DIRECTOR

GENESIS - HEALTHCARE SYSTEMS

2951 MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1022

Backflow Prevention Assembly Test Report

GENESIS- ZANESVILLE SURGERY

Location: SONIC BTH - STERILE EQUIP.ROOM

2907 BELL STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

175424

☐

ZANESVILLE, OH 43701

Account #: GENESIS 02

Manufacturer:

WATTS

☐

Site Use: SURGERY CENTER

Model:

009

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

MTCE. DIRECTOR

GENESIS - HEALTHCARE SYSTEMS

2951 MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/20/2024

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1027

Backflow Prevention Assembly Test Report

GENESIS- ZANESVILLE SURGERY

Location: SONIC BATH - STERILE EQUIP. ROOM

2907 BELL STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

175423

☐

ZANESVILLE, OH 43701

Account #: GENESIS 02

Manufacturer:

WATTS

☐

Site Use: SURGERY CENTER

Model:

009

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

MTCE. DIRECTOR

GENESIS - HEALTHCARE SYSTEMS

2951 MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1028

Backflow Prevention Assembly Test Report

GENESIS- ZANESVILLE SURGERY

Location: WATER SERVICE. * WATER METER ROOM. RM.109

2907 BELL STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

113996

☐

ZANESVILLE, OH 43701

Account #: GENESIS 02

Manufacturer:

WATTS

☐

Site Use: SURGERY CENTER

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPDA

☐

Mailing Address

Size:

2.50

☐

Orientation:

☐

Protection:

☐

MTCE. DIRECTOR

GENESIS - HEALTHCARE SYSTEMS

2951 MAPLE AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4965

Backflow Prevention Assembly Test Report

GENESIS- ZANESVILLE SURGERY

Location: FEED WATER - H.W. HEATING BOILERS. NEW

2907 BELL STREET

Meter#:

Serial #:

Check if Correct

Corrections

71081

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: SURGERY CENTER

Model:

919QT

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

2.00

☐

Orientation:

☐

Protection:

☐

MTCE. DIRECTOR

GENESIS - HEALTHCARE SYSTEMS

2951 MAPLE AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4966

Backflow Prevention Assembly Test Report

GENESIS- ZANESVILLE SURGERY

Location: WATER MAKEUP -STEAM BOILERS. NEW

2907 BELL STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

71412

☐

ZANESVILLE, OH 43701

Account #: GENESIS 02

Manufacturer:

WATTS

☐

Site Use: SURGERY CENTER

Model:

919QT

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

1.00

☐

MTCE. DIRECTOR

GENESIS - HEALTHCARE SYSTEMS

2951 MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/20/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5078

Backflow Prevention Assembly Test Report

GENESIS- ZANESVILLE SURGERY

Location: MECH. ROOM.

2907 BELL STREET

Meter#:

Serial #:

Check if Correct

Corrections

226428

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: SURGERY CENTER

Model:

LF009M3QT

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

0.75

☐

MTCE. DIRECTOR

GENESIS - HEALTHCARE SYSTEMS

2951 MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5104

Backflow Prevention Assembly Test Report

GENESIS- ZANESVILLE SURGERY

Location: MECH. ROOM.

2907 BELL STREET

Meter#:

Serial #:

Check if Correct

Corrections

45664

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: SURGERY CENTER

Model:

LF009M3QT

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

0.75

☐

MTCE. DIRECTOR

GENESIS - HEALTHCARE SYSTEMS

2951 MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5057

Backflow Prevention Assembly Test Report

GENESIS FAMILY PRACTICE

Location: MECH ROOM.

410 MAIN ST.

Meter#:

Serial #: Check if Correct Corrections

COSHOCTON, OH 43812

LID/Service:

40552

Account #: GENESIS FAMILY PRA

Manufacturer:

WATTS

Site Use:

Model:

Hazard: CONTAINMENT COMM.LOW

719QT

Mailing Address

Type:

DC

GENESIS FAMILY PRACTICE

410 MAIN ST.

Size:

0.75

Orientation:

COSHOCTON, OH 43812

Protection:

PAST DUE

Test Due No Later than:

02/06/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1036

Backflow Prevention Assembly Test Report

GENESIS BETHESDA HOSPITAL

Location: FIRE LINE.* DOCK ANTIFREEZE SYSTEM.

2951 MAPLE AVE.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

269268

Account #: GENESIS 03

Manufacturer:

WATTS

Site Use: Hospital

Model:

909M1QT

Hazard: FIRE LINE CONN.HIGH HEALTH HAZ

Mailing Address

Type:

RP

MTCE. DIRECTOR .

GENESIS HEALTH CARE SYSTEM

2951 MAPLE AVE.

Size:

1.50

Orientation:

ZANESVILLE, OH 43701

Protection:

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1857

Backflow Prevention Assembly Test Report

GENESIS NORTHSIDE PHARMAC

Location: STORAGE ROOM S.E. CORNER.

2899 BELL STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

83670

☐

ZANESVILLE, OH 43701

Account #: GENESIS 20

Manufacturer:

WATTS

☐

Site Use: Pharmacy

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

MTCE.DIRECTOR

GENESIS HEALTH CARE SYSTEM

2951 MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1929

Backflow Prevention Assembly Test Report

GENESIS BETHESDA HOSPITAL

Location: BOILER MAKEUP WATER.

2951 MAPLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

A27210

☐

ZANESVILLE, OH 43701

Account #: GENESIS 03

Manufacturer:

WATTS

☐

Site Use: Hospital

Model:

009

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

MTCE. DIRECTOR .

GENESIS HEALTH CARE SYSTEM

2951 MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1940

Backflow Prevention Assembly Test Report

GENESIS BETHESDA HOSPITAL

Location: MAKEUP FOR TOWER - BOILER ROOM

2951 MAPLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

A49175

☐

ZANESVILLE, OH 43701

Account #: GENESIS 03

Manufacturer:

WATTS

☐

Site Use: Hospital

Model:

909

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

MTCE. DIRECTOR .

GENESIS HEALTH CARE SYSTEM

2951 MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1944

Backflow Prevention Assembly Test Report

GENESIS BETHESDA HOSPITAL

Location: WATER SERVICE CONTAINMENT - MAIN B/F BLDG - OUTSIDE MAIN SUPPLY

2951 MAPLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

623437

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Hospital

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

8.00

☐

MTCE. DIRECTOR .

GENESIS HEALTH CARE SYSTEM

2951 MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2778

Backflow Prevention Assembly Test Report

GENESIS-DR. DOUGLAS A. MYER

Location: MECH ROOM, WATER SERVICE CONTAINMENT.

4063 NORTHPOINTE DRIVE, SUITE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

A15175

☐

ZANESVILLE, OH 43701

Account #: GENESIS, DR. MYERS

Manufacturer:

WATTS

☐

Site Use: Doctors Office

Model:

009

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

MAINTENANCE DIRECTOR

GENESIS HEALTH CARE SYSTEM

2951 MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3137

Backflow Prevention Assembly Test Report

GENESIS-SURGICAL ASSOC.OF I

Location: FIRE LINE - MECH ROOM

2915 MAPLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

A03417

☐

ZANESVILLE, OH 43701

Account #: GENESIS,SURGIAL A.

Manufacturer:

AMES

☐

Site Use:

Model:

2000B

☐

Hazard: FIRE LINE CONNECTION-LOW

Type:

DC

☐

Mailing Address

Size:

1.50

☐

MAINTENANCE DIRECTOR

GENESIS HEALTH CARE SYSTEM

2915 MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3138

Backflow Prevention Assembly Test Report

GENESIS-SOUTHEASTERN OH.O

Location: FIRE LINE - MECH ROOM

2945 MAPLE AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

A03422

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

AMES

☐

Site Use:

Model:

2000B

☐

Hazard: FIRE LINE CONNECTION-LOW

Type:

DC

☐

Mailing Address

Size:

1.50

☐

Orientation:

☐

Protection:

☐

MTCE. DIRECTOR

GENESIS HEALTH CARE SYSTEM

2951 MAPLE AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3139

Backflow Prevention Assembly Test Report

GENESIS-SOUTHEASTERN OH.O

Location: FIRE LINE - MECH ROOM

2945 MAPLE AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

A02434

☐

ZANESVILLE, OH 43701

Account #: GENESIS 36

Manufacturer:

AMES

☐

Site Use:

Model:

2000B

☐

Hazard: FIRE LINE CONNECTION-LOW

Type:

DC

☐

Mailing Address

Size:

1.25

☐

MTCE. DIRECTOR

GENESIS HEALTH CARE SYSTEM

2951 MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3947

Backflow Prevention Assembly Test Report

GENESIS FINANCIAL CLEARANCE

Location: IN FRONT RESTROOM, IN BOX.

2798 MAPLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

28575

☐

ZANESVILLE, OH 43701

Account #: GENESIS FINANCIAL

Manufacturer:

WATTS

☐

Site Use: Offices

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

MAINTENANCE,DIRECTOR

GENESIS HEALTH CARE SYSTEM

2951 MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4390

Backflow Prevention Assembly Test Report

GENESIS BETHESDA HOSPITAL

Location: MECH.RM.GO48,BOILER MAKEUP WATER.

2951 MAPLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

446249

☐

ZANESVILLE, OH 43701

Account #: GENESIS 03

Manufacturer:

WATTS

☐

Site Use: Hospital

Model:

909M1QT

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

2.00

☐

Orientation:

☐

Protection:

☐

MTCE. DIRECTOR .

GENESIS HEALTH CARE SYSTEM

2951 MAPLE AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4494

Backflow Prevention Assembly Test Report

GENESIS,HOSPICE

Location: MECHANICAL ROOM.

713 FOREST AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

315468

☐

ZANESVILLE, OH 43701

Account #: GENESIS13 HOSPICE

Manufacturer:

WATTS

☐

Site Use: Hospital

Model:

009

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

MTCE.DIRECTOR

GENESIS HEALTH CARE SYSTEM

2951 MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5008

Backflow Prevention Assembly Test Report

GENESIS,HOSPICE

Location: MECH. ROOM.

713 FOREST AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

14728

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

AMES

☐

Site Use: Hospital

Model:

4000B

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

Protection:

☐

MTCE.DIRECTOR

GENESIS HEALTH CARE SYSTEM

2951 MAPLE AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5009

Backflow Prevention Assembly Test Report

GENESIS,HOSPICE

Location: MECH. ROOM.

713 FOREST AVENUE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

1075720719

Account #: GENESIS13 HOSPICE

Manufacturer:

AMES

Site Use: Hospital

Model:

5000

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

Mailing Address

Size:

4.00

Orientation:

Protection:

MTCE.DIRECTOR

GENESIS HEALTH CARE SYSTEM

2951 MAPLE AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5080

Backflow Prevention Assembly Test Report

GENESIS BETHESDA HOSPITAL

Location: MECH. ROOM.

2951 MAPLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

242231

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Hospital

Model:

LF009M3QT

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

0.75

☐

MTCE. DIRECTOR .

GENESIS HEALTH CARE SYSTEM

2951 MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5084

Backflow Prevention Assembly Test Report

GENESIS,HOSPICE

Location: MECH. ROOM.

713 FOREST AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

69694

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Hospital

Model:

LF919QT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

Protection:

☐

MTCE.DIRECTOR

GENESIS HEALTH CARE SYSTEM

2951 MAPLE AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5085

Backflow Prevention Assembly Test Report

GENESIS FINANCIAL CLEARANCE

Location: MECH. ROOM. FIRE LINE BYPASS.

2798 MAPLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

14819

☐

ZANESVILLE, OH 43701

Account #: GENESIS FINANCIAL

Manufacturer:

AMES

☐

Site Use: Offices

Model:

4000B

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

Protection:

☐

MAINTENANCE, DIRECTOR

GENESIS HEALTH CARE SYSTEM

2951 MAPLE AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5086

Backflow Prevention Assembly Test Report

GENESIS FINANCIAL CLEARANCE

Location: MECH.ROOM. FIRE LINE MAIN.

2798 MAPLE AVE.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

107530719

☐

ZANESVILLE, OH 43701

Account #: GENESIS FINANCIAL

Manufacturer:

AMES

☐

Site Use: Offices

Model:

5000

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

4.00

☐

MAINTENANCE,DIRECTOR

GENESIS HEALTH CARE SYSTEM

2951 MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5094

Backflow Prevention Assembly Test Report

GENESIS BETHESDA HOSPITAL

Location: MECH. ROOM.

2951 MAPLE AVE.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

3856585XLD

Account #: GENESIS 03

Manufacturer:

WILKINS

Site Use: Hospital

Model:

975XL

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

Mailing Address

Size:

0.75

Orientation:

Protection:

MTCE. DIRECTOR .

GENESIS HEALTH CARE SYSTEM

2951 MAPLE AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐ ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5095

Backflow Prevention Assembly Test Report

GENESIS BETHESDA HOSPITAL

Location: MECH. ROOM.

2951 MAPLE AVE.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

3856162XLD

☐

ZANESVILLE, OH 43701

Account #: GENESIS 03

Manufacturer:

WILKINS

☐

Site Use: Hospital

Model:

975XL

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

Protection:

☐

MTCE. DIRECTOR .

GENESIS HEALTH CARE SYSTEM

2951 MAPLE AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5096

Backflow Prevention Assembly Test Report

GENESIS BETHESDA HOSPITAL

Location: FIRE PUMP ROOM. FIRE MAIN.

2951 MAPLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

M08392

☐

ZANESVILLE, OH 43701

Account #: GENESIS 03

Manufacturer:

WILKINS

☐

Site Use: Hospital

Model:

375DA

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

8.00

☐

Orientation:

☐

Protection:

☐

MTCE. DIRECTOR .

GENESIS HEALTH CARE SYSTEM

2951 MAPLE AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5097

Backflow Prevention Assembly Test Report

GENESIS BETHESDA HOSPITAL

Location: FIRE PUMP ROOM. FIRE MAIN.

2951 MAPLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

M08358

☐

ZANESVILLE, OH 43701

Account #: GENESIS 03

Manufacturer:

WILKINS

☐

Site Use: Hospital

Model:

375DA

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPDA

☐

Mailing Address

Size:

8.00

☐

MTCE. DIRECTOR .

GENESIS HEALTH CARE SYSTEM

2951 MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5098

Backflow Prevention Assembly Test Report

GENESIS BETHESDA HOSPITAL

Location: MECH. ROOM.

2951 MAPLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

3940122

☐

ZANESVILLE, OH 43701

Account #: GENESIS 03

Manufacturer:

WILKINS

☐

Site Use: Hospital

Model:

975XL2

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

1.00

☐

Orientation:

☐

Protection:

☐

MTCE. DIRECTOR .

GENESIS HEALTH CARE SYSTEM

2951 MAPLE AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5099

Backflow Prevention Assembly Test Report

GENESIS BETHESDA HOSPITAL

Location: NEW TOWER MECH.ROOM.

2951 MAPLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

X29950

☐

ZANESVILLE, OH 43701

Account #: GENESIS 03

Manufacturer:

WILKINS

☐

Site Use: Hospital

Model:

375A

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

4.00

☐

Orientation:

☐

Protection:

☐

MTCE. DIRECTOR .

GENESIS HEALTH CARE SYSTEM

2951 MAPLE AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5100

Backflow Prevention Assembly Test Report

GENESIS BETHESDA HOSPITAL

Location: NEW TOWER MECH. ROOM.

2951 MAPLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

X29951

☐

ZANESVILLE, OH 43701

Account #: GENESIS 03

Manufacturer:

WILKINS

☐

Site Use: Hospital

Model:

375A

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

4.00

☐

Orientation:

☐

Protection:

☐

MTCE. DIRECTOR .

GENESIS HEALTH CARE SYSTEM

2951 MAPLE AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5101

Backflow Prevention Assembly Test Report

GENESIS BETHESDA HOSPITAL

Location: MECH. ROOM.

2951 MAPLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

L14405

☐

ZANESVILLE, OH 43701

Account #: GENESIS 03

Manufacturer:

WILKINS

☐

Site Use: Hospital

Model:

375

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

2.50

☐

Orientation:

☐

Protection:

☐

MTCE. DIRECTOR .

GENESIS HEALTH CARE SYSTEM

2951 MAPLE AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5102

Backflow Prevention Assembly Test Report

GENESIS BETHESDA HOSPITAL

Location: FIRST FLOOR ROOM # 1N023.

2951 MAPLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

4137751

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WILKINS

☐

Site Use: Hospital

Model:

975XL2

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

Protection:

☐

MTCE. DIRECTOR .

GENESIS HEALTH CARE SYSTEM

2951 MAPLE AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5103

Backflow Prevention Assembly Test Report

GENESIS BETHESDA HOSPITAL

Location: ROOM #1T012 IRRIGATION.

2951 MAPLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

3940134

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WILKINS

☐

Site Use: Hospital

Model:

975XL2

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

1.00

☐

Orientation:

☐

Protection:

☐

MTCE. DIRECTOR .

GENESIS HEALTH CARE SYSTEM

2951 MAPLE AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5110

Backflow Prevention Assembly Test Report

GENESIS BETHESDA HOSPITAL

Location: MECH. ROOM.

2951 MAPLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

3904411

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WILKINS

☐

Site Use: Hospital

Model:

975XL2

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

2.00

☐

Orientation:

☐

Protection:

☐

MTCE. DIRECTOR .

GENESIS HEALTH CARE SYSTEM

2951 MAPLE AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5111

Backflow Prevention Assembly Test Report

GENESIS BETHESDA HOSPITAL

Location: MECH ROOM.

2951 MAPLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

3997197

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WILKINS

☐

Site Use: Hospital

Model:

975XL2

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

Protection:

☐

MTCE. DIRECTOR .

GENESIS HEALTH CARE SYSTEM

2951 MAPLE AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5112

Backflow Prevention Assembly Test Report

GENESIS BETHESDA HOSPITAL

Location: MECH. ROOM.

2951 MAPLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

3937334

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WILKINS

☐

Site Use: Hospital

Model:

975XL2

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

Protection:

☐

MTCE. DIRECTOR .

GENESIS HEALTH CARE SYSTEM

2951 MAPLE AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Date _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5113

Backflow Prevention Assembly Test Report

GENESIS BETHESDA HOSPITAL

Location: MECH. ROOM.

2951 MAPLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

08263

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Hospital

Model:

LF719QT

☐

Hazard: ISOLATION MED.

Type:

DC

☐

Mailing Address

Size:

0.50

☐

Orientation:

☐

Protection:

☐

MTCE. DIRECTOR .

GENESIS HEALTH CARE SYSTEM

2951 MAPLE AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Date _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5114

Backflow Prevention Assembly Test Report

GENESIS BETHESDA HOSPITAL

Location: MECH. ROOM.

2951 MAPLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

3896494

☐

ZANESVILLE, OH 43701

Account #: GENESIS 03

Manufacturer:

WILKINS

☐

Site Use: Hospital

Model:

975XL2

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

1.50

☐

Orientation:

☐

Protection:

☐

MTCE. DIRECTOR .

GENESIS HEALTH CARE SYSTEM

2951 MAPLE AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5115

Backflow Prevention Assembly Test Report

GENESIS BETHESDA HOSPITAL

Location: NEW TOWER MECH. ROOM. 4TH FLOOR.

2951 MAPLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

3947877

☐

ZANESVILLE, OH 43701

Account #: GENESIS 03

Manufacturer:

WILKINS

☐

Site Use: Hospital

Model:

975XL2

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

2.00

☐

Orientation:

☐

Protection:

☐

MTCE. DIRECTOR .

GENESIS HEALTH CARE SYSTEM

2951 MAPLE AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5116

Backflow Prevention Assembly Test Report

GENESIS BETHESDA HOSPITAL

Location: MECH. ROOM

2951 MAPLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

11670

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Hospital

Model:

719QT

☐

Hazard: ISOLATION MED.

Type:

DC

☐

Mailing Address

Size:

1.00

☐

MTCE. DIRECTOR .

GENESIS HEALTH CARE SYSTEM

2951 MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5117

Backflow Prevention Assembly Test Report

GENESIS BETHESDA HOSPITAL

Location: LAB ROOM.LAB SLIDE STAINER

2951 MAPLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

A97981

☐

ZANESVILLE, OH 43701

Account #: GENESIS 03

Manufacturer:

WATTS

☐

Site Use: Hospital

Model:

009

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

0.50

☐

MTCE. DIRECTOR .

GENESIS HEALTH CARE SYSTEM

2951 MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5118

Backflow Prevention Assembly Test Report

GENESIS BETHESDA HOSPITAL

Location: MECH. ROOM.

2951 MAPLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

4144206

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WILKINS

☐

Site Use: Hospital

Model:

975XL2

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

1.00

☐

Orientation:

☐

Protection:

☐

MTCE. DIRECTOR .

GENESIS HEALTH CARE SYSTEM

2951 MAPLE AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1033

Backflow Prevention Assembly Test Report

GENESIS C.O.O.R. BUILDING

Location: FIRE LINE - MECH ROOM

740 ADAIR AVENUE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

1219H04

Account #: GENESIS 04

Manufacturer:

AMES

Site Use:

Model:

2000 SILVER

Hazard: FIRE LINE CONNECTION-MEDIUM

Mailing Address

Type:

DCVA

MTCE. DIRECTOR

GENESIS HEALTH CARE SYSTEM

2951 MAPLE AVE

Size:

4.00

Orientation:

ZANESVILLE, OH 43701

Protection:

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4760

Backflow Prevention Assembly Test Report

GENESIS MAINTENANCE SHOP

Location: MECH. ROOM

2719 RICH ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

34017

☐

ZANESVILLE, OH 43701

Account #: GENESIS MAINT.

Manufacturer:

WATTS

☐

Site Use:

Model:

LF719QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

0.75

☐

MAINTENANCE,DIRECTOR

GENESIS HEALTH CARE SYSTEM

2951 MAPLE AVE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5083

Backflow Prevention Assembly Test Report

GENESIS C.O.O.R. BUILDING

Location: MECH. ROOM.

740 ADAIR AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

010824

☐

Manufacturer:

WATTS

☐

Model:

LF909M1QT

☐

Type:

RP

☐

Size:

2.00

☐

Orientation:

☐

Protection:

☐

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

MTCE. DIRECTOR

GENESIS HEALTH CARE SYSTEM

2951 MAPLE AVE

ZANESVILLE, OH 43701

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 453

Backflow Prevention Assembly Test Report

GENESIS FIRST CARE

23 NORTH MAYSVILLE AVE.

ZANESVILLE, OH 43701

Site Use: Clinic

Hazard: CONTAINMENT COMM.LOW

Mailing Address

MTCE.DIRECTOR
GENESIS HEALTH CARE SYSTEMS
2951 MAPLE AVE.

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT. *LADIES ROOM IN PHARMACY.

Meter#:

LID/Service:

Account #: GENESIS 26

Serial #:

214823

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

1.00

Orientation:

Protection:

PAST DUE

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3212

Backflow Prevention Assembly Test Report

GENESIS HEALTHCARE BLDG.#4

Location: MECH.RM.

4011 NORTHPOINTE DR.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

16497

☐

ZANESVILLE, OH 43701

Account #: GENESIS BLDG.#4

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

MAINTENANCE

GENESIS HEALTH CARE SYSTEMS

2951 MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4592

Backflow Prevention Assembly Test Report

GENESIS COMPLIMENTARY MED

Location: HOUSE KEEPING STORAGE ROOM.

2800 MAPLE AVE. SUITE J & K

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

31336

☐

ZANESVILLE, OH 43701

Account #: GENESISHEALTHPLEX

Manufacturer:

WATTS

☐

Site Use: Doctors Office

Model:

719

☐

Hazard: CONTAINMENT COMM. MED.

Type:

DCVA

☐

Mailing Address

Size:

0.50

☐GENESIS HEALTH CARE SYSTEMS
2951 MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4602

Backflow Prevention Assembly Test Report

GENESIS PEDIATRIC REHAB

Location: MECHANICAL ROOM.

2800 MAPLE AVE. SUITE H

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

31434

☐

Zanesville, OH 43701

Account #: GENESIS PED REHAB

Manufacturer:

WATTS

☐

Site Use: Clinic

Model:

719QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

0.75

☐GENESIS HEALTH CARE SYSTEMS
2951 MAPLE AVE.

Orientation:

☐

Zanesville, Oh 43701

Protection:

☐

Test Due No Later than:

03/20/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 406

Backflow Prevention Assembly Test Report

GENESIS MEDICAL ARTS BLDG.#

Location: WATER SERVICE CONTAINMENT. * BASEMENT, MECH ROOM.

1210 ASHLAND AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

321172

☐

ZANESVILLE, OH 43701

Account #: GENESIS 17

Manufacturer:

WATTS

☐

Site Use: Doctors Office

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

TOMARA HOWARD

GENESIS HEALTH CARE SYSTEMS

751 FOREST AVE. SUITE 304

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 408

Backflow Prevention Assembly Test Report

GENESIS MEDICAL ARTS BLDG.#

Location: FIRE LINE BYPASS.

1210 ASHLAND AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

123504

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Doctors Office

Model:

007

☐

Hazard: FIRE LINE BYPASS-LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

TOMARA HOWARD

GENESIS HEALTH CARE SYSTEMS

751 FOREST AVE. SUITE 304

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 409

Backflow Prevention Assembly Test Report

GENESIS MEDICAL ARTS BLDG.#

Location: FIRE LINE MAIN.

1210 ASHLAND AVENUE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

31M1744

Account #: GENESIS 17

Manufacturer:

AMES

Site Use: Doctors Office

Model:

3000 SILVER

Hazard: FIRE LINE CONNECTION-LOW

Type:

DCDA

Mailing Address

Size:

4.00

Orientation:

Protection:

TOMARA HOWARD

GENESIS HEALTH CARE SYSTEMS

751 FOREST AVE. SUITE 304

ZANESVILLE, OH 43701

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5089

Backflow Prevention Assembly Test Report

NORTHSIDE PHARMACY-ROSEVI

Location: MECH. ROOM.

157 S. MAIN ST.

Meter#:

Serial #: Check if Correct Corrections

ROSEVILLE, OH 43777

LID/Service:

40826

Account #: N.SIDE PHARM.ROSE.

Manufacturer:

WATTS

Site Use:

Model:

Hazard: CONTAINMENT COMM.LOW

LF719QT

Mailing Address

Type:

DC

STEVE MINOSKY, MAINTENANCE
GENESIS HEALTH CARE
2951 MAPLE AVE.

Size:

0.75

Orientation:

ZANESVILLE, OH 43701

Protection:

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5014

Backflow Prevention Assembly Test Report

GENESIS HEALTH CARE

Location: NORTHWEST CORNER, FIRE LINE.

3199 MAPLE AVE.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

AD6624

Account #: GENESIS HEALTH CAR

Manufacturer:

WILKINS

Site Use:

Model:

950

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

DC

Mailing Address

Size:

4.00

STEVE MINOSKY; MAINTENANCE
GENESIS HEALTH CARE
2951 MAPLE AVE.

Orientation:

ZANESVILLE, OH 43701

Protection:

PAST DUE

Test Due No Later than:

03/20/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5015

Backflow Prevention Assembly Test Report

GENESIS HEALTH CARE

Location: NORTHWEST CORNER, WATERSERVICE CONTAINMENT

3199 MAPLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

700145

☐

ZANESVILLE, OH 43701

Account #: GENESIS HEALTH CARE

Manufacturer:

WILKINS

☐

Site Use:

Model:

950XL

☐

Hazard: CONTAINMENT COMM. LOW

Type:

DC

☐

Mailing Address

Size:

1.50

☐

Orientation:

☐

STEVE MINOSKY; MAINTENANCE

GENESIS HEALTH CARE

2951 MAPLE AVE.

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

03/20/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5081

Backflow Prevention Assembly Test Report

GENESIS OUTPATIENT REHAB

Location: LOADING DOCK

3297 MAPLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

A06624

☐

ZANESVILLE, OH 443701

Account #: GENESIS OUTPAT.REH

Manufacturer:

WILKINS

☐

Site Use:

Model:

950

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

DC

☐

Mailing Address

Size:

4.00

☐

Orientation:

☐

Protection:

☐STEVE MINOSKY, MAINTENANCE
GENESIS HEALTH CARE
2951 MAPLE AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5082

Backflow Prevention Assembly Test Report

GENESIS OUTPATIENT REHAB

Location: LOADING DOCK

3297 MAPLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

700145

☐

ZANESVILLE, OH 443701

Account #: GENESIS OUTPAT.REH

Manufacturer:

WILKINS

☐

Site Use:

Model:

950XL

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

1.50

☐

STEVE MINOSKY, MAINTENANCE

GENESIS HEALTH CARE

2951 MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5105

Backflow Prevention Assembly Test Report

GENESIS - MOB 2

Location: MECH ROOM.

955 BETHESDA DR.

Meter#:

Serial #:

Check if Correct

Corrections

47742

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

LF919QT

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

1.00

☐

STEVE MINOSKY MAINTENANCE

GENESIS HEALTH CARE

2951 MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5106

Backflow Prevention Assembly Test Report

GENESIS - MOB 2

Location: MECH. ROOM.

955 BETHESDA DR.

Meter#:

Serial #:

Check if Correct

Corrections

11212

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

919QT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

1.25

☐

STEVE MINOSKY MAINTENANCE
GENESIS HEALTH CARE
2951 MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5107

Backflow Prevention Assembly Test Report

GENESIS - MOB 2

Location: MECH. ROOM. FIRE LINE BYPASS.

955 BETHESDA DR.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

13205

☐

ZANESVILLE, OH 43701

Account #: GENESIS MOB 2

Manufacturer:

AMES

☐

Site Use:

Model:

4000B

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐

STEVE MINOSKY MAINTENANCE

GENESIS HEALTH CARE

2951 MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5108

Backflow Prevention Assembly Test Report

GENESIS - MOB 2

Location: FIRE MAIN. MECH. ROOM.

955 BETHESDA DR.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

1064340914

☐

ZANESVILLE, OH 43701

Account #: GENESIS MOB 2

Manufacturer:

AMES

☐

Site Use:

Model:

5000

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

4.00

☐

STEVE MINOSKY MAINTENANCE

GENESIS HEALTH CARE

2951 MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5109

Backflow Prevention Assembly Test Report

GENESIS - MOB 2

Location: MECH. ROOM.

955 BETHESDA DR.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

OK-0752

☐

ZANESVILLE, OH 43701

Account #: GENESIS MOB 2

Manufacturer:

WATTS

☐

Site Use:

Model:

957QT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

3.00

☐

STEVE MINOSKY MAINTENANCE

GENESIS HEALTH CARE

2951 MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2230

Backflow Prevention Assembly Test Report

GENESIS CHILDCARE

Location: FIRE LINE.

534 TAYLOR STREET

Meter#:

Serial #: Check if Correct Corrections

1030360905

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

AMES

☐

Site Use: Child/Day Care/Nursery

Model:

5000

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

4.00

☐

MTCE.DIRECTOR

GENESIS HEALTHCARE SYSTEM

2951 MAPLE AVE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2231

Backflow Prevention Assembly Test Report

GENESIS CHILDCARE

Location: FIRE LINE BY-PASS.

534 TAYLOR STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

07308

☐

ZANESVILLE, OH 43701

Account #: GENESIS 24

Manufacturer:

AMES

☐

Site Use: Child/Day Care/Nursery

Model:

4000B

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐

MTCE.DIRECTOR

GENESIS HEALTHCARE SYSTEM

2951 MAPLE AVE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2232

Backflow Prevention Assembly Test Report

GENESIS CHILDCARE

Location: WATER SERVICE CONTAINMENT. BOILER RM.

534 TAYLOR STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

L25606

☐

ZANESVILLE, OH 43701

Account #: GENESIS 24

Manufacturer:

WILKINS

☐

Site Use: Child/Day Care/Nursery

Model:

375

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

2.50

☐

MTCE.DIRECTOR

GENESIS HEALTHCARE SYSTEM

2951 MAPLE AVE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2233

Backflow Prevention Assembly Test Report

GENESIS CHILDCARE

Location: WADING POOL.

534 TAYLOR STREET

Meter#:

Serial #:

Check if Correct

Corrections

1949292

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WILKINS

☐

Site Use: Child/Day Care/Nursery

Model:

950XL

☐

Hazard: ISOLATION MED.

Type:

DC

☐

Mailing Address

Size:

2.00

☐

MTCE.DIRECTOR

GENESIS HEALTHCARE SYSTEM

2951 MAPLE AVE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2234

Backflow Prevention Assembly Test Report

GENESIS CHILDCARE

Location: BOILER FEED/CHILLER

534 TAYLOR STREET

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

W169469

Account #: GENESIS 24

Manufacturer:

WILKINS

Site Use: Child/Day Care/Nursery

Model:

975XL

Hazard: ISOLATION MED.

Type:

RP

Mailing Address

Size:

1.00

Orientation:

Protection:

MTCE.DIRECTOR

GENESIS HEALTHCARE SYSTEM

2951 MAPLE AVE

ZANESVILLE, OH 43701

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐ ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5346

Backflow Prevention Assembly Test Report

GENESIS HEART AND VASCULAR
420 DOWNTOWN PLAZA

COSHOCOTON, OH 43812

Site Use: Doctors Office

Hazard: CONTAINMENT COMM.LOW

Mailing Address

GENESIS HEART AND VASCULAR
420 DOWNTOWN PLAZA

COSHOCOTON, OH 43812

Location: MECH ROOM.

Meter#:

LID/Service:

Account #: GENESIS HEART&VASC

Serial #:

35602

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719QT

Type:

DC

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

12/21/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4229

Backflow Prevention Assembly Test Report

GENESIS

Location: MECH.RM.

2525 MAPLE AVE.SUITE 1

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

12302

Account #: GENESIS ,RHEUMA.

Manufacturer:

WATTS

Site Use:

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

MAINTENANCE
GENESIS HOSPITAL
2951 MAPLE AVE

ZANESVILLE, OH 43701

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5090

Backflow Prevention Assembly Test Report

GENESIS

Location: MECH. ROOM.

2525 MAPLE AVE.SUITE 1

Meter#:

Serial #:

Check if Correct

Corrections

40114

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

007M2-FP

☐

Hazard: FIRE LINE CONNECTION-LOW

Type:

DC

☐

Mailing Address

Size:

1.50

☐

Orientation:

☐

Protection:

☐

MAINTENANCE

GENESIS HOSPITAL

2951 MAPLE AVE

ZANESVILLE, OH 43701

Test Due No Later than:

03/20/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1771

Backflow Prevention Assembly Test Report

GENESIS HEALTH CARE

Location: FIRE LINE (LIMITED AREA), BASEMENT

1 EAST MAIN STREET

Meter#:

Serial #: Check if Correct Corrections

NEW CONCORD, OH 43762

LID/Service:

03435

Account #: GENESIS 19

Manufacturer:

AMES

Site Use: Clinic

Model:

4000B

Hazard: LIMITED AREA SPRINKLER

Type:

RP

Mailing Address

Size:

2.00

Orientation:

Protection:

MTCE.DIRECTOR

GENESIS NEW CONCORD HEALTH CENTER

2951 MAPLE AVE

ZANESVILLE, OH 43701

Test Due No Later than:

03/19/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1772

Backflow Prevention Assembly Test Report

GENESIS HEALTH CARE

Location: BASEMENT MECH. ROOM.

1 EAST MAIN STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

102870

☐

NEW CONCORD, OH 43762

Account #: GENESIS 19

Manufacturer:

WATTS

☐

Site Use: Clinic

Model:

007

☐

Hazard: CONTAINMENT COMM. MED.

Type:

DCVA

☐

Mailing Address

Size:

2.00

☐

MTCE.DIRECTOR

GENESIS NEW CONCORD HEALTH CENTER

2951 MAPLE AVE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/19/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5450

Backflow Prevention Assembly Test Report

GENESIS ORTHO

2904 BELL ST.

ZANESVILLE, OH 43701

Site Use: Doctors Office

Hazard: CONTAINMENT COMM. MED.

Mailing Address

GENESIS ORTHO

2904 BELL ST.

ZANESVILLE, OH 43701

Location: MECH. ROOM.1ST.FLOOR

Meter#:

LID/Service:

Account #: GENESIS ORTHO

Serial #:

13014

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719QT

Type:

DC

Size:

2.00

Orientation:

Protection:

Test Due No Later than:

03/20/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1822

Backflow Prevention Assembly Test Report

GENESIS NORTHSIDE PHARMAC

Location: N.W. CORNER OF BUILDING.

15 NORTH MAYSVILLE PIKE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

40114

☐

Account #: GENESIS 27

Manufacturer:

WATTS

☐

Site Use: Pharmacy

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.50

☐

MAINTENANCE

GENESIS-HEALTHCARE SYSTEMS

2951 MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

03/20/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1899

Backflow Prevention Assembly Test Report

GENESIS MAB-3

Location: BASEMENT MECHANICAL ROOM.

1330 ASHLAND AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

260761

☐

ZANESVILLE, OH 43701

Account #: GENESIS 14,MAB-3

Manufacturer:

WATTS

☐

Site Use: Doctors Office

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

1.50

☐

MTCE.DIRECTOR

GENESIS-HEALTHCARE SYSTEMS

2951 MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/20/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1900

Backflow Prevention Assembly Test Report

GENESIS MAB-3

Location: BASEMENT MECHANICAL ROOM.

1330 ASHLAND AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

224370

☐

ZANESVILLE, OH 43701

Account #: GENESIS 14,MAB-3

Manufacturer:

WATTS

☐

Site Use: Doctors Office

Model:

909

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

1.25

☐

MTCE.DIRECTOR

GENESIS-HEALTHCARE SYSTEMS

2951 MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1967

Backflow Prevention Assembly Test Report

GENESIS HEALTHPLEX

Location: * MECH ROOM.

2800 MAPLE AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

09741

☐

ZANESVILLE, OH 43701

Account #: GENESIS 23

Manufacturer:

WATTS

☐

Site Use: Medical

Model:

007

☐

Hazard: CONTAINMENT COMM. MED.

Type:

DC

☐

Mailing Address

Size:

3.00

☐

MTCE.DIRECTOR

GENESIS-HEALTHCARE SYSTEMS

2951 MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2186

Backflow Prevention Assembly Test Report

GENESIS HEALTHPLEX

Location: BOILER FEED. *MECH ROOM.

2800 MAPLE AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

211455

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Medical

Model:

009

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

MTCE.DIRECTOR

GENESIS-HEALTHCARE SYSTEMS

2951 MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2188

Backflow Prevention Assembly Test Report

GENESIS HEALTHPLEX

Location: FIRE LINE. * MECH ROOM , S.E. CORNER 1ST FLOOR.

2800 MAPLE AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

M03242

☐

ZANESVILLE, OH 43701

Account #: GENESIS 23

Manufacturer:

WILKINS

☐

Site Use: Medical

Model:

375

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RP

☐

Mailing Address

Size:

4.00

☐

Orientation:

☐

Protection:

☐

MTCE.DIRECTOR

GENESIS-HEALTHCARE SYSTEMS

2951 MAPLE AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2189

Backflow Prevention Assembly Test Report

GENESIS HEALTHPLEX

Location: FIRE LINE, SPRINKLER BY-PASS * S.E. CORNER 1ST FLOOR.

2800 MAPLE AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

W176720

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WILKINS

☐

Site Use: Medical

Model:

975XL

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐

MTCE.DIRECTOR

GENESIS-HEALTHCARE SYSTEMS

2951 MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5087

Backflow Prevention Assembly Test Report

GENESIS HEALTHPLEX

Location: MECH. ROOM. MRI EQUIPMENT ROOM #2

2800 MAPLE AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

W197072

☐

ZANESVILLE, OH 43701

Account #: GENESIS 23

Manufacturer:

WILKINS

☐

Site Use: Medical

Model:

975XL

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

1.00

☐

MTCE.DIRECTOR

GENESIS-HEALTHCARE SYSTEMS

2951 MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5088

Backflow Prevention Assembly Test Report

GENESIS HEALTHPLEX

Location: MECH. ROOM.

2800 MAPLE AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

1986536

☐

Account #: GENESIS 23

Manufacturer:

WILKINS

☐

Site Use: Medical

Model:

975XL

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

1.00

☐

Orientation:

☐

Protection:

☐

MTCE.DIRECTOR

GENESIS-HEALTHCARE SYSTEMS

2951 MAPLE AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1045

Backflow Prevention Assembly Test Report

GENTLEMEN'S CLUB

Location: WATER SERVICE CONTAINMENT.

5795 EAST PIKE

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

43965

☐

ZANESVILLE, OH 43701

Account #: GENTLEMEN'S CLUB

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐JESSE LAKE
GENTLEMEN'S CLUB
5795 EAST PIKE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

02/05/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4343

Backflow Prevention Assembly Test Report

GEORGE KOPF RENTAL APTS.

Location: BASEMENT.

1016 EASTWARD CIRCLE

Meter#:

Serial #: 31470

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

Site Use: Apartments

Model:

719

Hazard: CONTAINMENT COMM.LOW

Mailing Address

Type:

DCVA

GEORGE KOPF

GEORGE KOPF RENTAL APTS.

2950 ASH MEADOWS BLVD.

Size:

1.00

Orientation:

ZANESVILLE, OH 43701

Protection:

Test Due No Later than:

08/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4103

Backflow Prevention Assembly Test Report

GEORGE M. MADISON INC.

Location: BASEMENT.

908 ADAIR AVE.

Meter#:

Serial #:
31448

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: GEORGE M. MADISON

Manufacturer:
WATTS

Site Use: Chiropractic

Model:

Hazard: CONTAINMENT COMM.LOW

719

Mailing Address

Type:

DCVA

GEORGE MADISON
GEORGE M. MADISON INC.
908 ADAIR AVE.

Size:

0.75

Orientation:

ZANESVILLE, OH 43701

Protection:

Test Due No Later than:

01/07/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4380

Backflow Prevention Assembly Test Report

GIACOMO'S BREAD & MORE

Location: MEN'S REST RM. (REPLACED #A16802)

2236 MAPLE AVENUE

Meter#:

Serial #: 332388 Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

Site Use: Restaurant

Model:

009

Hazard: CONTAINMENT COMM.LOW

Mailing Address

Type:

RPPA

JOHN MONTGOMERY

Size:

0.75

GIACOMO'S

Orientation:

2236 MAPLE AVENUE

Protection:

ZANESVILLE, OH 43701

Test Due No Later than:

03/13/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 817

Backflow Prevention Assembly Test Report

GLASS DOCTOR

928 LINDEN AVENUE

ZANESVILLE, OH 43701

Site Use: Glass sales/service

Hazard: CONTAINMENT COMM.LOW

Mailing Address

VERNON STEINER
GLASS DOCTOR
P.O.BOX 495

MILLERSBURG, OH 44654

Location: WATER SERVICE CONTAINMENT. - BEHIND PANEL BESIDE TOILET.

Meter#:

LID/Service:

Account #: GLASSDOCTOR

Serial #:

151085

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

10/11/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 960

Backflow Prevention Assembly Test Report

GOLDEN CORRAL - CLOSED

Location: WATER SERVICE.

3761 NORTHPOINTE DRIVE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

70842

☐

Account #: GOLDEN CORRAL

Manufacturer:

WATTS

☐

Site Use: Restaurant

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

2.00

☐

MANAGER

GOLDEN CORRAL

3761 NORTHPOINTE DRIVE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

10/02/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 961

Backflow Prevention Assembly Test Report

GOLDEN CORRAL - CLOSED

Location: MECH. ROOM, FIRE LINE.

3761 NORTHPOINTE DRIVE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

1013160302

Account #: GOLDEN CORRAL

Manufacturer:

AMES

Site Use: Restaurant

Model:

5000

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

Mailing Address

Size:

4.00

Orientation:

Protection:

PAST DUE

Test Due No Later than:

10/02/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5465

Backflow Prevention Assembly Test Report

GOOD WILL INDUSTRIES

Location: MECH. ROOM.

155 N. JUNE PARKWAY

Meter#:

Serial #:

Check if Correct

Corrections

S. ZANESVILLE, OH 43701

LID/Service:

13546

☐

Account #: GOOD WILL-S.Z.

Manufacturer:

WATTS

☐

Site Use:

Model:

719QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

0.75

☐

GOOD WILL INDUSTRIES

3610 WEST PIKE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

01/07/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Date _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3646

Backflow Prevention Assembly Test Report

GOODMAN STEEL & SUPPLY CO.

Location: MECH. ROOM.

2453 LINDEN AVE.

Meter#:

Serial #:

Check if Correct

Corrections

31523

☐

ZANESVILLE, OH 43701

LID/Service:

Account #: GOODMAN STEEL

Manufacturer:

WATTS

☐

Site Use: Retail

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

GOODMAN STEEL & SUPPLY CO.

2453 LINDEN AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/12/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4684

Backflow Prevention Assembly Test Report

GOODWILL INDUSTRIES

Location: FACING FRONT OF BLDG.TO THE RIGHT FRONT,IN CABINET.

2134 MAPLE AVENUE

Meter#:

Serial #: 33000

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: GOODWILLINDUSTRIES

Manufacturer:

WATTS

Site Use: Retail

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

GOODWILL INDUSTRIES
3610 WEST PIKE

ZANESVILLE, OH 43701

Test Due No Later than:

01/07/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2046

Backflow Prevention Assembly Test Report

GORSKY TRUCKING

3620 OLDE FALLS ROAD

ZANESVILLE, OH 43701

Site Use: TRUCKING

Hazard: CONTAINMENT COMM. MED.

Mailing Address

FRANK GORSKY
GORSKY TRUCKING
3620 OLDE FALLS ROAD

ZANESVILLE, OH 43701

Location: MECH ROOM,* WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: GORSKYTRUCKING

Serial #:

190040

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

03/17/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4752

Backflow Prevention Assembly Test Report

GOSS RENTAL CENTER

Location: IN GARAGE.

170 S.6TH. ST.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

11777

Account #: GOSS SUPPLY-3

Manufacturer:

WATTS

Site Use:

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

1.00

TERRY GOSS

GOSS RENTAL CENTER

620 MARIETTA ST.

ZANESVILLE, OH 43701

Orientation:

Protection:

Test Due No Later than:

03/29/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3707

Backflow Prevention Assembly Test Report

GOSS SUPPLY COMPANY

Location: BASEMENT

620 MARIETTA ST.

Meter#:

Serial #: 30661

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

Site Use: Retail

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

TERRY GOSS

GOSS SUPPLY COMPANY

620 MARIETTA ST.

ZANESVILLE, OH 43701

Orientation:

Protection:

Test Due No Later than:

03/29/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4751

Backflow Prevention Assembly Test Report

GOSS SUPPLY COMPANY

Location: NEXT DOOR TO MAIN SHOP, IN BACK

620 MARIETTA ST.

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

11072

Account #: GOSS SUPPLY-2

Manufacturer:

WATTS

Site Use: Retail

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

1.00

Orientation:

Protection:

TERRY GOSS

GOSS SUPPLY COMPANY

620 MARIETTA ST.

ZANESVILLE, OH 43701

Test Due No Later than:

03/29/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4052

Backflow Prevention Assembly Test Report

GOTTLIEB,JOHNSTON,BEAM & D

Location: BASEMENT.

320 MAIN ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

30234

☐

ZANESVILLE, OH 43701

Account #: LAW OFFICES

Manufacturer:

WATTS

☐

Site Use: Business Office

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

GOTTLIEB,JOHNSTON,BEAM & DALPONTE

Orientation:

320 MAIN ST.

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/18/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2919

Backflow Prevention Assembly Test Report

GRACE UNITED METHODIST CHU

Location: BOILER FEED - MECH ROOM

422 WALNUT STREET

Meter#:

Serial #:
13330

Check if Correct

Corrections

COSHOCTON, OH 43812

LID/Service:

Account #: GRACE UMC

Manufacturer:
WATTS

Site Use: Church

Hazard: ISOLATION MED.

Model:
719

Mailing Address

Type:
DCVANEVLA FOGLE, ADMN, ASST.
GRACE UNITED METHODIST CHURCH
422 WALNUT STREETSize:
0.75

Orientation:

COSHOCTON, OH 43812

Protection:

Test Due No Later than:

07/19/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4502

Backflow Prevention Assembly Test Report

GRAHAM & GRAHAM CO. LPA

Location: MECH ROOM ,BASEMENT.

17 N. 4TH ST.

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43702

LID/Service:

08791

☐

Account #: GRAHAM ATTORNEYS

Manufacturer:

WATTS

☐

Site Use: Business Office

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

2.00

☐

STEVE MCCANN

GRAHAM & GRAHAM CO. LPA

P.O.BOX 340

Orientation:

☐

ZANESVILLE, OH 43702

Protection:

☐

Test Due No Later than:

11/07/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2942

Backflow Prevention Assembly Test Report

GRAPHIC IMPRESSIONS

3561 NEWARK RD.

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

GRAPHIC IMPRESSIONS
3561 NEWARK RD.

ZANESVILLE, OH 43701

Location: HALLWAY OF OFFICE.

Meter#:

LID/Service:

Account #: GRAPHICIMPRESSIONS

Serial #:

12409

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

09/01/2012

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 445

Backflow Prevention Assembly Test Report

GRASON PROPERTIES LLC

Location: FIRE LINE - 1ST FLOOR

550 MAIN STREET

Meter#:

Serial #: Check if Correct Corrections

COSHOCTON, OH 43812

LID/Service:

161227

Account #: GRASON PROPERTIES

Manufacturer:

WATTS

Site Use:

Model:

709

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

DC

Mailing Address

Size:

4.00

Orientation:

Protection:

PAST DUE

GRASON PROPERTIES, LLC
1602 CHESTNUT ST.

COSHOCTON, OH 43812

Test Due No Later than:

10/29/2017

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5259

Backflow Prevention Assembly Test Report

GREAT CLIPS

23641 AIRPORT RD.

COSHOCTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

GREAT CLIPS

23641 AIRPORT RD.

COSHOCTON, OH 43812

Location: MECH ROOM

Meter#:

LID/Service:

Account #: GREAT CLIPS

Serial #: Check if Correct Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2115

Backflow Prevention Assembly Test Report

GREAT CLIPS

3293 MAPLE AVENUE

ZANESVILLE, OH 43701

Site Use: Beauty Salon/Barber

Hazard: CONTAINMENT COMM.LOW

Mailing Address

MORE CLIPS LLC
GREAT CLIPS
293 WEST MAIN STREET

BYESVILLE, OH 43723

Location: WATER SERVICE CONTAINMENT - MECH ROOM IN PET VALUE

Meter#:

LID/Service:

Account #: GREATCLIPS

Serial #:
76867Manufacturer:
WATTSModel:
007Type:
DCVASize:
0.75

Orientation:

Protection:
PAST DUE

Check if Correct Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

04/10/2020

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4671

Backflow Prevention Assembly Test Report

GREAT LENGTHS

4159 MOXAHALA AVE.

ROSEVILLE, OH 43777

Site Use: Beauty Salon/Barber

Hazard: CONTAINMENT COMM.LOW

Mailing Address

TRAVIS MCCULLOCH
GREAT LENGTHS
4159 MOXAHALA AVE.

ROSEVILLE, OH 43777

Location: BY WATER HEATER, REST ROOM.

Meter#:

LID/Service:

Account #: GREAT LENGTHS

Serial #:

32631

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

11/20/2014

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1729

Backflow Prevention Assembly Test Report

GREATER APOSTOLIC CHURCH

Location: WATER SERVICE CONTAINMENT - MECH ROOM

1651 SOUTH STATE STREET

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

28182

Account #: GRTRAPOSTOLICCHRCH

Manufacturer:

WATTS

Site Use: Church

Model:

007

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

TERRENCE E. BROWN, PASTOR
GREATER APOSTOLIC CHURCH
1651 SOUTH STATE STREET

Orientation:

ZANESVILLE, OH 43701

Protection:

Test Due No Later than:

06/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3929

Backflow Prevention Assembly Test Report

GREATER OHIO MARKET

1136 MAPLE AVE.-UPSTAIRS

ZANESVILLE, OH 43701

Site Use: Business Office

Hazard: CONTAINMENT COMM.LOW

Mailing Address

GREATER OHIO MARKET
GREATER OHIO MARKET
1136 MAPLE AVE.-UPSTAIRS

ZANESVILLE, OH 43701

Location: BASEMENT, BACK WALL.

Meter#:

LID/Service:

Account #: GREATER OH.MARKET

Serial #:

31597

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

04/12/2021

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2639

Backflow Prevention Assembly Test Report

GREENLAWN MOBILE HOME PAF

Location: IN FROST BOX, WATER SERVICE CONTAINMENT.

105 EASTWOOD DR.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

2304693

Account #: GREENLAWNSTATES

Manufacturer:

WILKINS

Site Use:

Model:

Hazard: CONTAINMENT COMM. MED.

975XL

Mailing Address

Type:

RP

MAINTENANCE

GREENLAWN MOBILE HOME PARK

105 EASTWOOD DR.

Size:

1.50

Orientation:

ZANESVILLE, OH 43701

Protection:

PAST DUE

Test Due No Later than:

05/29/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2640

Backflow Prevention Assembly Test Report

GREENLAWN MOBILE HOME PAF

Location: IN FROST BOX, WATER SERVICE CONTAINMENT.

105 EASTWOOD DR.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

2304690

☐

ZANESVILLE, OH 43701

Account #: GREENLAWNSTATES

Manufacturer:

WILKINS

☐

Site Use:

Model:

975XL

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

1.50

☐

MAINTENANCE

GREENLAWN MOBILE HOME PARK

105 EASTWOOD DR.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

05/29/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3252

Backflow Prevention Assembly Test Report

GRILLIN DAVE STYLE

1612 LINDEN AVE.

ZANESVILLE, OH 43701

Site Use: DAIRY QUEEN

Hazard: CONTAINMENT COMM.LOW

Mailing Address

GRILLIN DAVE STYLE
1612 LINDEN AVE.

ZANESVILLE, OH 43701

Location: MECH ROOM ,SOUTH SIDE TOWARDS REAR OF BUILDING.

Meter#:

LID/Service:

Account #: GRILLIN DAVE STYLE

Serial #:

28592

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

03/30/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5416

Backflow Prevention Assembly Test Report

GROW OHIO

6440 MAYSVILLE PIKE

ZANESVILLE, OH 43701

Site Use:

Hazard: FIRE LINE CONNECTION-MEDIUM

Mailing Address

GROW OHIO

6440 MAYSVILLE PIKE

ZANESVILLE, OH 43701

Location: MECH. ROOM.

Meter#:

LID/Service:

Account #: GROW OHIO

Serial #:

9952B

Check if Correct

Corrections

Manufacturer:

WILKINS

Model:

350ASTDA

Type:

DCDA

Size:

4.00

Orientation:

Protection:

Test Due No Later than:

08/14/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5417

Backflow Prevention Assembly Test Report

GROW OHIO

Location: MECH. ROOM.

6440 MAYSVILLE PIKE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

HC12828

☐

Account #: GROW OHIO

Manufacturer:

WILKINS

☐

Site Use:

Model:

950XLD

☐

Hazard: ISOLATION LOW

Type:

DC

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

Protection:

☐

GROW OHIO

6440 MAYSVILLE PIKE

ZANESVILLE, OH 43701

Test Due No Later than:

08/14/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5418

Backflow Prevention Assembly Test Report

GROW OHIO

Location: MECH. ROOM.

6440 MAYSVILLE PIKE

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

109223

☐

Manufacturer:

WATTS

☐

Model:

009M2QT

☐

Type:

RP

☐

Size:

2.00

☐

Orientation:

☐

Protection:

☐

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

GROW OHIO

6440 MAYSVILLE PIKE

ZANESVILLE, OH 43701

Test Due No Later than:

08/14/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4461

Backflow Prevention Assembly Test Report

GUERNSEY-MUSKINGUM ELECTRIC

Location: BASEMENT.

17 S. LIBERTY ST.

Meter#:

Serial #:

Check if Correct

Corrections

11280

☐

NEW CONCORD, OH 43762

LID/Service:

Account #: GUERNS.MUSK.ELEC.

Manufacturer:

WATTS

☐

Site Use:

Hazard: CONTAINMENT COMM.LOW

Model:

719

☐

Mailing Address

Type:

DCVA

☐

Size:

1.00

☐

Orientation:

☐

Protection:

☐

GUERNSEY-MUSKINGUM ELECTRIC CO-OP

17 S. LIBERTY ST.

NEW CONCORD, OH 43762

Test Due No Later than:

08/15/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 351

Backflow Prevention Assembly Test Report

TRIBE 22

2322 JUNE PARKWAY

ZANESVILLE, OH 43701

Site Use: Beauty Salon/Barber

Hazard: CONTAINMENT COMM.LOW

Mailing Address

WADE GUTRIDGE
GUTRIDGE PLUMBING
88 SOUTH 2ND STREET

NEWARK, OH 43055

Location: WATER SERVICE CONTAINMENT - REST ROOM

Meter#:

LID/Service:

Account #: JUNE PARKWAY-06

Serial #:

83674

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

12/20/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 352

Backflow Prevention Assembly Test Report

ANIMAL CRACKERS

2300 JUNE PARKWAY

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

WADE GUTRIDGE
GUTRIDGE PLUMBING
88 SOUTH 2ND STREET

NEWARK, OH 43055

Location: WATER SERVICE CONTAINMENT - SOUTHWEST RESTROOM

Meter#:

LID/Service:

Account #: JUNE PARKWAY-01

Serial #:

1530548

Manufacturer:

WILKINS

Model:

975XL

Type:

RP

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

05/03/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 355

Backflow Prevention Assembly Test Report

MUSKINGUM COUNTY LICENSE E

Location: WATER SERVICE CONTAINMENT. - BATHROOM CABINET.

2324 JUNE PARKWAY

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

79199

☐

ZANESVILLE, OH 43701

Account #: JUNE PARKWAY-07

Manufacturer:

WATTS

☐

Site Use: Business Office

Model:

009

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

WADE GUTRIDGE

GUTRIDGE PLUMBING

88 SOUTH 2ND STREET

Orientation:

☐

NEWARK, OH 43055

Protection:

☐

Test Due No Later than:

05/03/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 358

Backflow Prevention Assembly Test Report

Z-NAILS

2320 JUNE PARKWAY

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

WADE GUTRIDGE
GUTRIDGE PLUMBING
88 SOUTH 2ND STREET

NEWARK, OH 43055

Location: WATER SERVICE CONTAINMENT.* RESTROOM.

Meter#:

LID/Service:

Account #: JUNE PARKWAY-05

Serial #:

1507092

Manufacturer:

WILKINS

Model:

975XL

Type:

RP

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

05/03/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 359

Backflow Prevention Assembly Test Report

T C B TACK, SADDLES & SUPPLII

Location: WATER SERVICE CONTAINMENT. MECH. ROOM.

2312 JUNE PARKWAY

Meter#:

Serial #:

Check if Correct

Corrections

1530537

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WILKINS

☐

Site Use: Retail

Model:

975XL

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RP

☐

Mailing Address

Size:

0.75

☐

WADE GUTRIDGE

GUTRIDGE PLUMBING

88 SOUTH 2ND STREET

Orientation:

☐

NEWARK, OH 43055

Protection:

PAST DUE

☐

Test Due No Later than:

05/03/2020

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 809

Backflow Prevention Assembly Test Report

BMW

Location: BATH ROOM.

2328 JUNE PARKWAY

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

15046

☐

Account #: JUNE PARKWAY-08

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐WADE GUTRIDGE
GUTRIDGE PLUMBING
88 SOUTH 2ND STREET

Orientation:

☐

NEWARK, OH 43055

Protection:

☐

Test Due No Later than:

05/03/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2398

Backflow Prevention Assembly Test Report

HEALTHY'S-SOUTH

Location: BATHROOM.

2314 JUNE PARKWAY

Meter#:

Serial #:
08191

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

Site Use:

Hazard: CONTAINMENT COMM.LOW

Model:

719

Mailing Address

Type:

DCVA

WADE GUTRIDGE
GUTRIDGE PLUMBING
88 SOUTH 2ND. STREET

Size:

0.75

Orientation:

NEWARK, OH 43055

Protection:

Test Due No Later than:

05/03/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1055

Backflow Prevention Assembly Test Report

LATTITUDE SALON

2941 PINKERTON ROAD

ZANESVILLE, OH 43701

Site Use: Beauty Salon/Barber

Hazard: CONTAINMENT COMM.LOW

Mailing Address

BARB & TRACI STONEBURNER
GUYS AND DOLLS
2941 PINKERTON ROAD

ZANESVILLE, OH 43701

Location: CLOSET OFF MAIN HALL BEHIND SHAMPOO SINK.

Meter#:

LID/Service:

Account #: GUYSANDDOLLS

Serial #:

98246

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

11/05/2021

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2257

Backflow Prevention Assembly Test Report

H & H AUTO BODY

1885 OTSEGO AVENUE

COSHOCTON, OH 43812

Site Use: AUTO BODY

Hazard: CONTAINMENT COMM. MED.

Mailing Address

HAROLD HAINES
H & H AUTO BODY
1885 OTSEGO AVENUE

COSHOCTON, OH 43812

Location: 1ST FLOOR.GARAGE BY MOP SINK.

Meter#:

LID/Service:

Account #: H & H AUTO BODY

Serial #:

409121

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

02/14/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1588

Backflow Prevention Assembly Test Report

H & R BLOCK

1306 BRANDYWINE BOULEVARD

ZANESVILLE, OH 43701

Site Use: Offices

Hazard: CONTAINMENT COMM.LOW

Mailing Address

Colony Corners

H & R BLOCK

1306 BRANDYWINE BOULEVARD

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT. - BACK CORNER OF BLDG.

Meter#:

LID/Service:

Account #: H&R BLOCK

Serial #:

59559

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

03/15/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3639

Backflow Prevention Assembly Test Report

H & R BLOCK

1647 LINDEN AVE.

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

H & R BLOCK
1647 LINDEN AVE.

ZANESVILLE, OH 43701

Location: RESTROOM UNDER SINK.

Meter#:

LID/Service:

Account #: H & R BLOCK

Serial #:

24410

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

10/05/2018

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Submit completed
Test Report:

Fax:



Service Address

Hazard/CCID: 3561

Backflow Prevention Assembly Test Report

H & R TOOL AND MACHINE INC.

Location: MECH RM.

18 JEFFERSON ST.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

25347

Account #: H & R TOOL

Manufacturer:

WATTS

Site Use: MACHINE SHOP

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

WILLIAM HILL

H & R TOOL AND MACHINE INC.

18 JEFFERSON ST.

ZANESVILLE, OH 43701

Test Due No Later than:

03/12/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3878

Backflow Prevention Assembly Test Report

H W B PRODUCTS

2790 MAPLE AVE.

ZANESVILLE, OH 43701

Site Use: Retail

Hazard: CONTAINMENT COMM.LOW

Mailing Address

HARRY BOEDEKER
H W B PRODUCTS
2790 MAPLE AVE.

ZANESVILLE, OH 43701

Location: IN 2790 MAPLE AVE. STORE ,BIKE & SAW SHARPENING SHOP.

Meter#:

LID/Service:

Account #: H W B PRODUCTS

Serial #:

06355

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

1.25

Orientation:

Protection:

☐☐☐☐☐☐☐

Test Due No Later than:

06/22/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐

Leaked

☐

Closed Tight

☐

Held at _____ PSID

Leaked

☐

Closed Tight

☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open

☐

Opened Fully

Yes ☐No ☐

Opened at _____ PSID

Leaked

☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned

☐

Rubber Kit

☐

Rebuild

☐

Replaced

☐

Other

☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐

Closed Tight

☐

Held at _____ PSID

Closed Tight

☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully

☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4119

Backflow Prevention Assembly Test Report

HABEGGER CORP.

Location: EMPLOYEE REST ROOM.

1169 NEWARK RD.

Meter#:

Serial #: 32032

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

Site Use: Retail

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

HABEGGER CORP.

1169 NEWARK RD.

ZANESVILLE, OH 43701

Test Due No Later than:

08/17/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3286

Backflow Prevention Assembly Test Report

HABITAT FOR HUMANITY

100 SUNRISE CENTER ROAD

ZANESVILLE, OH 43701

Site Use: Offices

Hazard: CONTAINMENT COMM. MED.

Mailing Address

HABITAT FOR HUMANITY OF SEO
14440 ST RT 13

MILLFIELD, OH 45761

Location: _____

Meter#:

LID/Service:

Account #: HABITAT FOR HUMANI

Serial #:

35900

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

06/15/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Submit completed
Test Report:

Fax:



Service Address

Hazard/CCID: 3590

Backflow Prevention Assembly Test Report

HAGUE WATER CONDITIONING

1556 W.MAIN ST.

ZANESVILLE, OH 43701

Site Use: Business Office

Hazard: CONTAINMENT COMM.LOW

Mailing Address

Mike Dosch
HAGUE WATER CONDITIONING
1556 W.MAIN ST.

ZANESVILLE, OH 43701

Location: MECH. ROOM.

Meter#:

LID/Service:

Account #: HAGUE WATER COND.

Serial #:

25524

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

07/23/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1155

Backflow Prevention Assembly Test Report

HAHN OIL, INC.

23089 COUNTY ROAD 621

COSHOCTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

DAVID HAHN, PRESIDENT
HAHN OIL, INC.
23089 COUNTY ROAD 621

COSHOCTON, OH 43812

Location: WATER SERVICE CONTAINMENT. - PRES. RESTROOM.

Meter#:

LID/Service:

Account #: HAHN OIL INC.

Serial #:

308364

Check if Correct

Corrections

☐

Manufacturer:

WATTS

☐

Model:

007

☐

Type:

DCVA

☐

Size:

1.00

☐

Orientation:

☐

Protection:

☐

Test Due No Later than:

09/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐

Leaked

☐

Closed Tight

☐

Held at _____ PSID

Leaked

☐

Closed Tight

☐

Held at _____ PSID

Did not open

☐

Opened at _____ PSID

Did not open

☐

Opened Fully

☐

Yes

☐

No

☐

Opened at _____ PSID

Leaked

☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned

☐

Rubber Kit

☐

Rebuild

☐

Replaced

☐

Other

☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐

Closed Tight

☐

Held at _____ PSID

Closed Tight

☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully

☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4120

Backflow Prevention Assembly Test Report

HAIR AFFAIR SALON DESIGNERS

Location: MECH. ROOM.

2812 MAPLE AVE.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

366360

☐

Account #: HAIR AFFAIR

Manufacturer:

WATTS

☐

Site Use: Beauty Salon/Barber

Model:

009

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

Protection:

PAST DUE

☐

Test Due No Later than:

04/09/2013

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4512

Backflow Prevention Assembly Test Report

HALIBURTON BULK CEMENT PL
4999 EAST POINTE DRIVE

ZANESVILLE, OH 43701

Site Use: Manufacturing- Light

Hazard: CONTAINMENT COMM. MED.

Mailing Address

BRAD EVANS
HALIBURTON BULK CEMENT PLANT
4999 EAST POINTE DRIVE

ZANESVILLE, OH 43701

Location: ABOVE CEILING BY FRONT DOOR

Meter#:

LID/Service:

Account #: HALIBURTON #2

Serial #:

09301

Manufacturer:

WATTS

Model:

719QT

Type:

DC

Size:

2.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

04/14/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5167

Backflow Prevention Assembly Test Report

HALIBURTON BULK CEMENT PL/

Location: BLDG. C MECH. ROOM.

4999 EAST POINTE DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

4017A

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WILKINS

☐

Site Use: Manufacturing- Light

Model:

350AST

☐

Hazard: CONTAINMENT COMM. MED.

Mailing Address

Type:

DC

☐

BRAD EVANS

Size:

8.00

☐

HALIBURTON ENERGY SERVICES

Orientation:

4999 EASTPOINTE DRIVE

Protection:

ZANESVILLE, OH 43701

☐

Test Due No Later than:

04/14/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5174

Backflow Prevention Assembly Test Report

HALIBURTON BULK CEMENT PL/

Location: MECH. ROOM. BLDG. C

4999 EAST POINTE DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

OG-0620

☐

ZANESVILLE, OH 43701

Account #: HALIBURTON #4

Manufacturer:

WATTS

☐

Site Use: Manufacturing- Light

Model:

957QT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

2.50

☐

BRAD EVANS

HALIBURTON ENERGY SERVICES

4999 EASTPOINTE DRIVE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/14/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5168

Backflow Prevention Assembly Test Report

HALIBURTON

Location: MECH. ROOM. BLDG. E

4999 EAST POINTE DRIVE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

26800

Account #: HALIBURTON #5

Manufacturer:

WATTS

Site Use: Manufacturing- Light

Model:

919QT

Hazard: CONTAINMENT COMM. MED.

Type:

RP

Mailing Address

Size:

2.00

Orientation:

Protection:

BRAD EVANS
HALIBURTON FLUIDS LAB
4999 EAST POINTE DR.

ZANESVILLE, OH 43701

Test Due No Later than:

04/14/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5169

Backflow Prevention Assembly Test Report

HALIBURTON

Location: MECH. ROOM.

4999 EAST POINTE DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

38776

☐

ZANESVILLE, OH 43701

Account #: HALIBURTON #5

Manufacturer:

WATTS

☐

Site Use: Manufacturing- Light

Model:

919

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

BRAD EVANS

HALIBURTON FLUIDS LAB

4999 EAST POINTE DR.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/14/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5170

Backflow Prevention Assembly Test Report

HALIBURTON BULK CEMENT PL/

Location: MECH. ROOM. BLDG. D

4999 EAST POINTE DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

19885

☐

ZANESVILLE, OH 43701

LID/Service:

Account #: HALIBURTON #6

Manufacturer:

WATTS

☐

Site Use: Manufacturing- Light

Model:

919QT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

1.50

☐

BRAD EVANS

HALIBURTON TRUCK WASH

4999 EAST POINTE DRIVE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/14/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5171

Backflow Prevention Assembly Test Report

HALIBURTON BULK CEMENT PL/

Location: MECH. ROOM. BLDG. D

4999 EAST POINTE DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

19894

☐

ZANESVILLE, OH 43701

Account #: HALIBURTON #6

Manufacturer:

WATTS

☐

Site Use: Manufacturing- Light

Model:

919QT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

1.50

☐

BRAD EVANS

HALIBURTON TRUCK WASH

4999 EAST POINTE DRIVE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/07/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5172

Backflow Prevention Assembly Test Report

HALIBURTON BULK CEMENT PL/

Location: MECH. ROOM.

4999 EAST POINTE DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

20091

☐

ZANESVILLE, OH 43701

Account #: HALIBURTON #6

Manufacturer:

WATTS

☐

Site Use: Manufacturing- Light

Model:

919QT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

1.50

☐

BRAD EVANS

HALIBURTON TRUCK WASH

4999 EAST POINTE DRIVE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/14/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5173

Backflow Prevention Assembly Test Report

HALIBURTON BULK CEMENT PL/

Location: MECH. ROOM.

4999 EAST POINTE DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

26167

☐

ZANESVILLE, OH 43701

Account #: HALIBURTON #6

Manufacturer:

WATTS

☐

Site Use: Manufacturing- Light

Model:

919

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

BRAD EVANS

HALIBURTON TRUCK WASH

4999 EAST POINTE DRIVE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/14/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4574

Backflow Prevention Assembly Test Report

HALIBURTON

4999 EAST POINTE DRIVE

ZANESVILLE, OH 43701

Site Use: Manufacturing- Light

Hazard: CONTAINMENT COMM. MED.

Mailing Address

BRAD EVANS
HALIBURTON
4999 EAST POINTE DRIVE

ZANESVILLE, OH 43701

Location: MAIN ENTRANCE GATE, UTILITY AREA.

Meter#:

LID/Service:

Account #: HALIBURTON #1

Serial #: Check if Correct Corrections

N1207020302

Manufacturer:

FEBCO

Model:

856

Type:

DCDA

Size:

8.00

Orientation:

Protection:

Test Due No Later than:

04/14/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4575

Backflow Prevention Assembly Test Report

HALIBURTON

Location: MAIN ENTRANCE GATE, UTILITY AREA. BYPASS.

4999 EAST POINTE DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

H018233

☐

ZANESVILLE, OH 43701

Account #: HALIBURTON #1

Manufacturer:

FEBCO

☐

Site Use: Manufacturing- Light

Model:

805Y

☐

Hazard: CONTAINMENT COMM. MED.

Mailing Address

Type:

DC

☐

Size:

0.75

☐

Orientation:

☐

Protection:

☐

BRAD EVANS

HALIBURTON

4999 EAST POINTE DRIVE

ZANESVILLE, OH 43701

Test Due No Later than:

04/14/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4651

Backflow Prevention Assembly Test Report

HALIBURTON CEMENT PLANT

Location: MECH. ROOM.

4999 EASTPOINTE DRIVE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

1272710013

Account #: HALIBURTON #3

Manufacturer:

AMES

Site Use:

Model:

Hazard: CONTAINMENT COMM. MED.

4000SS

Mailing Address

Type:

RP

BRAD EVANS

HALIBURTON

4999 EASTPOINTE DRIVE

Size:

3.00

ZANESVILLE, OH 43701

Orientation:

Protection:

Test Due No Later than:

04/14/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5177

Backflow Prevention Assembly Test Report

HALIBURTON CEMENT PLANT

Location: MECH. ROOM.

4999 EASTPOINTE DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

69871

☐

ZANESVILLE, OH 43701

Account #: HALIBURTON #3

Manufacturer:

WATTS

☐

Site Use:

Model:

919QT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

1.00

☐

BRAD EVANS

HALIBURTON

4999 EASTPOINTE DRIVE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/14/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1562

Backflow Prevention Assembly Test Report

HALLOWED HILLS CAMPGROUND

Location: UPPER DORMITORY

3129 EAST PIKE

Meter#:

Serial #: 73867

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: HALLOWEDHILLSCAMP

Manufacturer: WATTS

Site Use:

Hazard: CONTAINMENT COMM.LOW

Model: 007

Mailing Address

Type: DCVA

LARRY HILL

HALLOWED HILLS CAMPGROUND

3129 EAST PIKE

Size: 1.00

Orientation:

ZANESVILLE, OH 43701

Protection:

Test Due No Later than:

09/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1564

Backflow Prevention Assembly Test Report

HALLOWED HILLS CAMPGROUND

Location: MEETING HALL.

3129 EAST PIKE

Meter#:

Serial #:

Check if Correct

Corrections

22199

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Hazard: CONTAINMENT COMM.LOW

Model:

007

☐

Mailing Address

Type:

DCVA

☐

LARRY HILL

HALLOWED HILLS CAMPGROUND

3129 EAST PIKE

Size:

1.50

☐

ZANESVILLE, OH 43701

Orientation:

☐

Protection:

☐

Test Due No Later than:

09/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1565

Backflow Prevention Assembly Test Report

HALLOWED HILLS CAMPGROUND

Location: DORMITORY,*REBUILT 9/7/07 SMALL

3129 EAST PIKE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

47754

☐

ZANESVILLE, OH 43701

Account #: HALLOWEDHILLSCAMP

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

2.00

☐

LARRY HILL

HALLOWED HILLS CAMPGROUND

3129 EAST PIKE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

09/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1566

Backflow Prevention Assembly Test Report

HALLOWED HILLS CAMPGROUND

Location: KARL SMITH HALL

3129 EAST PIKE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

256995

☐

ZANESVILLE, OH 43701

Account #: HALLOWEDHILLSCAMP

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

LARRY HILL

HALLOWED HILLS CAMPGROUND

3129 EAST PIKE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

09/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2408

Backflow Prevention Assembly Test Report

HAMILTON,WALTMAN,OBENOUR

Location: WATER SERVICE CONTAINMENT.

1052 MILITARY RD.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

08184

☐

ZANESVILLE, OH 43701

Account #: HAMILTON WALTMAN

Manufacturer:

WATTS

☐

Site Use: Business Office

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

BRYAN MELSHEIMER

HAMILTON,WALTMAN,OBENOUR,MELSHEIMER

1052 MILITARY RD.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

06/14/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4012

Backflow Prevention Assembly Test Report

HANDS OF FAITH CHURCH

607 BRIGHTON BLVD.

ZANESVILLE, OH 43701

Site Use: FELOWSHIP HALL/CHURCH

Hazard: CONTAINMENT COMM.LOW

Mailing Address

HANDS OF FAITH CHURCH
607 BRIGHTON BLVD.

ZANESVILLE, OH 43701

Location: MECH. ROOM.

Meter#:

LID/Service:

Account #: FREE METHODIST-2

Serial #:

28719

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

02/27/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4375

Backflow Prevention Assembly Test Report

HANDS OF FAITH CHURCH

Location: BASEMENT MECH. ROOM. CHURCH

607 BRIGHTON BLVD.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

31438

☐

ZANESVILLE, OH 43701

Account #: FREE METHODIST-1

Manufacturer:

WATTS

☐

Site Use: FELOWSHIP HALL/CHURCH

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐HANDS OF FAITH CHURCH
607 BRIGHTON BLVD.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

02/27/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4124

Backflow Prevention Assembly Test Report

HANDS OF FAITH CHURCH

Location: BASEMENT.

830 PINE ST.

Meter#:

Serial #: 32133

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

Site Use: Church

Model:

719

Hazard: CONTAINMENT COMM.LOW

Account #: HANDS OF FAITH

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

DR.MICHAEL BULLOCK
HANDS OF FAITH CHURCH
P.O.BOX 2777

ZANESVILLE, OH 43702

Test Due No Later than:

09/17/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5244

Backflow Prevention Assembly Test Report

HANK & STELLA'S

143 (C) MAYSVILLE PIKE

S.ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

HANK & STELLA'S

143 (C) MAYSVILLE PIKE

S.ZANESVILLE, OH 43701

Location: BACK WALL. NEED TEST PAPER YET.

Meter#:

LID/Service:

Account #: HANK & STELLA'S

Serial #:

A804174

Manufacturer:

WILKINS

Model:

350XL

Type:

DC

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3175

Backflow Prevention Assembly Test Report

HAPPY DONUTS

1825 MAPLE AVENUE

ZANESVILLE, OH 43701

Site Use: Restaurant

Hazard: CONTAINMENT COMM.LOW

Mailing Address

MAYANA KIM
HAPPY DONUTS
1901 MAPLE AVE

ZANESVILLE, OH 43701

Location: SERVICE CONTAINMENT - NEXT TO 3 BAY SINK.

Meter#:

LID/Service:

Account #: MARY MAHLE

Serial #:

217686

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

1.00

Orientation:

Protection:

PAST DUE

Test Due No Later than:

11/04/2021

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3658

Backflow Prevention Assembly Test Report

HARBOR FREIGHT TOOLS

Location: MECHANICAL

2770 MAPLE AVE.

Meter#:

Serial #: 14156

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

Site Use: Retail

Model:

719

Hazard: CONTAINMENT COMM.LOW

Mailing Address

Type:

DCVA

JUSTIN MIDDLETON
HARBOR FREIGHT TOOLS
2770 MAPLE AVE.

Size:

1.00

Orientation:

ZANESVILLE, OH 43701

Protection:

Test Due No Later than:

01/15/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4979

Backflow Prevention Assembly Test Report

HARBOR FREIGHT TOOLS

Location: MECHANICAL,,IRRIGATION

2770 MAPLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

48129

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Retail

Model:

LF919AQT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RP

☐

Mailing Address

Size:

1.00

☐

Orientation:

☐

Protection:

☐

JUSTIN MIDDLETON

HARBOR FREIGHT TOOLS

2770 MAPLE AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

01/15/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Date _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Time _____

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3712

Backflow Prevention Assembly Test Report

HARDCASTLE REALTY SERVICE

Location: IN BASEMENT BY WATER METER

1314 MAPLE AVE

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

27935

☐

Account #: HARDCASTLE REALTY

Manufacturer:

WATTS

☐

Site Use: Business Office

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

JIM HARDCASTLE

HARDCASTLE REALTY SERVICE

1314 MAPLE AVE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

06/10/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2874

Backflow Prevention Assembly Test Report

HARDCASTLE-RESIDENCE

Location: LAWN IRRIGATION.

1282 RANKIN DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

651412

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

800

☐

Hazard: IRRIGATION MED-ISOLATION

Type:

PVB

☐

Mailing Address

Size:

1.00

☐JUSTIN HARDCASTLE
HARDCASTLE REALTY
1314 MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

04/21/2019

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐

Leaked

☐

Closed Tight

☐

Held at _____ PSID

Leaked

☐

Closed Tight

☐

Held at _____ PSID

Did not open

☐

Opened at _____ PSID

Did not open

☐

Opened Fully

☐

Yes

☐

No

☐

Opened at _____ PSID

Leaked

☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned

☐

Rubber Kit

☐

Rebuild

☐

Replaced

☐

Other

☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐

Closed Tight

☐

Held at _____ PSID

Closed Tight

☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully

☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes

No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐Fail ☐☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Submit completed
Test Report:

Fax:



Service Address

Hazard/CCID: 3632

Backflow Prevention Assembly Test Report

HARMON INSURANCE BROKERA

Location: UNDER KITHEN SINK.MIDDLE OF BUILDING.

1292 LINDEN AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

30825

☐

ZANESVILLE, OH 43701

Account #: HARMON INSURANCE

Manufacturer:

WATTS

☐

Site Use: Business Office

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

HARMON INSURANCE BROKERAGE INS.

1292 LINDEN AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/27/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3572

Backflow Prevention Assembly Test Report

HARPER AUTO BODY

276 MUSKINGUM AVE.

ZANESVILLE, OH 43701

Site Use: Business Office/BODY SHOP

Hazard: CONTAINMENT COMM.LOW

Mailing Address

CICEL HARPER
HARPER AUTO BODY
276 MUSKINGUM AVE.

ZANESVILLE, OH 43701

Location: IN FRONT LEFT HAND CORNER OF SHOW ROOM/OFFICE AREA.

Meter#:

LID/Service:

Account #: HARPERAUTOBODY

Serial #:

29489

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

06/22/2020

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1281

Backflow Prevention Assembly Test Report

HARTBERGER INDUSTRIES
4445 OLD WHEELING ROAD

ZANESVILLE, OH 43701

Site Use:

Hazard: **CONTAINMENT COMM.LOW**

Mailing Address

DALE HARTBERGER
HARTBERGER INDUSTRIES
4445 OLD WHEELING ROAD

ZANESVILLE, OH 43701

Location: **WATER SERVICE CONTAINMENT. - REST ROOM , ACCESS PANEL.**

Meter#:

LID/Service:

Account #: **HARTBERGERINDUST**

Serial #:

63749

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

12/28/2020Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4067

Backflow Prevention Assembly Test Report

JOHN DUDAS AGENCY INC.

Location: BACK BUILDING, STORAGE ROOM.

1257 LINDEN AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

27852

☐

ZANESVILLE, OH 43701

Account #: JOHN DUDAS AGENCY

Manufacturer:

WATTS

☐

Site Use: Business Office

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐HARTLEY'S TERMITE & PEST CONTROL
1259 LINDEN AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

02/23/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5287

Backflow Prevention Assembly Test Report

HARTMAN LANDSCAPING

Location: SHOP RESTROOM.

2165 S. REHL RD.

Meter#:

Serial #:

Check if Correct

Corrections

A711924

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WILKINS

☐

Site Use:

Model:

350XL

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

1.00

☐

BEAU HARTMAN
HARTMAN LANDSCAPING
P.O. BOX 2575

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/21/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2151

Backflow Prevention Assembly Test Report

HAWAIIAN TANFASTIC

141 N. MAYSVILLE PIKE

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

HAWAIIAN TANFASTIC
141 MAYSVILLE PIKE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT.- DOMESTIC - MECH ROOM, BACK OF STORE.

Meter#:

LID/Service:

Account #: SOUTHPOINTE-07

Serial #:

06720

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

02/07/2009

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1061

Backflow Prevention Assembly Test Report

HAWAIIAN TANFASTIC

3568 MAPLE AVE.

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

MONICA THOMAS
HAWAIIAN TANFASTIC
3568 MAPLE AVE.

ZANESVILLE, OH 43701

Location: MECH.ROOM BEHIND HAWAIIAN TANFASTIC

Meter#:

LID/Service:

Account #: THOMAS-1

Serial #:
17670Manufacturer:
WATTSModel:
007Type:
DCVASize:
0.75

Orientation:

Protection:
PAST DUE

Check if Correct Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

12/19/2020

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1616

Backflow Prevention Assembly Test Report

HEALTH SERVICES OF COSH.(HC
230 SOUTH 4TH STREET

COSHOCOTON, OH 43812

Site Use: Medical

Hazard: CONTAINMENT COMM. MED.

Mailing Address

KIM HAYES, ASST. DIR.
 HEALTH SERVICES OF COSH.(HOSPICE)
 230 SOUTH 4TH STREET

COSHOCOTON, OH 43812

Location: BASEMENT, FRONT WALL, SOUTH CORNER.BREAK ROOM CLOSET.

Meter#:

LID/Service:

Account #: HOSPICECOSHOCOTON

Serial #:

01377

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DC

Size:

2.50

Orientation:

Protection:

PAST DUE

Test Due No Later than:

11/15/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1617

Backflow Prevention Assembly Test Report

HEALTH SERVICES OF COSH.(HC

Location: BASEMENT,SOUTHEAST CORNER.BREAK ROOM CLOSET.

230 SOUTH 4TH STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

458285

☐

COSHOCKTON, OH 43812

Account #: HOSPICECOSHOCKTON

Manufacturer:

WATTS

☐

Site Use: Medical

Model:

009

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

KIM HAYES, ASST. DIR.

HEALTH SERVICES OF COSH.(HOSPICE)

230 SOUTH 4TH STREET

Orientation:

☐

COSHOCKTON, OH 43812

Protection:

PAST DUE

☐

Test Due No Later than:

11/15/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4121

Backflow Prevention Assembly Test Report

Healthy's Nutrition Studio

1322 BRANDYWINE BLVD.

ZANESVILLE, OH 43701

Site Use: Health Club

Hazard: CONTAINMENT COMM.LOW

Mailing Address

4MATION HOLDINGS
Healthy's Nutrition Studio
1322 BRANDYWINE BLVD.

ZANESVILLE, OH 43701

Location: MECH. ROOM.

Meter#:

LID/Service:

Account #: Healthy's N S

Serial #:
40497Manufacturer:
WATTSModel:
LF719QTType:
DCSize:
0.75

Orientation:

Protection:

Check if Correct Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

04/12/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1132

Backflow Prevention Assembly Test Report

HEART BEATS

2447 MAPLE AVENUE

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

HEART BEATS
2447 MAPLE AVE.

ZANESVILLE, OH 43701

Location: MECH ROOM. WEST WALL

Meter#:

LID/Service:

Account #: HEART BEATS

Serial #:

184041

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

09/24/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1282

Backflow Prevention Assembly Test Report

OHIO GIRL SCOUT COUNCIL

Location: FIRE LINE. - BASEMENT MECH. ROOM.

3230 BOWERS LANE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE,, OH 43701

LID/Service:

4JL1469

Account #: OHIOGS

Manufacturer:

AMES

Site Use: Business Office

Model:

4000 SILVER

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPPA

Mailing Address

Size:

4.00

Orientation:

KAREN

HEART OF OHIO GIRL SCOUT COUNCIL

3230 BOWERS LANE

ZANESVILLE,, OH 43701

Protection:

PAST DUE

Test Due No Later than:

04/19/2020

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1283

Backflow Prevention Assembly Test Report

OHIO GIRL SCOUT COUNCIL

Location: WATER SERVICE CONTAINMENT. - BASEMENT MECH. ROOM.

3230 BOWERS LANE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

292094

☐

ZANESVILLE,, OH 43701

Account #: OHIOGS

Manufacturer:

WATTS

☐

Site Use: Business Office

Model:

909

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

☐

Mailing Address

Size:

1.50

☐

KAREN

Orientation:

☐

HEART OF OHIO GIRL SCOUT COUNCIL

3230 BOWERS LANE

Protection:

☐

ZANESVILLE,, OH 43701

Test Due No Later than:

04/17/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 317

Backflow Prevention Assembly Test Report

HARTSTONE POTTERY

1719 DEARBORNE AVENUE

ZANESVILLE, OH 43701

Site Use: POTTERY

Hazard: CONTAINMENT COMM. MED.

Mailing Address

WES FOLTZ
HEARTSTONE POTTERY
1719 DEARBORNE AVENUE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT. - DECORATING ROOM.

Meter#:

LID/Service:

Account #: HARTSTONEPOTTERY

Serial #:

306001

Manufacturer:

WATTS

Model:

909

Type:

RPPA

Size:

2.00

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

05/26/2014

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3497

Backflow Prevention Assembly Test Report

HARTSTONE POTTERY

1719 DEARBORNE AVENUE

ZANESVILLE, OH 43701

Site Use: POTTERY

Hazard:

Mailing Address

WES FOLTZ
HEARTSTONE POTTERY
1719 DEARBORNE AVENUE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: HARTSTONEPOTTERY

Serial #:

10200

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

1.00

Orientation:

Protection:

PAST DUE

Test Due No Later than:

05/26/2014

 Existing ☐
New ☐

 Removed ☐
Replaced ☐

 Commercial ☐
Industrial ☐

 Residential ☐
Construction ☐

 Domestic ☐
Irrigation ☐

 Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

	Yes	No
Proper Installation	<input type="checkbox"/>	<input type="checkbox"/>
RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>
#2 Shutoff Closed	<input type="checkbox"/>	<input type="checkbox"/>
Service Restored	<input type="checkbox"/>	<input type="checkbox"/>

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐
 Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1065

Backflow Prevention Assembly Test Report

HELEN PURCELL HOME

1854 NORWOOD BLVD.

ZANESVILLE, OH 43701

Site Use: Retirement Home

Hazard: CONTAINMENT COMM. MED.

Mailing Address

HELEN PURCELL HOME
1854 NORWOOD BLVD.

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT - BASEMENT

Meter#:

LID/Service:

Account #: HELENPURCELLHOME

Serial #:

145504

Manufacturer:

WATTS

Model:

909

Type:

RP

Size:

3.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

06/12/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1066

Backflow Prevention Assembly Test Report

HELEN PURCELL HOME

Location: FIRE LINE. - BASEMENT.

1854 NORWOOD BLVD.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

45K1027

☐

ZANESVILLE, OH 43701

Account #: HELENPURCELLHOME

Manufacturer:

AMES

☐

Site Use: Retirement Home

Model:

4000 SILVER

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Mailing Address

Type:

RPPA

☐

Size:

4.00

☐

Orientation:

☐

Protection:

☐HELEN PURCELL HOME
1854 NORWOOD BLVD.

ZANESVILLE, OH 43701

Test Due No Later than:

06/12/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4862

Backflow Prevention Assembly Test Report

HELEN PURCELL HOME

1854 NORWOOD BLVD.

ZANESVILLE, OH 43701

Site Use: Retirement Home

Hazard: ISOLATION MED.

Mailing Address

HELEN PURCELL HOME
1854 NORWOOD BLVD.

ZANESVILLE, OH 43701

Location: STORM WATER TO CISTERN, USED FOR WATERING FLOWERS.

Meter#:

LID/Service:

Account #: HELENPURCELLHOME

Serial #:

53180

Manufacturer:

WATTS

Model:

919

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

06/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5282

Backflow Prevention Assembly Test Report

HELEN PURCELL HOME

Location: BOILER FEED LINE. MAKEUP WATER.

1854 NORWOOD BLVD.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

A51610

☐

ZANESVILLE, OH 43701

Account #: HELENPURCELLHOME

Manufacturer:

WATTS

☐

Site Use: Retirement Home

Model:

009

☐

Hazard: CONTAINMENT COMM. MED.

Mailing Address

Type:

RPPA

☐

Size:

0.75

☐

Orientation:

☐

Protection:

☐HELEN PURCELL HOME
1854 NORWOOD BLVD.

ZANESVILLE, OH 43701

Test Due No Later than:

06/12/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 332

Backflow Prevention Assembly Test Report

HELP ME GROW/WIC PROGRAM

Location: WATER SERVICE CONTAINMENT.

333 PUTNAM AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

153312

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Business Office

Model:

909

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

COUNTY COMMISSIONERS

HELP ME GROW/WIC PROGRAM

401 MAIN ST.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

08/19/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2286

Backflow Prevention Assembly Test Report

HERITAGE MONUMENTS

780 SOUTH 2ND STREET

COSHOCTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

KEN FREE
HERITAGE MONUMENTS
780 SOUTH 2ND STREET

COSHOCTON, OH 43812

Location: WATER SERVICE CONTAINMENT. - GARAGE AREA. - SOUTH CORNER.

Meter#:

LID/Service:

Account #: HERITAGEMONUMENTS

Serial #:

06132

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

10/29/2015

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 159

Backflow Prevention Assembly Test Report

HIBLER, DR. JOHN

Location: BASEMENT. - LAWN SPRINKLER.

3096 MAPLE CREEK DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

168420

Account #: JOHN HIBLER

Manufacturer:

WATTS

Site Use:

Model:

009

Hazard: IRRIGATION MED-ISOLATION

Mailing Address

Type:

RPPA

JOHN HIBLER

Size:

0.75

HIBLER, DR. JOHN

Orientation:

3096 MAPLE CREEK DRIVE

Protection:

ZANESVILLE, OH 43701

Test Due No Later than:

04/19/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1070

Backflow Prevention Assembly Test Report

HIGGINBOTHAM, INC.

109 UNDERWOOD STREET

ZANESVILLE, OH 43701

Site Use: Business Office

Hazard: CONTAINMENT COMM.LOW

Mailing Address

HIGGINBOTHAM, INC.

109 UNDERWOOD STREET

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT. - MEN'S BATHROOM UNDER SINK.

Meter#:

LID/Service:

Account #: HIGGINBOTHAMINC

Serial #:

105204

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

02/06/2021

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1701

Backflow Prevention Assembly Test Report

HIGH HILL SPORTSMAN'S CLUB,
7365 SUGARGROVE ROAD

CHANDLERSVILLE, OH 43727

Site Use:

Hazard: ISOLATION MED.

Mailing Address

HIGH HILL SPORTSMAN'S CLUB
P.O. BOX 14

CHANDLERSVILLE, OH 43727

Location: DUMP STATION.

Meter#:

LID/Service:

Account #: HIGHHILLSPORTSMANS

Serial #:

209884

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

1.00

Orientation:

Protection:

☐☐☐☐☐☐☐

Test Due No Later than:

09/18/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4039

Backflow Prevention Assembly Test Report

HILLIS,COMBS & NESTER FUNER

Location: BOILER ROOM,BOILER FEED.

935 FOREST AVE.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

654304

Account #: HILLIS,COMBS,NESTE

Manufacturer:

WATTS

Site Use: Mortuary

Model:

009

Hazard: ISOLATION MED.

Type:

RPPA

Mailing Address

Size:

0.75

HILLIS,COMBS & NESTER

HILLIS,COMBS & NESTER FUNERAL HOME

935 FOREST AVE.

Orientation:

ZANESVILLE, OH 43701

Protection:

Test Due No Later than:

06/16/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4551

Backflow Prevention Assembly Test Report

HILLIS, COMBS & NESTER FUNER

Location: BASEMENT.

935 FOREST AVE.

Meter#:

Serial #:

Check if Correct

Corrections

31204

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Mortuary

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

HILLIS, COMBS & NESTER FUNERAL HOME

935 FOREST AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

06/16/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1073

Backflow Prevention Assembly Test Report

HILSCHER-CLARK ELECTRIC CO.

Location: WATER SERVICE CONTAINMENT.* MECH ROOM.

572 SOUTH 3RD STREET

Meter#:

Serial #: Check if Correct Corrections

COSHOCTON, OH 43812

LID/Service:

537828

Account #: HILSCHER-CLARKELEC

Manufacturer:

WATTS

Site Use: Business Office/shop

Model:

909

Hazard: CONTAINMENT COMM. MED.

Mailing Address

Type:

RPPA

KRISTI JORDAN, OFFICE MGR.
HILSCHER-CLARK ELECTRIC CO.
572 SOUTH 3RD STREET

Size:

1.00

Orientation:

COSHOCTON, OH 43812

Protection:

Test Due No Later than:

02/23/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4576

Backflow Prevention Assembly Test Report

HILSCHER-CLARK ELECTRIC CO.

Location: MECH ROOM.

572 SOUTH 3RD STREET

Meter#:

Serial #:

Check if Correct

Corrections

12358

☐

COSHOCKTON, OH 43812

LID/Service:

Account #: HILSCHER-CLARKELEC

Manufacturer:

AMES

☐

Site Use: Business Office/shop

Model:

4000B

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

Protection:

☐

KRISTI JORDAN, OFFICE MGR.

HILSCHER-CLARK ELECTRIC CO.

572 SOUTH 3RD STREET

COSHOCKTON, OH 43812

Test Due No Later than:

02/23/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4577

Backflow Prevention Assembly Test Report

HILSCHER-CLARK ELECTRIC CO.

Location: FIRST FLOOR. MECH. ROOM

572 SOUTH 3RD STREET

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

1059611012

☐

COSHOCTON, OH 43812

Account #: HILSCHER-CLARKELEC

Manufacturer:

AMES

☐

Site Use: Business Office/shop

Model:

5000SS

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

4.00

☐

Orientation:

☐

Protection:

☐

KRISTI JORDAN, OFFICE MGR.

HILSCHER-CLARK ELECTRIC CO.

572 SOUTH 3RD STREET

COSHOCTON, OH 43812

Test Due No Later than:

02/23/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐ ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4130

Backflow Prevention Assembly Test Report

HISTORICAL SOCIETY -STONE ACADEMY

Location: BASEMENT.

115 JEFFERSON ST.

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

32118

☐

Account #: HISTORICALSOCIETY

Manufacturer:

WATTS

☐

Site Use: Business Office

Model:

LF719QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

0.75

☐

HISTORICAL SOCIETY -STONE ACADEMY

115 JEFFERSON ST.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

09/14/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4084

Backflow Prevention Assembly Test Report

H-N-R HOMES AND HEARTHES

Location: MECH ROOM.

4375 ROSEVILLE RD.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

28135

☐

ZANESVILLE, OH 43701

Account #: HNR HOMES&HEARTHES

Manufacturer:

WATTS

☐

Site Use: Business Office

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

TOM HITCHCOCK

H-N-R HOMES AND HEARTHES

4375 ROSEVILLE RD.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

01/08/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4962

Backflow Prevention Assembly Test Report

HOBBY LOBBY

Location: MECH ROOM.

3515 N. MAPLE AVE. SOUTH SIDE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

12282

☐

Account #: HOBBY LOBBY

Manufacturer:

WATTS

☐

Site Use: Retail

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

2.00

☐

HOBBY LOBBY

3515 N MAPLE AVE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/08/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2488

Backflow Prevention Assembly Test Report

HOBBY LOBBY #0372

3925 GORSKY DRIVE,B

ZANESVILLE, OH 43701

Site Use: Retail

Hazard: CONTAINMENT COMM.LOW

Mailing Address

ATTN: REAL ESTATE DEPT.
HOB-LOB LIMITED PARTNERSHIP
7707 SW 44TH STREET

OKALHOMA CITY, OK 73179

Location: MECH. RM. *WATER SERVICE CONTAINMENT. ***OLD HOBBY LOBBY

Meter#:

LID/Service:

Account #: ZAREMBA-HOBBY

Serial #:

379976

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

09/29/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2489

Backflow Prevention Assembly Test Report

HOBBY LOBBY #0372

3925 GORSKY DRIVE,B

ZANESVILLE, OH 43701

Site Use: Retail

Hazard: FIRE LINE CONNECTION-MEDIUM

Mailing Address

ATTN: REAL ESTATE DEPT.
HOB-LOB LIMITED PARTNERSHIP
7707 SW 44TH STREET

OKALHOMA CITY, OK 73179

Location: REAR MECH. RM. (MAIN FIRE LINE). *** OLD HOBBY LOBBY

Meter#:

LID/Service:

Account #: ZAREMBA-HOBBY

Serial #:

Y0109

Manufacturer:

WILKINS

Model:

375

Type:

RPDA

Size:

6.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

09/29/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2490

Backflow Prevention Assembly Test Report

HOBBY LOBBY #0372

3925 GORSKY DRIVE,B

ZANESVILLE, OH 43701

Site Use: Retail

Hazard: FIRE LINE BYPASS-MEDIUM

Mailing Address

ATTN: REAL ESTATE DEPT.
HOB-LOB LIMITED PARTNERSHIP
7707 SW 44TH STREET

OKALHOMA CITY, OK 73179

Location: REAR,MECH. RM. (FIRE BYPASS) ***OLD HOBBY LOBBY

Meter#:

LID/Service:

Account #: ZAREMBA-HOBBY

Serial #:

W284424

Manufacturer:

WILKINS

Model:

975XL

Type:

RP

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

09/29/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3198

Backflow Prevention Assembly Test Report

HOLIDAY INN EXPRESS #7177

Location: MECH. ROOM

1101 SPRING STREET

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

A60400

☐

Account #: HOLIDAY INN

Manufacturer:

WATTS

☐

Site Use: Motels/Hotels

Model:

009

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

Orientation:

☐

Protection:

☐

Test Due No Later than:

11/19/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3200

Backflow Prevention Assembly Test Report

HOLIDAY INN EXPRESS #7177

Location: MECH RM. FIRE LINE NEXT TO POTABLE WATER

1101 SPRING STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

JB-0594

☐

ZANESVILLE, OH 43701

Account #: HOLIDAY INN

Manufacturer:

AMES

☐

Site Use: Motels/Hotels

Model:

5000

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

6.00

☐

HOLIDAY INN EXPRESS #7177

1101 SPRING STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

11/19/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3201

Backflow Prevention Assembly Test Report

HOLIDAY INN EXPRESS #7177

Location: MECH RM. ON FIRE LINE BYPASS

1101 SPRING STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

21192

☐

ZANESVILLE, OH 43701

Account #: HOLIDAY INN

Manufacturer:

WATTS

☐

Site Use: Motels/Hotels

Model:

919

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

HOLIDAY INN EXPRESS #7177

1101 SPRING STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

11/19/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4132

Backflow Prevention Assembly Test Report

HOLZSCHUHER DANCE STUDIO

Location: BASEMENT NW DRESSING ROOM BY FURNACE.

51 S.7TH ST.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

31752

☐

ZANESVILLE, OH 43701

Account #: HOLZSCHUHERSTUDIO

Manufacturer:

WATTS

☐

Site Use: DANCE STUDIO

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

BUTCH HEISAN

HOLZSCHUHER DANCE STUDIO

51 S.7TH ST.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2145

Backflow Prevention Assembly Test Report

HOME DEPOT

3787 HOME DEPOT DRIVE

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

HOME DEPOT

3787 HOME DEPOT DRIVE

ZANESVILLE, OH 43701

Location: POTABLE WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: HOMEDEPOT

Serial #:

114387

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

1.50

Orientation:

Protection:

Test Due No Later than:

07/14/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2147

Backflow Prevention Assembly Test Report

HOME DEPOT

Location: FIRE LINE BYPASS.

3787 HOME DEPOT DRIVE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

W218219XLD

Account #: HOMEDEPOT

Manufacturer:

WILKINS

Site Use:

Model:

975XL

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

Mailing Address

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

07/14/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2148

Backflow Prevention Assembly Test Report

HOME DEPOT

3787 HOME DEPOT DRIVE

ZANESVILLE, OH 43701

Site Use:

Hazard: FIRE LINE CONNECTION-MEDIUM

Mailing Address

HOME DEPOT

3787 HOME DEPOT DRIVE

ZANESVILLE, OH 43701

Location: FIRE LINE-MECH RM. PUMP ROOM.

Meter#:

LID/Service:

Account #: HOMEDEPOT

Serial #:

R00907

Check if Correct

Corrections

Manufacturer:

WILKINS

Model:

475

Type:

RPDA

Size:

8.00

Orientation:

Protection:

Test Due No Later than:

07/14/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3028

Backflow Prevention Assembly Test Report

HOME DEPOT

Location: GARDEN CENTER & LAWN SPRINKLER.

3787 HOME DEPOT DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

A49170

☐

Account #: HOMEDEPOT

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: IRRIGATION MED-ISOLATION

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

HOME DEPOT

Orientation:

3787 HOME DEPOT DRIVE

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

07/14/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4711

Backflow Prevention Assembly Test Report

HOME LOAN & SAVINGS BANK

Location: MECH. ROOM.

419 MAIN ST.

Meter#:

Serial #: Check if Correct Corrections

COSHOCTON, OH 43812

LID/Service:

50277

Account #: HOME LOAN BANK

Manufacturer:

WATTS

Site Use:

Model:

Hazard: CONTAINMENT COMM. MED.

919

Mailing Address

Type:

RPPA

KYLE HAMILTON

HOME LOAN & SAVINGS BANK

419 MAIN ST.

Size:

0.75

Orientation:

COSHOCTON, OH 43812

Protection:

PAST DUE

Test Due No Later than:

02/19/2016

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2529

Backflow Prevention Assembly Test Report

HOME LOAN SAVINGS BANK

Location: BASEMENT - *WATER SERVICE.

413 MAIN STREET

Meter#:

Serial #: Check if Correct Corrections

COSHOCTON, OH 43812

LID/Service:

06393

Account #: HOMELOANSVINGSBK

Manufacturer:

WATTS

Site Use:

Hazard: CONTAINMENT COMM.LOW

Model:

719

Mailing Address

Type:

DCVA

KYLE HAMILTON PRES.

HOME LOAN SAVINGS BANK

413 MAIN STREET

Size:

1.50

COSHOCTON, OH 43812

Orientation:

Protection:

Test Due No Later than:

11/02/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2587

Backflow Prevention Assembly Test Report

HOME LOAN SAVINGS BANK

413 MAIN STREET

COSHOCKTON, OH 43812

Site Use:

Hazard: ISOLATION MED.

Mailing Address

KYLE HAMILTON PRES.

HOME LOAN SAVINGS BANK

413 MAIN STREET

COSHOCKTON, OH 43812

Location: MECH. RM. CHILLER & BOILER FILL LINE.

Meter#:

LID/Service:

Account #: HOMELOANSVINGSBK

Serial #:

07758

Manufacturer:

WATTS

Model:

919

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

11/02/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1064

Backflow Prevention Assembly Test Report

HONEY BAKED HAM

2579 MAPLE AVENUE

ZANESVILLE, OH 43701

Site Use: Restaurant

Hazard: CONTAINMENT COMM.LOW

Mailing Address

HONEY BAKED HAM
3630 RAINIER WAY

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: HEAVENLYHAM

Serial #:

03332

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

04/25/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3512

Backflow Prevention Assembly Test Report

HOPE CLINIC OF COSHOCTON

Location: KITCHEN.IN CABINET.

131 SOUTH 6TH STREET

Meter#:

Serial #: Check if Correct Corrections

COSHOCTON, OHIO 43812

LID/Service:

07263

Account #: HOPE CLINIC

Manufacturer:

WATTS

Site Use:

Model:

Hazard: CONTAINMENT COMM.LOW

719

Mailing Address

Type:

DCVA

DAVE LANING

Size:

1.00

HOPE CLINIC OF COSHOCTON

Orientation:

131 SOUTH 6TH STREET

Protection:

COSHOCTON, OH 43812

Test Due No Later than:

10/20/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4712

Backflow Prevention Assembly Test Report

HOPEWELL FREE METHODIST CH
9515 WEST PIKE

HOPEWELL, OH 43746

Site Use: Church

Hazard: CONTAINMENT COMM.LOW

Mailing Address

HOPEWELL FREE METHODIST CHURCH
9515 WEST PIKE

HOPEWELL, OH 43746

Location: MECH. ROOM.

Meter#:

LID/Service:

Account #: FREE METHODIST CHU

Serial #:

12316

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719QT

Type:

DC

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

02/24/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Submit completed
Test Report:

Fax:



Service Address

Hazard/CCID: 3593

Backflow Prevention Assembly Test Report

HOPEWELL OIL & GAS DEVELOP

Location: IN SHOP, BETWEEN OVER HEAD DOORS.

1615 W.MAIN ST.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

28161

ZANESVILLE, OH 43701

Account #: HOPEWELL OIL&GAS

Manufacturer:

WATTS

Site Use: Business Office

Model:

719

Hazard: CONTAINMENT COMM. MED.

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

10/20/2015

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1056

Backflow Prevention Assembly Test Report

HOT HEAD BURRITOS

3217 MAPLE AVENUE

ZANESVILLE, OH 43701

Site Use: Business Office

Hazard: CONTAINMENT COMM.LOW

Mailing Address

HOT HEAD BURRITOS
3217 MAPLE AVENUE

ZANESVILLE, OH 43701

Location: BACK WALL (WATER SERVICE CONTAINMENT.)

Meter#:

LID/Service:

Account #: HOT HEADS BURRITO

Serial #:

167298

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

11/12/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2321

Backflow Prevention Assembly Test Report

HOUSTON INSURANCE

20 SOUTH SHAWNEE AVE.

SO. ZANESVILLE, OH 43702-1832

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

DIANE HOUSTON
HOUSTON INSURANCE
PO BOX 1832

SO. ZANESVILLE, OH 43702-1832

Location: *BASEMENT, WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: HOUSTONINSURANCE

Serial #:

2019448

Manufacturer:

WILKINS

Model:

950

Type:

DC

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

03/07/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4432

Backflow Prevention Assembly Test Report

HUGHES TRUCK REPAIR

5875 EAST PIKE

ZANESVILLE, OH 43701

Site Use: REPAIR SHOP

Hazard: CONTAINMENT COMM.LOW

Mailing Address

KEITH HUGHES
HUGHES TRUCK REPAIR
5875 EAST PIKE

ZANESVILLE, OH 43701

Location: IN GARAGE.

Meter#:

LID/Service:

Account #: HUGHES TRUCK REPR.

Serial #:

28752

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

05/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2005

Backflow Prevention Assembly Test Report

HUMBLE HEART

18 EAST 6TH STREET

DRESDEN, OH 43821

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

DARIN HUMBLE
HUMBLE HEART
P.O. BOX 530

DRESDEN, OH 43821

Location: WATER SERVICE CONTAINMENT. *(BASEMENT).

Meter#:

LID/Service:

Account #: HUMBLEHEART

Serial #:

189159

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

03/24/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2052

Backflow Prevention Assembly Test Report

HUNTER ARENA-COSH.CO.FAIR I

Location: WATER SERVICE CONTAINMENT. * (MECH ROOM LEFT OF ENTRY DOOR).

707 KENILWORTH

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

06031

☐

COSHOCTON, OH 43812

Account #: HUNTERARENACOSH

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.50

☐

HUNTER ARENA - COSH. CO. FAIR BOARD

707 KENILWORTH

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

06/13/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2538

Backflow Prevention Assembly Test Report

HUNTINGTON NATIONAL BANK

Location: MECH. RM. WATER SERVICE CONTAINMENT.

219 MAYSVILLE AVE.

Meter#:

Serial #: 06866

Check if Correct

Corrections

SO. ZANESVILLE, OH 43701

LID/Service:

Account #: HUNTATIONALBANK

Manufacturer:

WATTS

Site Use: Bank

Hazard: CONTAINMENT COMM.LOW

Model:

719

Mailing Address

Type:

DCVA

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

04/19/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3040

Backflow Prevention Assembly Test Report

HUNTINGTON BANK-NORTH

Location: BEHIND TELLERS, BACK ROOM, MECH. ROOM.

2801 MAPLE AVENUE

Meter#:

Serial #: 14356

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: HUNTINGTONMAPLE

Manufacturer: WATTS

Site Use: Bank

Model:

Hazard: CONTAINMENT COMM.LOW

719

Mailing Address

Type:

DCVA

MANAGER

HUNTINGTON NATIONAL BANK

422 MAIN ST.

Size:

0.75

Orientation:

ZANESVILLE, OH 43701

Protection:

Test Due No Later than:

04/19/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 272

Backflow Prevention Assembly Test Report

HUNTINGTON BANK

422-428 MAIN STREET

ZANESVILLE, OH 43701

Site Use: Bank

Hazard: ISOLATION MED.

Mailing Address

ATTN: BUTCH MILLS
HUNTINGTON NATIONAL BANK
422 MAIN STREET

ZANESVILLE, OH 43701

Location: ISOLATION - MECH ROOM - BASEMENT

Meter#:

LID/Service:

Account #: HUNTINGTONDWNTOWN

Serial #:

108395

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

1.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

04/19/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 273

Backflow Prevention Assembly Test Report

HUNTINGTON BANK

422-428 MAIN STREET

ZANESVILLE, OH 43701

Site Use: Bank

Hazard: CONTAINMENT COMM.LOW

Mailing Address

ATTN: BUTCH MILLS

HUNTINGTON NATIONAL BANK

422 MAIN STREET

ZANESVILLE, OH 43701

Location: CONTAINMENT. * (MECHANICS ROOM).

Meter#:

LID/Service:

Account #: HUNTINGTONDWNTOWN

Serial #:

504540

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

04/19/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 274

Backflow Prevention Assembly Test Report

HUNTINGTON BANK

422-428 MAIN STREET

ZANESVILLE, OH 43701

Site Use: Bank

Hazard: CONTAINMENT COMM.LOW

Mailing Address

ATTN: BUTCH MILLS
HUNTINGTON NATIONAL BANK
422 MAIN STREET

ZANESVILLE, OH 43701

Location: CONTAINMENT - MECH ROOM - BASEMENT.

Meter#:

LID/Service:

Account #: HUNTINGTONDWNTOWN

Serial #:

81089

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCDA

Size:

2.00

Orientation:

Protection:

Test Due No Later than:

04/19/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 275

Backflow Prevention Assembly Test Report

HUNTINGTON BANK

422-428 MAIN STREET

ZANESVILLE, OH 43701

Site Use: Bank

Hazard: FIRE LINE CONNECTION-MEDIUM

Mailing Address

ATTN: BUTCH MILLS
HUNTINGTON NATIONAL BANK
422 MAIN STREET

ZANESVILLE, OH 43701

Location: FIRE LINE - MECH ROOM

Meter#:

LID/Service:

Account #: HUNTINGTONDWNTOWN

Serial #:

12994

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

909

Type:

RPDA

Size:

2.50

Orientation:

Protection:

Test Due No Later than:

04/19/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2441

Backflow Prevention Assembly Test Report

HUNTINGTON BANK

422-428 MAIN STREET

ZANESVILLE, OH 43701

Site Use: Bank

Hazard: CONTAINMENT COMM.LOW

Mailing Address

ATTN: BUTCH MILLS

HUNTINGTON NATIONAL BANK

422 MAIN STREET

ZANESVILLE, OH 43701

Location: NEW DRIVE THRU BANK, CONTAINMENT.

Meter#:

LID/Service:

Account #: HUNTINGTONDWNTOWN

Serial #:

08198

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

04/19/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 360

Backflow Prevention Assembly Test Report

HYDRO SUPPLY

3112 EAST PIKE

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

MANAGER
HYDRO SUPPLY
3112 EAST PIKE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT. - MECH ROOM.

Meter#:

LID/Service:

Account #: HYDROSUPPLY

Serial #:

B14810

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

03/16/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4993

Backflow Prevention Assembly Test Report

HYPE FITNESS

Location: MECH ROOM

3620 COURT DR. SUITE J

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

10956

☐

Account #: HYPE FITNESS

Manufacturer:

WATTS

☐

Site Use: Health Club

Model:

LF719QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

2.00

☐

DAVID SMITH

HYPE FITNESS

3620 COURT DR. SUITE J

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

12/14/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4994

Backflow Prevention Assembly Test Report

HYPE FITNESS

3620 COURT DR. SUITE J

ZANESVILLE, OH 43701

Site Use: Health Club

Hazard: ISOLATION MED.

Mailing Address

DAVID SMITH
HYPE FITNESS
3620 COURT DR. SUITE J

ZANESVILLE, OH 43701

Location: MECH. ROOM. MAKEUP WATER STEAM BOILER.

Meter#:

LID/Service:

Account #: HYPE FITNESS

Serial #:

87716

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

919QT

Type:

RP

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

12/14/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3834

Backflow Prevention Assembly Test Report

INDIANA STREET RECOVERY CO

Location: IN MECH. ROOM.

554 MOXAHALA AVE.

Meter#:

Serial #: 32137

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: ISRC MEETING HALL

Manufacturer:

WATTS

Site Use:

Hazard: CONTAINMENT COMM.LOW

Model:

719

Mailing Address

Type:

DCVA

Size:

0.75

Orientation:

Protection:

I.S.R.C. MEETING HALL

554 MOXAHALA AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

06/05/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3942

Backflow Prevention Assembly Test Report

IGW USA LLC

1000 LINDEN AVE.

ZANESVILLE, OH 43701-3098

Site Use: MACHINE SHOP

Hazard: ISOLATION MED.

Mailing Address

LOREN HARPER
IGW USA LLC
1000 LINDEN AVE.

ZANESVILLE, OH 43701-3098

Location: BY LOADING DOCK.COOLANT MIXER

Meter#:

LID/Service:

Account #: IGW USA LLC

Serial #:

15851

Manufacturer:

WATTS

Model:

919

Type:

RPPA

Size:

0.75

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

06/20/2018

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4605

Backflow Prevention Assembly Test Report

IGW USA LLC

1000 LINDEN AVE.

ZANESVILLE, OH 43701-3098

Site Use: MACHINE SHOP

Hazard: CONTAINMENT COMM.LOW

Mailing Address

LOREN HARPER

IGW USA LLC

1000 LINDEN AVE.

ZANESVILLE, OH 43701-3098

Location: WOMENS REST ROOM ,BEHIND WALL PANEL.

Meter#:

LID/Service:

Account #: IGW USA LLC

Serial #:

08503

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

1.50

Orientation:

Protection:

Test Due No Later than:

06/20/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4606

Backflow Prevention Assembly Test Report

IGW USA LLC

1000 LINDEN AVE.

ZANESVILLE, OH 43701-3098

Site Use: MACHINE SHOP

Hazard: FIRE LINE CONNECTION-MEDIUM

Mailing Address

LOREN HARPER
IGW USA LLC
1000 LINDEN AVE.

ZANESVILLE, OH 43701-3098

Location: FIRE CLOSET.

Meter#:

LID/Service:

Account #: IGW USA LLC

Serial #:

08632

Check if Correct

Corrections

Manufacturer:

WILKINS

Model:

475V

Type:

RP

Size:

6.00

Orientation:

Protection:

Test Due No Later than:

06/20/2022

Existing ☐
New ☐

Removed ☐
Replaced ☐

Commercial ☐
Industrial ☐

Residential ☐

Construction ☐

Domestic ☐

Irrigation ☐

Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5258

Backflow Prevention Assembly Test Report

IGW USA LLC

Location: SOUTHWEST CORNER OFFICE

1000 LINDEN AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

08661

☐

ZANESVILLE, OH 43701-3098

Account #: IGW USA LLC

Manufacturer:

WILKINS

☐

Site Use: MACHINE SHOP

Model:

475V

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RP

☐

Mailing Address

Size:

6.00

☐

LOREN HARPER

IGW USA LLC

1000 LINDEN AVE.

Orientation:

☐

ZANESVILLE, OH 43701-3098

Protection:

☐

Test Due No Later than:

06/20/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3448

Backflow Prevention Assembly Test Report

ILLUSIONS HAIR STUDIO

Location: MECH RM.BESIDE WATER HEATER.

3209 MAPLE AVE.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

24426

☐

ZANESVILLE, OH 43701

Account #: ILLUSIONS HAIR

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐ILLUSIONS HAIR STUDIO
3209 MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

02/15/2017

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3721

Backflow Prevention Assembly Test Report

IMAGE COMPUTER SOLUTIONS,LLC
44 4TH ST.

Location: MECH.ROOM

ZANESVILLE, OH 43701

Meter#:

LID/Service:

Account #: IMAGECOMPUTERSOL.

Serial #:

10488

Check if Correct

Corrections

☐

Manufacturer:

WATTS

☐

Model:

719

☐

Type:

DCVA

☐

Size:

1.00

☐

Orientation:

☐

Protection:

☐

Site Use: Business Office

Hazard: CONTAINMENT COMM.LOW

Mailing Address

ALLAN MAY
 IMAGE COMPUTER SOLUTIONS,INC
 44 4TH ST.

ZANESVILLE, OH 43701

Test Due No Later than:

08/27/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
 Test Report:

Fax:

Service Address

Hazard/CCID: 4136

Backflow Prevention Assembly Test Report

IMLAY FLORIST

54 N.5TH ST.

ZANESVILLE, OH 43701

Site Use: FLOWER SHOP

Hazard: CONTAINMENT COMM.LOW

Mailing Address

DAVE IMLAY
IMLAY FLORIST
54 N.5TH ST.

ZANESVILLE, OH 43701

Location: BASEMENT.

Meter#:

LID/Service:

Account #: IMLAY FLORIST

Serial #:
29557Manufacturer:
WATTSModel:
719Type:
DCVASize:
0.75

Orientation:

Protection:

Check if Correct Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

03/13/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Submit completed
Test Report:

Fax:



Service Address

Hazard/CCID: 4539

Backflow Prevention Assembly Test Report

IMLAY FLORIST

54 N.5TH ST.

ZANESVILLE, OH 43701

Site Use: FLOWER SHOP

Hazard: ISOLATION MED.

Mailing Address

DAVE IMLAY
IMLAY FLORIST
54 N.5TH ST.

ZANESVILLE, OH 43701

Location: BASEMENT.BOILER FEED.

Meter#:

LID/Service:

Account #: IMLAY FLORIST

Serial #:

425266

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.50

Orientation:

Protection:

Test Due No Later than:

03/13/2023

Existing ☐
New ☐

Removed ☐
Replaced ☐

Commercial ☐
Industrial ☐

Residential ☐

Construction ☐

Domestic ☐

Irrigation ☐

Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1284

Backflow Prevention Assembly Test Report

IMLAY'S UNIFORMS

2720 MAPLE AVENUE

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

IMLAY'S UNIFORMS
2720 MAPLE AVENUE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT. * REAR OF BUILDING.

Meter#:

LID/Service:

Account #: IMLAYSUNIFORMS

Serial #:

06099

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

06/15/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2466

Backflow Prevention Assembly Test Report

IMLAY'S UNIFORMS

2720 MAPLE AVENUE

ZANESVILLE, OH 43701

Site Use:

Hazard: IRRIGATION MED-ISOLATION

Mailing Address

IMLAY'S UNIFORMS
2720 MAPLE AVENUE

ZANESVILLE, OH 43701

Location: SIDE OF BLDG. LAWN SPRINKLER.

Meter#:

LID/Service:

Account #: IMLAYSUNIFORMS

Serial #:

266614

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

800

Type:

PVB

Size:

0.75

Orientation:

Protection:

☐☐☐☐☐☐☐

Test Due No Later than:

06/15/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4137

Backflow Prevention Assembly Test Report

IMMANUEL CHURCH OF ZANESV

Location: ANNEX

105 S.7TH ST.

Meter#:

Serial #:

Check if Correct

Corrections

08581

☐

ZANESVILLE, OH 43701

LID/Service:

Account #: IMMANUEL CHURCH

Manufacturer:

WATTS

☐

Site Use: Church

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.50

☐

IMMANUEL CHURCH OF ZANESVILLE OHIO

105 S.7TH ST.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/16/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4560

Backflow Prevention Assembly Test Report

IMMANUEL CHURCH OF ZANESV

Location: MECH ROOM.

105 S.7TH ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

42992

☐

ZANESVILLE, OH 43701

Account #: IMMANUEL CHURCH

Manufacturer:

WATTS

☐

Site Use: Church

Model:

919

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

IMMANUEL CHURCH OF ZANESVILLE OHIO

105 S.7TH ST.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/16/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4561

Backflow Prevention Assembly Test Report

IMMANUEL CHURCH OF ZANESV

Location: MECH ROOM.

105 S.7TH ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

29539

☐

ZANESVILLE, OH 43701

Account #: IMMANUEL CHURCH

Manufacturer:

WATTS

☐

Site Use: Church

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

IMMANUEL CHURCH OF ZANESVILLE OHIO

105 S.7TH ST.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/16/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3223

Backflow Prevention Assembly Test Report

NATIONAL ROAD FLEA MARKET

Location: MECH. ROOM.

8645 EAST PIKE

Meter#:

Serial #:

Check if Correct

Corrections

16530

☐

NORWICH, OH 43767

LID/Service:

Account #: INDEPENDANT PROP.

Manufacturer:

WATTS

☐

Site Use:

Hazard: CONTAINMENT COMM.LOW

Model:

719QT

☐

Mailing Address

Type:

DC

☐

SCOTT ZEMBA

INDEPENDENT PROPERTIES

3401 EAST PIKE

Size:

0.75

☐

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/24/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐

Leaked

☐

Closed Tight

☐

Held at _____ PSID

Leaked

☐

Closed Tight

☐

Held at _____ PSID

Did not open

☐

Opened at _____ PSID

Did not open

☐

Opened Fully

☐

Yes

☐

No

☐

Opened at _____ PSID

Leaked

☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned

☐

Rubber Kit

☐

Rebuild

☐

Replaced

☐

Other

☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐

Closed Tight

☐

Held at _____ PSID

Closed Tight

☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully

☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4515

Backflow Prevention Assembly Test Report

INDOOR GARDEN WORX

Location: RIGHT SIDE OF BUILDING.

304 W.MONROE ST.

Meter#:

Serial #:

Check if Correct

Corrections

31183

☐

ZANESVILLE, OH 43701

LID/Service:

Account #: INDOOR GARDEN WORX

Manufacturer:

WATTS

☐

Site Use:

Hazard: CONTAINMENT COMM.LOW

Model:

719

☐

Mailing Address

Type:

DCVA

☐

TIM WILCOX

INDOOR GARDEN WORX

304 W.MONROE ST.

Size:

0.75

☐

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/01/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3700

Backflow Prevention Assembly Test Report

INSIGHT SURGERY & LASER CEN

Location: IN MECHANICAL ROOM IN BACK OF BUILDING.

3973 NORTHPOINTE DR.

Meter#:

Serial #:

Check if Correct

Corrections

618415

☐

ZANESVILLE, OH 43701

LID/Service:

Account #: SURGERY&LASERCTR.

Manufacturer:

WATTS

☐

Site Use: OPTOMETRY

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

INSIGHT SURGERY & LASER CENTER LLC

3973 NORTHPOINTE DR.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

08/10/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3743

Backflow Prevention Assembly Test Report

INSIGHT SURGERY & LASER CEN

Location: IN MECHANICAL ROOM IN BACK OF BUILDING.

3973 NORTHPOINTE DR.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

431235

☐

ZANESVILLE, OH 43701

Account #: SURGERY&LASERCTR.

Manufacturer:

WATTS

☐

Site Use: OPTOMETRY

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPZA

☐

Mailing Address

Size:

2.00

☐INSIGHT SURGERY & LASER CENTER LLC
3973 NORTHPOINTE DR.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

08/10/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3744

Backflow Prevention Assembly Test Report

INSIGHT SURGERY & LASER CEN

Location: IN MECHANICAL ROOM IN BACK OF BUILDING.(BYPASS)

3973 NORTHPOINTE DR.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

400662

☐

ZANESVILLE, OH 43701

Account #: SURGERY&LASERCTR.

Manufacturer:

WATTS

☐

Site Use: OPTOMETRY

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPZA

☐

Mailing Address

Size:

2.00

☐

INSIGHT SURGERY & LASER CENTER LLC

3973 NORTHPOINTE DR.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

08/10/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 340

Backflow Prevention Assembly Test Report

Inspire Nutrition

225 SUNRISE CENTER ROAD

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

Inspire Nutrition
225 SUNRISE CENTER ROAD

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: Inspire Nutrition

Serial #:

108484

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

09/23/2016

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1681

Backflow Prevention Assembly Test Report

INTEGRATED BEVERAGE SYSTEM

Location: WATER SERVICE CONTAINMENT.

100 STATE STREET

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

164516

Account #: INTEG-BEVERAGE

Manufacturer:

WATTS

Site Use:

Model:

007

Hazard: CONTAINMENT COMM.LOW

Mailing Address

Type:

DCVA

ANDREW HESS

INTEGRATED BEVERAGE SYSTEMS

100 STATE STREET

Size:

0.75

Orientation:

ZANESVILLE, OH 43701

Protection:

Test Due No Later than:

06/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 61

Backflow Prevention Assembly Test Report

IROC HAIR DESIGN

125 STATE ST.

Zanesville, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

IROC Hair Design
125 State Street

Zanesville, OH 43701

Location: *MECH.RM. (WATER SERVICE CONTAINMENT).

Meter#:

LID/Service:

Account #: IROCHAIR

Serial #:

179451

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

06/22/2007

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2358

Backflow Prevention Assembly Test Report

IRVIN STONE

2225 GRIEF ROAD

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

IRVIN

P.O. BOX 2758

ZANESVILLE, OH 43701

Location: FRONT OF BUILDING, MAIN WATER SERVICE.

Meter#:

LID/Service:

Account #: IRVIN STONE

Serial #:

262548

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

2.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

04/01/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1456

Backflow Prevention Assembly Test Report

IT'S BATH TIME GROOMING

1535 MAPLE AVENUE

ZANESVILLE, OH 43701

Site Use: Business Office

Hazard: CONTAINMENT COMM.LOW

Mailing Address

CINDY BIRTCHER
IT'S BATH TIME GROOMING
1535 MAPLE AVENUE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: JEFF KOEHLER-RENT.

Serial #:

15243

Manufacturer:

WATTS

Model:

007M3QT

Type:

DC

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

11/11/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3800

Backflow Prevention Assembly Test Report

J & D AUTOMOTIVE

357 RICHARDS ROAD

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

BOB MILL

J & D AUTOMOTIVE

357 RICHARDS ROAD

ZANESVILLE, OH 43701

Location: UPSTAIRS BY WATER HEATER.

Meter#:

LID/Service:

Account #: J&DAUTOMOTIVE

Serial #:

08458

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

1.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

07/29/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2152

Backflow Prevention Assembly Test Report

J & D AUTOMOTIVE

357 RICHARDS ROAD

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

BOB MILL

J & D TRANSMISSIONS

357 RICHARDS ROAD

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT, *RESTROOM CLOSET.

Meter#:

LID/Service:

Account #: J&DTRANSMISSIONS

Serial #:

01879

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

1.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

07/29/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2137

Backflow Prevention Assembly Test Report

J & R DOOR

48000 US ROUTE 36

COSHOCTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

J & R DOOR

48000 US ROUTE 36

COSHOCTON, OH 43812

Location: MECH.ROOM,BAY AREA.

Meter#:

LID/Service:

Account #: WAHL HOLDINGS LLC

Serial #:

01183

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

919

Type:

RPPA

Size:

2.00

Orientation:

Protection:

Test Due No Later than:

02/27/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5328

Backflow Prevention Assembly Test Report

J QUAD ENTERPRISES

1161 NEWARK RD.

ZANESVILLE, OH. 43701

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

JENNIFER AGIN
J QUAD PROPERTIES
601 FAIRVIEW RD.

ZANESVILLE, OH. 43701

Location: BACKFLOW LOCATED IN SPACE 1159 NEWARK RD

Meter#:

LID/Service:

Account #: COPPER & CO.SPA

Serial #:

38762

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719QT

Type:

DC

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

08/31/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2315

Backflow Prevention Assembly Test Report

J. MOORE REALTY GROUP

1978 MAPLE AVE.

ZANESVILLE, OH 43701

Site Use: Realtor

Hazard: CONTAINMENT COMM. MED.

Mailing Address

J. MOORE REALTY GROUP
1978 MAPLE AVE.

ZANESVILLE, OH 43701

Location: MECH.RM.*WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: J.MOORE REALTY

Serial #:

228957

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

01/22/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2535

Backflow Prevention Assembly Test Report

J.C. PENNEY CO.

3575 MAPLE AVENUE

ZANESVILLE, OH 43701

Site Use:

Hazard: ISOLATION MED.

Mailing Address

JOANNA GORSETT MAINT. SUPER.

J.C. PENNEY CO.

3575 MAPLE AVE -JC.PENNEY

ZANESVILLE, OH 43701

Location: *IN PENTHOUSE BOILER RM. BOILER FEED

Meter#:

LID/Service:

Account #: COSQMALL-JCPENNEY

Serial #:

601253

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

09/10/2014

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2370

Backflow Prevention Assembly Test Report

J.C. & FAYE ROBB

6399 CANTERBURY WAY

ZANESVILLE, OH 43821

Site Use: LAWN SPRINKLER

Hazard: IRRIGATION MED-ISOLATION

Mailing Address

J.C. ROBB

J.C. & FAYE ROBB

6399 CANTERBURY WAY

ZANESVILLE, OH 43701

Location: BEHIND OFFICE, LAWN SPRINKLER

Meter#:

LID/Service:

Account #: DRESDENLANDSCAPING

Serial #:

477865

Manufacturer:

WATTS

Model:

800

Type:

PVB

Size:

1.00

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

05/04/2007

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 998

Backflow Prevention Assembly Test Report

J.D. DRIVE THRU

1535 MAYSVILLE AVENUE

ZANESVILLE, OH 43701

Site Use: Retail

Hazard: CONTAINMENT COMM.LOW

Mailing Address

DAVE SHOOK

J.D. DRIVE THRU

1535 MAYSVILLE AVENUE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT. * BATH ROOM.

Meter#:

LID/Service:

Account #: J.D.DRIVETHRU-01

Serial #:

00835

Manufacturer:

WATTS

Model:

775

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

03/12/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1833

Backflow Prevention Assembly Test Report

REA ASSOCIATES

530 MAIN STREET

COSHOCTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

REX SNYDER
J.V. PROPERTIES
P.O. BOX 370

COSHOCTON, OH 43812

Location: BASEMENT, PROTECTING BARBER SHOP.

Meter#:

LID/Service:

Account #: REAASSOCIATES

Serial #:

60766

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

12/20/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2313

Backflow Prevention Assembly Test Report

JACKSON TOWNSHIP

887 ST. RT.541

COSHOCTON, OH 43821

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

JACKSON TOWNSHIP

887 ST. RT.541

COSHOCTON, OH 43821

Location: TWP. HALL. * GARAGE EAST WALL.

Meter#:

LID/Service:

Account #: JACKSONTOWNSHIP

Serial #:

01270

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

12/13/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2856

Backflow Prevention Assembly Test Report

FREW MEMORIAL BALL PARK

Location: BALLPARK CONCESSION STAND,*WATER SERVICE CONTAINMENT.

9985 CANAL STREET

Meter#:

Serial #: 10454

Check if Correct

Corrections

FRAZEYSBURG, OH 43822

LID/Service:

Account #: FREWMEMORIALPARK

Manufacturer:

WATTS

Site Use: Park

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

06/08/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3106

Backflow Prevention Assembly Test Report

JAKES CORNER ZANESVILLE LLC

Location: WATER SERVICE CONTAINMENT - MECH ROOM

655 ZANE STREET

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

07644

☐

ZANESVILLE, OH 43701

Account #: JAKES CORNER

Manufacturer:

WATTS

☐

Site Use: Business Office

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

2.00

☐JAKES CORNER ZANESVILLE LLC
387 E LIVINGSTON AVE

Orientation:

☐

COLUMBUS, OH 43215

Protection:

☐

Test Due No Later than:

05/16/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3119

Backflow Prevention Assembly Test Report

JAKES CORNER ZANESVILLE LLC

Location: FIRE LINE

655 ZANE STREET

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

450400

☐

Account #: JAKES CORNER

Manufacturer:

AMES

☐

Site Use: Business Office

Model:

5000

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

4.00

☐

Orientation:

☐

Protection:

☐JAKES CORNER ZANESVILLE LLC
387 E LIVINGSTON AVE

COLUMBUS, OH 43215

Test Due No Later than:

05/16/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3120

Backflow Prevention Assembly Test Report

JAKES CORNER ZANESVILLE LLC

Location: FIRE LINE BY-PASS

655 ZANE STREET

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

10574

☐

Account #: JAKES CORNER

Manufacturer:

AMES

☐

Site Use: Business Office

Model:

4000B

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

Protection:

☐JAKES CORNER ZANESVILLE LLC
387 E LIVINGSTON AVE

COLUMBUS, OH 43215

Test Due No Later than:

05/16/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4151

Backflow Prevention Assembly Test Report

JAN CRAWMER TRUCKING COMPANY
970 ALFRED ST.

ZANESVILLE, OH 43701

Site Use: **TRUCKING**Hazard: **CONTAINMENT COMM.LOW**

Mailing Address

JAN CRAWMER
JAN CRAWMER TRUCKING COMPANY
970 ALFRED ST.

ZANESVILLE, OH 43701

Location: **NEED INSTALLED.**

Meter#:

LID/Service:

Account #: **J.CRAWMERTRUCKING**

Serial #:

Check if Correct

Corrections

Manufacturer:

Model:

Type:

Size:

0.00

Orientation:

Protection:

NEED INSTALLED

Test Due No Later than:

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 62

Backflow Prevention Assembly Test Report

JARRETT'S AUTO BODY

Location: WATER SERVICE CONTAINMENT

5555 LIMESTONE VALLEY ROAD

Meter#:

Serial #: Check if Correct Corrections

20972

☐

WHITE COTTAGE, OH 43791

LID/Service:

Account #: JARRETSAUTOBODY

Manufacturer:

WATTS

☐

Site Use: AUTO BODY

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

2.00

☐

CUBBY JARRETT

JARRETT'S AUTO BODY

P.O. BOX 91

Orientation:

☐

WHITE COTTAGE, OH 43791

Protection:

☐

Test Due No Later than:

06/20/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address **Hazard/CCID: 167****Backflow Prevention Assembly Test Report****JATA BUILDING CENTER**Location: **MECH. ROOM.****1092 MILITARY ROAD**

Meter#:

Serial #: **68427**

Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

Account #: **JATA BLDG.CENTER****WATTS**

Site Use:

Model:

Hazard: **CONTAINMENT COMM.LOW****007**

Mailing Address

Type:

DCVA**TRENT ANKROM**

Size:

0.75**JATA BUILDING CENTER**

Orientation:

559 GRANDVIEW DRIVE

Protection:

PAST DUE**ZANESVILLE, OH 43701**

Test Due No Later than:

06/30/2014Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐**Reduced Pressure Principle Assembly****Double Check Valve Assembly****PVB/SVB****Check Valve #1****Check Valve #2****Relief Valve****Air Inlet****Check Valve****Initial Test**Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐**Repairs**Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐**Air Gap**

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3424

Backflow Prevention Assembly Test Report

JEFF DRENNAN

Location: MECH. ROOM, WEST WALL.

801 SOUTH 2ND STREET

Meter#:

Serial #: Check if Correct Corrections

COSHOCTON, OH 43812

LID/Service:

24635

☐

Account #: JEFF DRENNAN

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

JEFF DRENNAN

801 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

PAST DUE

☐

Test Due No Later than:

01/20/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5199

Backflow Prevention Assembly Test Report

JEFF DRENNAN

Location: SEVICE BUILDING REST ROOM.

801 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

37545

☐

COSHOCOTON, OH 43812

Account #: JEFF DRENNAN

Manufacturer:

WATTS

☐

Site Use:

Model:

LF719QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

0.75

☐

JEFF DRENNAN

Orientation:

801 SOUTH 2ND STREET

☐

COSHOCOTON, OH 43812

Protection:

PAST DUE

☐

Test Due No Later than:

01/20/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3751

Backflow Prevention Assembly Test Report

JEFFERSON TOWNSHIP TRUSTIE

Location: MECH. ROOM

1595 MAIN ST.

Meter#:

Serial #: Check if Correct Corrections

DRESDEN, OH 43821

LID/Service:

26763

Account #: JEFF.TWP.

Manufacturer:

WATTS

Site Use: Storage Facility

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

JEFFERSON TOWNSHIP TRUSTIES

1595 MAIN ST.

DRESDEN, OH 43821

Test Due No Later than:

09/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 55

Backflow Prevention Assembly Test Report

JIFFY LUBE

3046 MAPLE AVENUE

ZANESVILLE, OH 43701

Site Use: REPAIR SHOP

Hazard: CONTAINMENT COMM. MED.

Mailing Address

JIFFY LUBE
3046 MAPLE AVENUE

ZANESVILLE, OH 43701

Location: *MECH. ROOM - WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: JIFFY LUBE MAPLE

Serial #:

201957

Manufacturer:

WATTS

Model:

909

Type:

RPPA

Size:

1.50

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

07/18/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 56

Backflow Prevention Assembly Test Report

JIFFY LUBE

3046 MAPLE AVENUE

ZANESVILLE, OH 43701

Site Use: REPAIR SHOP

Hazard: LIMITED AREA SPRINKLER

Mailing Address

JIFFY LUBE
3046 MAPLE AVENUE

ZANESVILLE, OH 43701

Location: *MECH.ROOM - FIRE LINE.

Meter#:

LID/Service:

Account #: JIFFY LUBE MAPLE

Serial #:

12409

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

1.50

Orientation:

Protection:

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 886

Backflow Prevention Assembly Test Report

JILLIAN'S SALON

Location: BACK OF BLDG.

101 NORTH WHITEWOMAN STREET

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

30371

☐

COSHOCTON, OH 43812

Account #: JILLIAN'S SALON

Manufacturer:

WATTS

☐

Site Use: Beauty Salon/Barber

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

ATT: JANNELLE GIVEN;OWNER

JILLIAN'S SALON

101 NORTH WHITEWOMAN STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

01/15/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1194

Backflow Prevention Assembly Test Report

JILLIANS FORMAL WEAR - CLOS

Location: WATER SERVICE CONTAINMENT - COMPLETE BUILDING

3935 NORTH POINTE DRIVE

Meter#:

Serial #: Check if Correct Corrections

67535

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

JILLIANS

Orientation:

3935 NORTH POINTE DRIVE

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

02/26/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3924

Backflow Prevention Assembly Test Report

JIM'S AUTO TOP

910 W.MAIN ST.

ZANESVILLE, OH 43701

Site Use: REPAIR SHOP,AUTO TOP

Hazard: CONTAINMENT COMM.LOW

Mailing Address

JIM'S AUTO TOP
910 W.MAIN ST.

ZANESVILLE, OH 43701

Location: STORAGE ROOM.

Meter#:

LID/Service:

Account #: JIM'S AUTO TOP

Serial #:
31981Manufacturer:
WATTSModel:
719Type:
DCVASize:
0.75

Orientation:

Protection:
PAST DUE

Check if Correct Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

01/03/2016

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3357

Backflow Prevention Assembly Test Report

JJ'S DRIVE THRU

1648 LINDEN AVENUE

ZANESVILLE, OH 43701

Site Use: DRIVE THRU/GAS STATION

Hazard: CONTAINMENT COMM.LOW

Mailing Address

JJ'S DRIVE THRU
1648 LINDEN AVENUE

ZANESVILLE, OH 43701

Location: IN OFFICE OFF OF DRIVE THRU.

Meter#:

LID/Service:

Account #: JJ'S DRIVE THRU

Serial #:

30235

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

07/13/2021

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4014

Backflow Prevention Assembly Test Report

JOE BUCKEY TIRE

1039 LEE ST.

ZANESVILLE, OH 43701

Site Use: TIRE SHOP

Hazard: CONTAINMENT COMM.LOW

Mailing Address

JOE BUCKEY TIRE

1039 LEE ST.

ZANESVILLE, OH 43701

Location: IN UTILITY CLOSET,BREAK ROOM.

Meter#:

LID/Service:

Account #: JOE BUCKEY TIRE

Serial #:

30151

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

05/15/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1077

Backflow Prevention Assembly Test Report

JOHN & ANNIE GLENN MUSEUM

Location: MECH. ROOM

72 WEST MAIN STREET

Meter#:

Serial #: Check if Correct Corrections

NEW CONCORD, OH 43762

LID/Service:

68711

Account #: JOHNGLENNMUSEUM

Manufacturer:

WATTS

Site Use:

Model:

007

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

DON McKENDRY, EXEC. DIR.

JOHN & ANNIE GLENN MUSEUM

72 WEST MAIN STREET

Orientation:

NEW CONCORD, OH 43762

Protection:

Test Due No Later than:

04/08/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1076

Backflow Prevention Assembly Test Report

JOHN & ANNIE GLENN MUSEUM

Location: FIRE LINE. * MECH ROOM.

72 WEST MAIN STREET

Meter#:

Serial #: 06196

Check if Correct

Corrections

NEW CONCORD, OH 43762

LID/Service:

Manufacturer:

WATTS

Site Use:

Model:

007

Hazard: FIRE LINE CONNECTION-LOW

Mailing Address

Type:

DCVA

DON McKENDRY, EXEC. DIR.

JOHN & ANNIE GLENN MUSEUM

P.O. BOX 107

Size:

1.25

Orientation:

NEW CONCORD, OH 43762-0107

Protection:

Test Due No Later than:

04/08/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3442

Backflow Prevention Assembly Test Report

JOHN BARNES

574 ABBEY PLACE

ZANESVILLE, OH 43701

Site Use:

Hazard: IRRIGATION MED-ISOLATION

Mailing Address

JOHN BARNES

574 ABBEY PLACE

ZANESVILLE, OH 43701

Location: BASEMENT S.WALL NEXT TO WATER CONDITIONER

Meter#:

LID/Service:

Account #: BARNES HOME

Serial #:

32498

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

05/16/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4291

Backflow Prevention Assembly Test Report

JOHN C.SHAMP DDS

822 PRINCETON AVE.

ZANESVILLE, OH 43701

Site Use: Dentist

Hazard: CONTAINMENT COMM.LOW

Mailing Address

JOHN C.SHAMP DDS
822 PRINCETON AVE.

ZANESVILLE, OH 43701

Location: BASEMENT.

Meter#:

LID/Service:

Account #: JOHN C.SHAMP DDS

Serial #:

12176

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

12/20/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 589

Backflow Prevention Assembly Test Report

JOHN GLENN HIGH SCHOOL

Location: HIGH SCHOOL - FIRE LINE *MECH ROOM HORIZONTAL MOUNT@ 4' OFF FLOOR

13115 JOHN GLENN SCHOOL RO,

Meter#:

Serial #:

Check if Correct

Corrections

M01174

☐

NEW CONCORD, OH 43762

LID/Service:

Account #: EASTMUSKSCHOOLS 06

Manufacturer:

WILKINS

☐

Site Use: School

Model:

375

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

6.00

☐

DALE MALLET, CUSTODIAN SUPT.

JOHN GLENN HIGH SCHOOL

13115 JOHN GLENN SCHOOL ROAD

Orientation:

☐

NEW CONCORD, OH 43762

Protection:

☐

Test Due No Later than:

06/14/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 590

Backflow Prevention Assembly Test Report

JOHN GLENN HIGH SCHOOL

Location: HIGH SCHOOL - WATER SERVICE CONTAINMENT*BOILER ROOM MECH ROOM.

13115 JOHN GLENN SCHOOL ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

206965

☐

NEW CONCORD, OH 43762

Account #: EASTMUSKSCHOOLS06

Manufacturer:

WATTS

☐

Site Use: School

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

4.00

☐

DALE MALLET, CUSTODIAN SUPT.

JOHN GLENN HIGH SCHOOL

13115 JOHN GLENN SCHOOL ROAD

Orientation:

☐

NEW CONCORD, OH 43762

Protection:

☐

Test Due No Later than:

06/16/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 594

Backflow Prevention Assembly Test Report

JOHN GLENN HIGH SCHOOL

Location: HIGH SCHOOL - WATER SERVICE CONTAINMENT.

13115 JOHN GLENN SCHOOL ROAD

Meter#:

Serial #:

Check if Correct

Corrections

276308

☐

NEW CONCORD, OH 43762

LID/Service:

Manufacturer:

WATTS

☐

Site Use: School

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

DALE MALLET, CUSTODIAN SUPT.

JOHN GLENN HIGH SCHOOL

13115 JOHN GLENN SCHOOL ROAD

Orientation:

☐

NEW CONCORD, OH 43762

Protection:

☐

Test Due No Later than:

06/16/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 596

Backflow Prevention Assembly Test Report

JOHN GLENN HIGH SCHOOL

Location: HIGH SCHOOL

13115 JOHN GLENN SCHOOL ROAD

Meter#:

Serial #:

Check if Correct

Corrections

360928

☐

NEW CONCORD, OH 43762

LID/Service:

Manufacturer:

WATTS

☐

Site Use: School

Model:

909

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

DALE MALLET, CUSTODIAN SUPT.

JOHN GLENN HIGH SCHOOL

13115 JOHN GLENN SCHOOL ROAD

Orientation:

☐

NEW CONCORD, OH 43762

Protection:

☐

Test Due No Later than:

06/16/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 597

Backflow Prevention Assembly Test Report

JOHN GLENN HIGH SCHOOL

Location: HIGH SCHOOL.

13115 JOHN GLENN SCHOOL ROAD

Meter#:

Serial #:

Check if Correct

Corrections

1486183

☐

NEW CONCORD, OH 43762

LID/Service:

Manufacturer:

WILKINS

☐

Site Use: School

Model:

975XL

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

1.00

☐

DALE MALLET, CUSTODIAN SUPT.

JOHN GLENN HIGH SCHOOL

13115 JOHN GLENN SCHOOL ROAD

Orientation:

☐

NEW CONCORD, OH 43762

Protection:

☐

Test Due No Later than:

06/16/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2396

Backflow Prevention Assembly Test Report

JOHN GLENN HIGH SCHOOL

Location: GREENHOUSE HYDRANTS, VO-AG BUILDING.

13115 JOHN GLENN SCHOOL ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

A04944

☐

NEW CONCORD, OH 43762

Account #: EASTMUSKSCHOOLS 06

Manufacturer:

WATTS

☐

Site Use: School

Model:

009

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

DALE MALLET, CUSTODIAN SUPT.

JOHN GLENN HIGH SCHOOL

13115 JOHN GLENN SCHOOL ROAD

Orientation:

☐

NEW CONCORD, OH 43762

Protection:

☐

Test Due No Later than:

06/16/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2631

Backflow Prevention Assembly Test Report

JOHN GLENN HIGH SCHOOL

Location: HIGH SCHOOL

13115 JOHN GLENN SCHOOL ROAD

Meter#:

Serial #:

Check if Correct

Corrections

A18364

☐

NEW CONCORD, OH 43762

LID/Service:

Manufacturer:

WATTS

☐

Site Use: School

Model:

009

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

DALE MALLET, CUSTODIAN SUPT.

JOHN GLENN HIGH SCHOOL

13115 JOHN GLENN SCHOOL ROAD

Orientation:

☐

NEW CONCORD, OH 43762

Protection:

☐

Test Due No Later than:

06/16/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2457

Backflow Prevention Assembly Test Report

JOHN MATESICH III

2417 OAK MEADOW LANE

ZANESVILLE, OH 43701

Site Use:

Hazard: IRRIGATION MED-ISOLATION

Mailing Address

JOHN MATESICH III
JOHN MATESICH III
2417 OAK MEADOW LN.

ZANESVILLE, OH 43701

Location: *LAWN SPRINKLER.

Meter#:

LID/Service:

Account #: JOHNMATESICH III

Serial #:

610832

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

800

Type:

PVB

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

06/29/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 107

Backflow Prevention Assembly Test Report

JOHN McINTIRE LIBRARY

816 MAIN STREET

DRESDEN, OH 43821

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

JOHN McINTIRE PUBLIC LIBRARY
220 NORTH 5TH STREET

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: JOHNMCINTIRELIB06

Serial #:

463062

Manufacturer:

WATTS

Model:

909

Type:

RPPA

Size:

1.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

05/28/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 109

Backflow Prevention Assembly Test Report

JOHN McINTIRE LIBRARY

Location: *MECH ROOM - (WATER SERVICE CONTAINMENT).

222 MAIN STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

80775

☐

DUNCAN FALLS, OH 43734

Account #: JOHNMCIINTIRELIB03

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

JOHN McINTIRE PUBLIC LIBRARY

Orientation:

220 NORTH 5TH STREET

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

05/28/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 110

Backflow Prevention Assembly Test Report

JOHN McINTIRE LIBRARY

Location: MECH ROOM. FIRE LINE

222 MAIN STREET

Meter#:

Serial #:

Check if Correct

Corrections

12382

☐

DUNCAN FALLS, OH 43734

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: LIMITED AREA SPRINKLER

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

JOHN McINTIRE PUBLIC LIBRARY

Orientation:

220 NORTH 5TH STREET

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

05/28/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 111

Backflow Prevention Assembly Test Report

JOHN McINTIRE LIBRARY

Location: *MECH ROOM - BUILDING CONTAINMENT.

44 MAIN STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

392650

☐

ROSEVILLE, OH 43777

Account #: JOHNMCINTIRELIB04

Manufacturer:

WATTS

☐

Site Use:

Model:

909

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

JOHN McINTIRE PUBLIC LIBRARY

Orientation:

220 NORTH 5TH STREET

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

05/28/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 112

Backflow Prevention Assembly Test Report

JOHN McINTIRE LIBRARY

Location: *MECH ROOM.

220 NORTH 5TH STREET

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

202262

☐

Account #: JOHNMCINTIRELIB01

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

☐

Mailing Address

Size:

1.50

☐

JOHN McINTIRE PUBLIC LIBRARY

Orientation:

220 NORTH 5TH STREET

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

05/28/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 113

Backflow Prevention Assembly Test Report

JOHN McINTIRE LIBRARY

220 NORTH 5TH STREET

ZANESVILLE, OH 43701

Site Use:

Hazard: ISOLATION MED.

Mailing Address

JOHN McINTIRE PUBLIC LIBRARY
220 NORTH 5TH STREET

ZANESVILLE, OH 43701

Location: *MECH ROOM. BOILER FEED.

Meter#:

LID/Service:

Account #: JOHNMCIINTIRELIB01

Serial #:

33631

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

919

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

05/28/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 114

Backflow Prevention Assembly Test Report

JOHN McINTIRE LIBRARY

220 NORTH 5TH STREET

ZANESVILLE, OH 43701

Site Use:

Hazard: IRRIGATION MED-ISOLATION

Mailing Address

JOHN McINTIRE PUBLIC LIBRARY
220 NORTH 5TH STREET

ZANESVILLE, OH 43701

Location: MECH ROOM,** LAWN SPRINKLER.

Meter#:

LID/Service:

Account #: JOHNMCIINTIRELIB01

Serial #:

202261

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

909

Type:

RPPA

Size:

1.50

Orientation:

Protection:

Test Due No Later than:

05/28/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2746

Backflow Prevention Assembly Test Report

JOHN McINTIRE LIBRARY

Location: WATER SERVICE CONTAINMENT - MECH ROOM

77 W. MAIN ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

06446

☐

NEW CONCORD, OH 43762

Account #: JOHNMCIINTIRELIB05

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

JOHN McINTIRE PUBLIC LIBRARY

220 NORTH 5TH STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

05/28/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3048

Backflow Prevention Assembly Test Report

JOHN McINTIRE LIBRARY

Location: FIRE LINE - MECH ROOM

77 W. MAIN ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

09876

☐

NEW CONCORD, OH 43762

Account #: JOHNMCINTIRELIB05

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: FIRE LINE CONNECTION-LOW

Type:

DCVA

☐

Mailing Address

Size:

1.50

☐

JOHN McINTIRE PUBLIC LIBRARY

220 NORTH 5TH STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

05/28/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3205

Backflow Prevention Assembly Test Report

JOHN McINTIRE LIBRARY

Location: FIRE LINE

220 NORTH 5TH STREET

Meter#:

Serial #:

Check if Correct

Corrections

25572

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

919

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

JOHN McINTIRE PUBLIC LIBRARY

Orientation:

220 NORTH 5TH STREET

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

05/28/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3206

Backflow Prevention Assembly Test Report

JOHN McINTIRE LIBRARY

Location: FIRE LINE

220 NORTH 5TH STREET

Meter#:

Serial #:

Check if Correct

Corrections

JL0231

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

957

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RP

☐

Mailing Address

Size:

6.00

☐

JOHN McINTIRE PUBLIC LIBRARY

220 NORTH 5TH STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

05/28/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4004

Backflow Prevention Assembly Test Report

JOHN McINTIRE LIBRARY

Location: *MECH ROOM - BUILDING CONTAINMENT.

2923 MAYSVILLE PIKE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

28882

☐

ZANESVILLE, OH 43701

Account #: JOHNMCIINTIRELIB02

Manufacturer:

WATTS

☐

Site Use: LIBRARY

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐JOHN McINTIRE PUBLIC LIBRARY
220 NORTH 5TH STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

05/28/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3871

Backflow Prevention Assembly Test Report

JOHN PARKER INSURANCE

803 TAYLOR ST.

ZANESVILLE, OH 43701

Site Use: Business Office

Hazard: CONTAINMENT COMM.LOW

Mailing Address

JOHN PARKER
JOHN PARKER INSURANCE
803 TAYLOR ST.

ZANESVILLE, OH 43701

Location: BASEMENT.

Meter#:

LID/Service:

Account #: JOHN PARKER INS.

Serial #:

31227

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

05/22/2016

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 450

Backflow Prevention Assembly Test Report

JOHNSON HUMERIC HOUSE MUS

Location: BOILER MAKEUP , *MECH ROOM.

300 NORTH WHITEWOMAN STRE

Meter#:

Serial #:

Check if Correct

Corrections

32454

☐

COSHOCTON, OH 43812

LID/Service:

Account #: JOHNSONHUMERICHOUS

Manufacturer:

WATTS

☐

Site Use:

Hazard: ISOLATION MED.

Model:

009

☐

Mailing Address

Type:

RPPA

☐

SHARON BUXTON, REGISTRAR
JOHNSON HUMERIC HOUSE MUSEUM
300 NORTH WHITEWOMAN STREET

Size:

0.75

☐

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

05/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1781

Backflow Prevention Assembly Test Report

JOHNSTON'S PHARMACY

26 EAST 3RD STREET

FRAZEYSBURG, OH 43822

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

ERIC LAWLER
JOHNSTON'S PHARMACY
P.O. BOX 319

FRAZEYSBURG, OH 43822

Location: WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: JOHNSTON'S PHARMACY

Serial #:

103671

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

04/10/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5165

Backflow Prevention Assembly Test Report

JOHNSTON'S PHARMACY

26 EAST 3RD STREET

FRAZEYSBURG, OH 43822

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

ERIC LAWLER

JOHNSTON'S PHARMACY

P.O. BOX 319

FRAZEYSBURG, OH 43822

Location: MECH. ROOM IN REAR OF BUILDING.

Meter#:

LID/Service:

Account #: JOHNSTON'S PHARMACY

Serial #:

25232

Manufacturer:

WATTS

Model:

719QT

Type:

DC

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

04/10/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1589

Backflow Prevention Assembly Test Report

JOK COMPANY

711 FRANCIS STREET

ZANESVILLE, OH 43701

Site Use: REPAIR SHOP

Hazard: CONTAINMENT COMM. MED.

Mailing Address

JOK COMPANY

2669 NATIONAL RD

ZANESVILLE, OH 43701

Location: MECH. ROOM..

Meter#:

LID/Service:

Account #: JOK CO

Serial #:

346635-1

Manufacturer:

WATTS

Model:

909

Type:

RPPA

Size:

1.00

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

07/31/2019

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5060

Backflow Prevention Assembly Test Report

GENESIS EDUCATION

Location: MECH. ROOM.

633 FRANCIS ST.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: GENESIS EDUCATION

Manufacturer:

WATTS

Site Use:

Hazard: CONTAINMENT COMM.LOW

Model:

709

Mailing Address

Type:

DCVA

Size:

2.00

Orientation:

Protection:

JOK COMPANY

P.O. BOX 785

ZANESVILLE, OH 43702

Test Due No Later than:

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4743

Backflow Prevention Assembly Test Report

JONES INSURANCE OFFICE

800 LEONARD AVE., STE B

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

JONES INSURANCE OFFICE

800 LEONARD AVE., STE B

ZANESVILLE, OH 43701

Location: CRAWL SPACE IN CLOSET OF OFFICE.

Meter#:

LID/Service:

Account #: JONES INS.

Serial #:

34088

Manufacturer:

WATTS

Model:

LF719QT

Type:

DC

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

03/27/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5420

Backflow Prevention Assembly Test Report

JONES METAL PRODUCERS

Location: S.E. CORNER OF BLDG.

200 N.CENTER ST.

Meter#:

Serial #: Check if Correct Corrections

WEST LAFAYETTE, OH 43845

LID/Service:

394549

Account #: JONES METAL PRODUC

Manufacturer:

WATTS

Site Use:

Model:

Hazard: CONTAINMENT COMM. MED.

909

Mailing Address

Type:

RPPA

Size:

1.50

Orientation:

Protection:

JONES METAL PRODUCERS

200 N.CENTER ST.

WEST LAFAYETTE, OH 43845

Test Due No Later than:

07/28/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2578

Backflow Prevention Assembly Test Report

JUANITA'S RESTAURANT

1029 W. MAIN ST.

ZANESVILLE, OH 43701

Site Use: Restaurant

Hazard: CONTAINMENT COMM.LOW

Mailing Address

ORVILLE AND MARTHA PAXSON
JUANITA RESTAURANT
8630 MCGLADE SCHOOL RD.

DRESDEN, OH 43821

Location: *BASEMENT.

Meter#:

LID/Service:

Account #: JUANITARESTAURANT

Serial #:

09826

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

02/14/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2039

Backflow Prevention Assembly Test Report

JUST ONE MORE, BAR & GRILL

Location: WATER SERVICE CONTAINMENT

1317 LINDEN AVENUE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

06112

Account #: JUST ONE MORE

Manufacturer:

WATTS

Site Use: Bar and Grill

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

04/25/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3791

Backflow Prevention Assembly Test Report

ZANESVILLE DENTURE CARE

Location: BASEMENT.

712 MARKET ST.

Meter#:

Serial #: 30827

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: ZANES.DENTURECARE

Manufacturer:

WATTS

Site Use: Dentist, DENTURES

Model:

719

Hazard: CONTAINMENT COMM. MED.

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

08/09/2020

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4235

Backflow Prevention Assembly Test Report

JW & MH STRAKER CHARITABLE

Location: FRONT OF BUILDING IN BASEMENT.

925 MILITARY RD.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

30446

☐

ZANESVILLE, OH 43701

Account #: JW & MH STRAKER

Manufacturer:

WATTS

☐

Site Use: Business Office

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

SUSAN HOLDREN

JW & MH STRAKER CHARITABLE FOUNDATION

925 MILITARY RD.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

08/15/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 313

Backflow Prevention Assembly Test Report

JW'S GARAGE DOOR COMPANY,
1776 FAIRVIEW ROAD

ZANESVILLE, OH 43701

Site Use:

Hazard: **CONTAINMENT COMM.LOW**

Mailing Address

JOHN WILES, OWNER
JW'S GARAGE DOOR COMPANY, LLC
1776 FAIRVIEW ROAD

ZANESVILLE, OH 43701

Location: **WATER SERVICE CONTAINMENT. - MECH ROOM.**

Meter#:

LID/Service:

Account #: **JWGARAGEDOORCO**

Serial #:

34672

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

07/16/2022Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3881

Backflow Prevention Assembly Test Report

K.E. DITTMAR CO.INC.

Location: MECH. ROOM.

1416 FAIRVIEW RD.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

12598

Account #: DITTMAR INC.

Manufacturer:

WATTS

Site Use: Business Office

Model:

LF719QT

Hazard: CONTAINMENT COMM.LOW

Type:

DC

Mailing Address

Size:

1.00

Orientation:

Protection:

BEN DITTMAR

K.E. DITTMAR CO.INC.

1416 FAIRVIEW RD.

ZANESVILLE, OH 43701

Test Due No Later than:

03/01/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 816

Backflow Prevention Assembly Test Report

KALICO COURT HAIR DESIGN

1101 COLONY DRIVE

ZANESVILLE, OH 43701

Site Use: Beauty Salon/Barber

Hazard: CONTAINMENT COMM. MED.

Mailing Address

MANAGER / OWNER

KALICO COURT HAIR DESIGN

1101 COLONY DRIVE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: KALICOCOURTHAIR

Serial #:

137382

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

10/01/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3134

Backflow Prevention Assembly Test Report

KANWAR RESIDENCE

Location: LAWN SPRINKLER - BASEMENT

5265 REDDING CIRCLE

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

3085462

☐

ZANESVILLE, OH 43701

Account #: KANWARPARAMOD

Manufacturer:

WILKINS

☐

Site Use:

Model:

975XL

☐

Hazard: IRRIGATION MED-ISOLATION

Type:

RP

☐

Mailing Address

Size:

1.00

☐PRAMOD KANWAR
KANWAR RESIDENCE
5265 REDDING CIRCLE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

05/01/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2003

Backflow Prevention Assembly Test Report

KATHERINE'S TEA ROOM

22 5TH STREET

DRESDEN, OH 43821

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

KATHERINE'S TEA ROOM
22 5TH STREET

DRESDEN, OH 43821

Location: WATER SERVICE CONTAINMENT. * BASEMENT.

Meter#:

LID/Service:

Account #: KATHERINESTEAROOM&

Serial #:

25582

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

08/08/1995

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3940

Backflow Prevention Assembly Test Report

KAY BOWLING & TROPHY SUPPL

Location: MECH. RM. * BACKROOM

1255 LINDEN AVE.

Meter#:

Serial #:
29114

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: KAY BOWLING

Manufacturer:
WATTS

Site Use: Retail

Model:

Hazard: CONTAINMENT COMM.LOW

719

Mailing Address

Type:

DCVA

LESLIE & CHRIS BRYAN

KAY BOWLING & TROPHY SUPPLY

1255 LINDEN AVE.

Size:

0.75

Orientation:

ZANESVILLE, OH 43701

Protection:

Test Due No Later than:

02/23/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5248

Backflow Prevention Assembly Test Report

KAYELA'S ON MAIN

715 MAIN ST

DRESDEN, OH 43821

Site Use: Beauty Salon/Barber

Hazard: CONTAINMENT COMM. HIGH

Mailing Address

DAVID MATTHEW
KAYELA'S ON MAIN
715 MAIN ST

DRESDEN, OH 43821

Location: BASEMENT

Meter#:

LID/Service:

Account #: KAYELA'S ON MAIN

Serial #:

37576

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

03/21/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Submit completed
Test Report:

Fax:



Service Address

Hazard/CCID: 5458

Backflow Prevention Assembly Test Report

KAYELA'S ON MAIN

829 MAIN STREET, APT B

DRESDEN, OH 43821

Site Use: Business Office

Hazard: CONTAINMENT COMM. MED.

Mailing Address

KAYELA'S ON MAIN
829 MAIN ST, APT B

DRESDEN, OH 43821

Location: MECHANICAL ROOM

Meter#:

LID/Service:

Account #: KAYELASONMAIN

Serial #:

294488

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

11/17/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 220

Backflow Prevention Assembly Test Report

KELLOGG'S WORTHINGTON FOODS
1675 FAIRVIEW ROAD

ZANESVILLE, OH 43701

Site Use: **FOOD PROCESSING**Hazard: **FIRE LINE CONNECTION-MEDIUM**

Mailing Address

CECIL RICHARDS
KELLOGG'S WORTHINGTON FOODS
1675 FAIRVIEW ROAD

ZANESVILLE, OH 43701

Location: **ELECTRICAL MECH.RM.WEST CORNER. * FIRE MAIN ***

Meter#:

LID/Service:

Account #: **KELLOGGS 1**

Serial #:

FA1041

Check if Correct

Corrections

☐

Manufacturer:

WATTS☐

Model:

957☐

Type:

RP☐

Size:

10.00☐

Orientation:

☐

Protection:

☐

Test Due No Later than:

09/04/2022Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 231

Backflow Prevention Assembly Test Report

KELLOGG'S WORTHINGTON FOODS

Location: MECH ROOM NEXT TO MAIN ROOM 002. - BOILER ROOM & MECH SUPPLY.

1675 FAIRVIEW ROAD

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

29337

☐

Account #: KELLOGGS 1

Manufacturer:

WATTS

☐

Site Use: FOOD PROCESSING

Model:

919QT

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

2.00

☐

Orientation:

☐

Protection:

☐

CECIL RICHARDS

KELLOGG'S WORTHINGTON FOODS

1675 FAIRVIEW ROAD

ZANESVILLE, OH 43701

Test Due No Later than:

09/04/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 233

Backflow Prevention Assembly Test Report

KELLOGG'S WORTHINGTON FOOD

Location: 1ST FLOOR EQUIPMENT - 2ND FLOOR BY COLUMN 3E

1675 FAIRVIEW ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

311441

☐

ZANESVILLE, OH 43701

Account #: KELLOGGS 1

Manufacturer:

WATTS

☐

Site Use: FOOD PROCESSING

Model:

909

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

1.50

☐

CECIL RICHARDS

KELLOGG'S WORTHINGTON FOODS

1675 FAIRVIEW ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

09/04/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 235

Backflow Prevention Assembly Test Report

KELLOGG'S WORTHINGTON FOODS

Location: 2ND FLOOR HALLWAY. 15' OFF FLOOR EAST SIDE OF FREEZER, BY COLUMN 3D.

1675 FAIRVIEW ROAD

Meter#:

Serial #:

Check if Correct

Corrections

414459

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: FOOD PROCESSING

Model:

909

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

1.50

☐

CECIL RICHARDS

KELLOGG'S WORTHINGTON FOODS

1675 FAIRVIEW ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

09/04/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 269

Backflow Prevention Assembly Test Report

KELLOGG'S WORTHINGTON FOODS

Location: WATER SERVICE CONTAINMENT. - FOOD LINE CHILLER WATER.

1675 FAIRVIEW ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

174148

☐

ZANESVILLE, OH 43701

Account #: KELLOGGS 1

Manufacturer:

WATTS

☐

Site Use: FOOD PROCESSING

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

3.00

☐

CECIL RICHARDS

KELLOGG'S WORTHINGTON FOODS

1675 FAIRVIEW ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

09/04/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2356

Backflow Prevention Assembly Test Report

KELLOGG'S WORTHINGTON FOODS

Location: RESERVE OIL & OIL TRANSFER.

1675 FAIRVIEW ROAD

Meter#:

Serial #:

Check if Correct

Corrections

87116

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: FOOD PROCESSING

Model:

909

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

CECIL RICHARDS

KELLOGG'S WORTHINGTON FOODS

1675 FAIRVIEW ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

09/04/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2367

Backflow Prevention Assembly Test Report

KELLOGG'S WORTHINGTON FOOD

Location: REPLACED FLOMATIC 3/4"RPZE,SER.#E8181 ,*FIRE BYPASS*

1675 FAIRVIEW ROAD

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

603869

☐

Account #: KELLOGGS 1

Manufacturer:

WATTS

☐

Site Use: FOOD PROCESSING

Model:

009

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

Protection:

☐

CECIL RICHARDS

KELLOGG'S WORTHINGTON FOODS

1675 FAIRVIEW ROAD

ZANESVILLE, OH 43701

Test Due No Later than:

09/04/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2452

Backflow Prevention Assembly Test Report

KELLOGG'S WORTHINGTON FOODS
1675 FAIRVIEW ROAD

ZANESVILLE, OH 43701

Site Use: **FOOD PROCESSING**Hazard: **FIRE LINE BYPASS-MEDIUM**

Mailing Address

CECIL RICHARDS
KELLOGG'S WORTHINGTON FOODS
1675 FAIRVIEW ROAD

ZANESVILLE, OH 43701

Location: **NORTH DRY STORAGE, MAINTENANCE ENTRANCE, * FIRE LINE-BYPASS ***

Meter#:

LID/Service:

Account #: **KELLOGGS 1**

Serial #:

605200

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

09/04/2022Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2453

Backflow Prevention Assembly Test Report

KELLOGG'S WORTHINGTON FOODS

Location: NORTH DRY STORAGE, MAINTENANCE ENTRANCE.

* FIRELINE*

1675 FAIRVIEW ROAD

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

00556

☐

Account #: KELLOGGS 1

Manufacturer:

AMES

☐

Site Use: FOOD PROCESSING

Model:

5000

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

8.00

☐

Orientation:

☐

Protection:

☐

CECIL RICHARDS

KELLOGG'S WORTHINGTON FOODS

1675 FAIRVIEW ROAD

ZANESVILLE, OH 43701

Test Due No Later than:

09/04/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2480

Backflow Prevention Assembly Test Report

KELLOGG'S WORTHINGTON FOODS

Location: DOCK AREA COOLING TOWER.

1675 FAIRVIEW ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

434730

☐

ZANESVILLE, OH 43701

Account #: KELLOGGS 1

Manufacturer:

WATTS

☐

Site Use: FOOD PROCESSING

Model:

909

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

CECIL RICHARDS

KELLOGG'S WORTHINGTON FOODS

1675 FAIRVIEW ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

09/04/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3192

Backflow Prevention Assembly Test Report

KELLOGG'S WORTHINGTON FOODS

Location: CONTAINMENT - AREA 8 - CAGED AREA

1675 FAIRVIEW ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

24583

☐

ZANESVILLE, OH 43701

Account #: KELLOGGS 1

Manufacturer:

WATTS

☐

Site Use: FOOD PROCESSING

Model:

919

☐

Hazard: CONTAINMENT COMM. HIGH

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

CECIL RICHARDS

KELLOGG'S WORTHINGTON FOODS

1675 FAIRVIEW ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

09/04/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3211

Backflow Prevention Assembly Test Report

KELLOGG'S WORTHINGTON FOODS

Location: TRAY WASHER BEHIND BACON LINE, OUTSIDE HOSE STATION.

1675 FAIRVIEW ROAD

Meter#:

Serial #:

Check if Correct

Corrections

12020

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: FOOD PROCESSING

Model:

919

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

1.50

☐

CECIL RICHARDS

KELLOGG'S WORTHINGTON FOODS

1675 FAIRVIEW ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

09/04/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3496

Backflow Prevention Assembly Test Report

KELLOGG'S WORTHINGTON FOODS

Location: IN BACK & ABOVE (BOILER #2)

1675 FAIRVIEW ROAD

Meter#:

Serial #:

Check if Correct

Corrections

607743

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: FOOD PROCESSING

Model:

909

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

CECIL RICHARDS

KELLOGG'S WORTHINGTON FOODS

1675 FAIRVIEW ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

09/04/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4378

Backflow Prevention Assembly Test Report

KELLOGG'S WORTHINGTON FOODS

Location: MEZZANINE HOT WATER,(MIXER)CYCLONE

1675 FAIRVIEW ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

18857

☐

ZANESVILLE, OH 43701

Account #: KELLOGGS 1

Manufacturer:

WATTS

☐

Site Use: FOOD PROCESSING

Model:

919

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

CECIL RICHARDS

KELLOGG'S WORTHINGTON FOODS

1675 FAIRVIEW ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

09/04/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4511

Backflow Prevention Assembly Test Report

KELLOGG'S WORTHINGTON FOODS

Location: OVER FREEZER.

1675 FAIRVIEW ROAD

Meter#:

Serial #:

Check if Correct

Corrections

20469

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: FOOD PROCESSING

Model:

919

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

CECIL RICHARDS

KELLOGG'S WORTHINGTON FOODS

1675 FAIRVIEW ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

09/04/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4610

Backflow Prevention Assembly Test Report

KELLOGG'S WORTHINGTON FOOD

Location: MEZZANINE AREA NEXT TO COLUMN 3E - PHASE 2 FREEZER

1675 FAIRVIEW ROAD

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

26198

☐

Account #: KELLOGGS 1

Manufacturer:

WATTS

☐

Site Use: FOOD PROCESSING

Model:

919

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

Orientation:

☐

Protection:

☐

CECIL RICHARDS

KELLOGG'S WORTHINGTON FOODS

1675 FAIRVIEW ROAD

ZANESVILLE, OH 43701

Test Due No Later than:

09/04/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4996

Backflow Prevention Assembly Test Report

KELLOGG'S WORTHINGTON FOODS

Location: MEZZANINE

1675 FAIRVIEW ROAD

Meter#:

Serial #:

Check if Correct

Corrections

90727

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: FOOD PROCESSING

Model:

909

☐

Hazard: ISOLATION MED.

Type:

RPZA

☐

Mailing Address

Size:

2.00

☐

CECIL RICHARDS

KELLOGG'S WORTHINGTON FOODS

1675 FAIRVIEW ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

09/04/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4998

Backflow Prevention Assembly Test Report

KELLOGG'S WORTHINGTON FOODS

Location: 140 HW TO LINE #4. CIP SKID 1.

1675 FAIRVIEW ROAD

Meter#:

Serial #:

Check if Correct

Corrections

90363

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: FOOD PROCESSING

Model:

909

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

CECIL RICHARDS

KELLOGG'S WORTHINGTON FOODS

1675 FAIRVIEW ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

09/04/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4999

Backflow Prevention Assembly Test Report

KELLOGG'S WORTHINGTON FOODS

Location: SANITIZER SYSTEM

1675 FAIRVIEW ROAD

Meter#:

Serial #:

Check if Correct

Corrections

57317

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: FOOD PROCESSING

Model:

919

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

CECIL RICHARDS

KELLOGG'S WORTHINGTON FOODS

1675 FAIRVIEW ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

09/04/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5001

Backflow Prevention Assembly Test Report

KELLOGG'S WORTHINGTON FOODS

Location: LINE 4 CIP COLD WATER

1675 FAIRVIEW ROAD

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

002520

☐

Manufacturer:

WATTS

☐

Model:

909

☐

Type:

RP

☐

Size:

2.50

☐

Orientation:

☐

Protection:

☐

Site Use: FOOD PROCESSING

Hazard: ISOLATION MED.

Mailing Address

CECIL RICHARDS

KELLOGG'S WORTHINGTON FOODS

1675 FAIRVIEW ROAD

ZANESVILLE, OH 43701

Test Due No Later than:

09/04/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5002

Backflow Prevention Assembly Test Report

KELLOGG'S WORTHINGTON FOODS

Location: FEEDS WATER SOFTNERS FOR BOILERS

1675 FAIRVIEW ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

005662

☐

ZANESVILLE, OH 43701

Account #: KELLOGGS 1

Manufacturer:

WATTS

☐

Site Use: FOOD PROCESSING

Model:

909

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

3.00

☐

CECIL RICHARDS

KELLOGG'S WORTHINGTON FOODS

1675 FAIRVIEW ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

09/04/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5003

Backflow Prevention Assembly Test Report

KELLOGG'S WORTHINGTON FOODS

Location: mech. room 002, water main

1675 FAIRVIEW ROAD

Meter#:

Serial #:

Check if Correct

Corrections

17746

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: FOOD PROCESSING

Model:

909

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

6.00

☐

CECIL RICHARDS

KELLOGG'S WORTHINGTON FOODS

1675 FAIRVIEW ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

09/04/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5135

Backflow Prevention Assembly Test Report

KELLOGG'S WORTHINGTON FOODS
1675 FAIRVIEW ROAD

ZANESVILLE, OH 43701

Site Use: **FOOD PROCESSING**Hazard: **ISOLATION MED.**

Mailing Address

CECIL RICHARDS
KELLOGG'S WORTHINGTON FOODS
1675 FAIRVIEW ROAD

ZANESVILLE, OH 43701

Location: **FOR CRUMBLES, CIP-MEZZ BEHIND DUST COLLECTOR.140 DEGREE HOT SUPPLY**

Meter#:

LID/Service:

Account #: **KELLOGGS 1**

Serial #:

36979

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

919

Type:

RPPA

Size:

2.00

Orientation:

Protection:

Test Due No Later than:

09/04/2022Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5463

Backflow Prevention Assembly Test Report

KELLOGG'S WORTHINGTON FOODS

Location: SANITATION SKID, MEZZANINE.

1675 FAIRVIEW ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

39809

☐

ZANESVILLE, OH 43701

Account #: KELLOGGS 1

Manufacturer:

WATTS

☐

Site Use: FOOD PROCESSING

Model:

919

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

CECIL RICHARDS

KELLOGG'S WORTHINGTON FOODS

1675 FAIRVIEW ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

09/04/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3627

Backflow Prevention Assembly Test Report

KELSO'S PLUMBING**1240 LINDEN AVE.**

ZANESVILLE, OH 43701

Site Use: **Business Office/PLUMBING SHOP**Hazard: **CONTAINMENT COMM.LOW**

Mailing Address

ROY KELSO
KELSO'S PLUMBING
1240 LINDEN AVE.

ZANESVILLE, OH 43701

Location: **BASEMENT**

Meter#:

LID/Service:

Account #: **STEVE KELSO PLBG.**

Serial #:

27001

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

08/27/2022Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3611

Backflow Prevention Assembly Test Report

KEN BROWN AUTO SERVICE

Location: MECH.ROOM

1037 MAPLE AVE.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

28551

Account #: KEN BROWN AUTO

Manufacturer:

WATTS

Site Use: Auto Repair

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

KEN BROWN
KEN BROWN AUTO SERVICE
1037 MAPLE AVE.

Orientation:

ZANESVILLE, OH 43701

Protection:

Test Due No Later than:

03/15/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1868

Backflow Prevention Assembly Test Report

KENDRICK EXCAVATING INC.

Location: WATER SEVICE CONTAINMENT. - MECH ROOM.

5797 RAIDERS ROAD

Meter#:

Serial #: Check if Correct Corrections

FRAZEYSBURG, OH 43822

LID/Service:

269775

Account #: KENDRICK EXCAVATIN

Manufacturer:

WATTS

Site Use:

Model:

Hazard: CONTAINMENT COMM.LOW

909

Mailing Address

Type:

RPPA

Size:

2.00

Orientation:

Protection:

Test Due No Later than:

01/10/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2794

Backflow Prevention Assembly Test Report

KENSINGTON VILLAGE-CLUB HO

Location: MECH. ROOM,*WATER SERVICE CONTAINMENT.

4251 STRATTFORD CIRCLE WES

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

07658

☐

ZANESVILLE, OH 43701

Account #: KENSINGTON VILLAGE

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

MID-OHIO DEVELOPMENT

KENSINGTON VILLAGE-CLUB HOUSE

P.O.BOX 32449

Orientation:

☐

COLUMBUS, OH 43232-0449

Protection:

☐

Test Due No Later than:

10/31/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2882

Backflow Prevention Assembly Test Report

KENSINGTON VILLAGE-CLUB HO
4251 STRATTFORD CIRCLE WEST

Location: MECH.RM.*IRRIGATION SYSTEM, AND POOL MAKEUP WATER.

ZANESVILLE, OH 43701

Meter#:

LID/Service:

Account #: KENSINGTON VILLAGE

Serial #:

2732315

Check if Correct

Corrections

☐

Manufacturer:

WILKINS

☐

Model:

975XL

☐

Type:

RP

☐

Size:

1.00

☐

Orientation:

☐

Protection:

☐

Site Use:

Hazard: IRRIGATION MED-ISOLATION

Mailing Address

MID-OHIO DEVELOPMENT
 KENSINGTON VILLAGE-CLUB HOUSE
 P.O.BOX 32449

COLUMBUS, OH 43232-0449

Test Due No Later than:

10/31/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1080

Backflow Prevention Assembly Test Report

KENTUCKY FRIED CHICKEN #18

Location: WATER SERVICE CONTAINMENT. - MECH ROOM.

2160 MAPLE AVENUE

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

209220

☐

ZANESVILLE, OH 43701

Account #: KFC#18MAPLEAVENUE

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

CRAIG HOSTERMAN, AREA SUPERVISOR

KENTUCKY FRIED CHICKEN #18

2160 MAPLE AVENUE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2185

Backflow Prevention Assembly Test Report

KENTUCKY FRIED CHICKEN

125 SOUTH 2ND STREET

COSHOCTON, OH 43812

Site Use: Restaurant

Hazard: IRRIGATION MED-ISOLATION

Mailing Address

ROBERT WIDDER, OWNER
KENTUCKY FRIED CHICKEN
125 SOUTH 2ND STREET

COSHOCTON, OH 43812

Location: LAWN SPRINKLER, NW CORNER OF BLDG. - BEHIND BUSHES

Meter#:

LID/Service:

Account #: KFC COSHOCTON

Serial #:

91041

Check if Correct

Corrections

☐

Manufacturer:

WATTS

☐

Model:

800

☐

Type:

PVB

☐

Size:

0.75

☐

Orientation:

☐

Protection:

PAST DUE

☐

Test Due No Later than:

06/14/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐

Leaked

☐

Closed Tight

☐

Held at _____ PSID

Leaked

☐

Closed Tight

☐

Held at _____ PSID

Did not open

☐

Opened at _____ PSID

Did not open

☐

Opened Fully

☐Yes ☐No ☐

Opened at _____ PSID

Leaked

☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned

☐

Rubber Kit

☐

Rebuild

☐

Replaced

☐

Other

☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐

Closed Tight

☐

Held at _____ PSID

Closed Tight

☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully

☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2739

Backflow Prevention Assembly Test Report

KENTUCKY FRIED CHICKEN

Location: BESIDE WATER HEATER.*WATER SERVICE CONTAINMENT.

125 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

06578

☐

COSHOCTON, OH 43812

Account #: KFC COSHOCTON

Manufacturer:

WATTS

☐

Site Use: Restaurant

Model:

919

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

ROBERT WIDDER, OWNER
KENTUCKY FRIED CHICKEN
125 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

06/14/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 270

Backflow Prevention Assembly Test Report

KENTUCKY FRIED CHICKEN

Location: MECH ROOM - WATER SERVICE CONTAINMENT

2113 MAYSVILLE AVE.

Meter#:

Serial #: Check if Correct Corrections

01873

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Restaurant

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

MANAGER

KENTUCKY FRIED CHICKEN

2113 MAYSVILLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2312

Backflow Prevention Assembly Test Report

KENWOOD PLAZA

215 KENWOOD DRIVE

COSHOCTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

TODD FREE
KENWOOD PLAZA
215 KENWOOD DRIVE

COSHOCTON, OH 43812

Location: WATER SERVICE CONTAINMENT - METER ROOM

Meter#:

LID/Service:

Account #: KENWOODSHOPS

Serial #:

37448

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

2.00

Orientation:

Protection:

PAST DUE

Check if Correct Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

01/30/2011

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2573

Backflow Prevention Assembly Test Report

KENWOOD PLAZA

215 KENWOOD DRIVE

COSHOCOTON, OH 43812

Site Use:

Hazard: FIRE LINE CONNECTION-MEDIUM

Mailing Address

TODD FREE

KENWOOD PLAZA

215 KENWOOD DRIVE

COSHOCOTON, OH 43812

Location: SOUTH MECH. RM. (FIRE LINE)

Meter#:

LID/Service:

Account #: KENWOODSHOPS

Serial #:

HA-0610

Check if Correct

Corrections

Manufacturer:

AMES - COLT

Model:

C400

Type:

RPPA

Size:

4.00

Orientation:

Protection:

PAST DUE

Test Due No Later than:

01/30/2011

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2574

Backflow Prevention Assembly Test Report

KENWOOD PLAZA

215 KENWOOD DRIVE

COSHOCTON, OH 43812

Site Use:

Hazard: FIRE LINE BYPASS-MEDIUM

Mailing Address

TODD FREE

KENWOOD PLAZA

215 KENWOOD DRIVE

COSHOCTON, OH 43812

Location: SOUTH MECH. RM. (FIRE LINE BYPASS READER.)

Meter#:

LID/Service:

Account #: KENWOODSHOPS

Serial #:

W30731

Manufacturer:

WILKINS

Model:

975XL

Type:

RP

Size:

0.75

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

01/30/2011

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5288

Backflow Prevention Assembly Test Report

KENWORTH OF ZANESVILLE

Location: BACK OF BUILDING IN GARAGE

3925 ALL AMERICAN WAY

Meter#:

Serial #: Check if Correct Corrections

32561B

☐

ZANESVILLE, OH 43701

LID/Service:

Account #: KENWORTH OF ZANES.

Manufacturer:

APOLLO/CONBRAC

☐

Site Use: REPAIR SHOP

Model:

RPLF4A

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

1.00

☐

KENWORTH OF ZANESVILLE

3925 ALL AMERICAN WAY

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

07/16/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5289

Backflow Prevention Assembly Test Report

KENWORTH OF ZANESVILLE

Location: BACK OF BUILDING IN GARAGE

3925 ALL AMERICAN WAY

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

1(99185) 0720

☐

ZANESVILLE, OH 43701

Account #: KENWORTH OF ZANES.

Manufacturer:

AMES

☐

Site Use: REPAIR SHOP

Model:

3000SS

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

DCDA

☐

Mailing Address

Size:

4.00

☐

KENWORTH OF ZANESVILLE

3925 ALL AMERICAN WAY

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

07/16/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5290

Backflow Prevention Assembly Test Report

KENWORTH OF ZANESVILLE

Location: FIRE LINE BYPASS. BACK OF BUILDING GARAGE.

3925 ALL AMERICAN WAY

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

84216

☐

ZANESVILLE, OH 43701

Account #: KENWORTH OF ZANES.

Manufacturer:

AMES

☐

Site Use: REPAIR SHOP

Model:

2000B

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

DC

☐

Mailing Address

Size:

0.75

☐

KENWORTH OF ZANESVILLE

3925 ALL AMERICAN WAY

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

07/16/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2086

Backflow Prevention Assembly Test Report

GENESIS CAREGIVER

Location: WATER SERVICE CONTAINMENT.*MECH.RM.

1166 MILITARY ROAD, SUITE C

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

01254

Account #: KESCO INVEST-C

Manufacturer:

WATTS

Site Use: Laboratory

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

JEFF BALL
KESCO INVESTMENT CO.
P.O. BOX 785

Orientation:

ZANESVILLE, OH 43702-0785

Protection:

Test Due No Later than:

05/21/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 85

Backflow Prevention Assembly Test Report

FAMILY DOLLAR #3971

Location: WATER SERVICE CONTAINMENT, MOP SINK IN STORAGE AREA.

1240 MAPLE AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

194038

☐

ZANESVILLE, OH 43701

LID/Service:

Account #: KESCO INVESTMENTS

Manufacturer:

WATTS

☐

Site Use:

Hazard: CONTAINMENT COMM.LOW

Model:

007M2QT

☐

Mailing Address

Type:

DC

☐

Size:

0.75

☐

Orientation:

☐

Protection:

☐KESCO INVESTMENTS
P.O. BOX 785

ZANESVILLE, OH 43701

Test Due No Later than:

03/01/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked

☐

Leaked

☐

Did not open

☐

Date _____

Closed Tight

☐

Closed Tight

☐

Did not open

☐

Opened Fully

☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Leaked

☐

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned

☐

Rubber Kit

☐

Rebuild

☐

Replaced

☐

Other

☐

Date _____

Time _____

Final Test

Date _____

Closed Tight

☐

Closed Tight

☐

Opened Fully

☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2229

Backflow Prevention Assembly Test Report

CHILDRENS LAB,DIV.OF CHILDRI

Location: WATER SERVICE CONTAINMENT.

1166 MILITARY ROAD,2-B

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

06870

Account #: KESCO INVEST- 2-B

Manufacturer:

WATTS

Site Use: Business Office

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

JEFF BALL
KESCO INVESTMENTS
P.O. BOX 785

Orientation:

ZANESVILLE, OH 43702-0785

Protection:

Test Due No Later than:

05/21/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2521

Backflow Prevention Assembly Test Report

WELLS FARGO

1166 MILITARY ROAD,1-B

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

JEFF BALL
KESCO INVESTMENTS
P.O. BOX 785

ZANESVILLE, OH 43702-0785

Location: WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: KESCO INVEST-1-B

Serial #:

01515

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

05/21/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3162

Backflow Prevention Assembly Test Report

LITTLE CAESAR'S PIZZA

Location: WATER SERVICE CONTAINMENT - MECH ROOM

3130 MAPLE AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

14991

☐

ZANESVILLE, OH 43701

Account #: KESCO-3

Manufacturer:

WATTS

☐

Site Use: Fast Food.PIZZA

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

KESCO INVESTMENTS

P.O. BOX 785

Orientation:

☐

ZANESVILLE, OH 43702-0785

Protection:

PAST DUE

☐

Test Due No Later than:

08/07/2019

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2486

Backflow Prevention Assembly Test Report

EAGLE LOAN**1834 MAPLE AVE.**

ZANESVILLE, OH 43701

Site Use:

Hazard: **CONTAINMENT COMM.LOW**

Mailing Address

JEFF BALL
KESCO, RENTAL
P.O. BOX 785

ZANESVILLE, OH 43701

Location: **MECH. RM. (WATER SERVICE CONTAINMENT.)**

Meter#:

LID/Service:

Account #: **KESCO, RENTAL**

Serial #:

08979

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

03/11/2022Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2990

Backflow Prevention Assembly Test Report

KESCO COMPANIES

905 ZANE STREET

ZANESVILLE, OH 43701

Site Use:

Hazard: ISOLATION MED.

Mailing Address

KESCO

P.O.BOX 785

ZANESVILLE, OH 43702

Location: ISOLATION - HEATING SYSTEM-BOILER

Meter#:

LID/Service:

Account #: KESCO

Serial #:

18915

Manufacturer:

WATTS

Model:

919

Type:

RPPA

Size:

1.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

09/24/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2991

Backflow Prevention Assembly Test Report

KESCO COMPANIES

905 ZANE STREET

ZANESVILLE, OH 43701

Site Use:

Hazard: FIRE LINE CONNECTION-MEDIUM

Mailing Address

KESCO

P.O.BOX 785

ZANESVILLE, OH 43702

Location: FIRE LINE BASEMENT.

Meter#:

LID/Service:

Account #: KESCO

Serial #:

IG2243

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

957

Type:

RP

Size:

8.00

Orientation:

Protection:

Test Due No Later than:

10/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2992

Backflow Prevention Assembly Test Report

KESCO COMPANIES

905 ZANE STREET

ZANESVILLE, OH 43701

Site Use:

Hazard: FIRE LINE BYPASS-MEDIUM

Mailing Address

KESCO

P.O.BOX 785

ZANESVILLE, OH 43702

Location: FIRE LINE IN THE BASEMENT.

Meter#:

LID/Service:

Account #: KESCO

Serial #:

18556

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

919

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

09/24/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2993

Backflow Prevention Assembly Test Report

KESCO COMPANIES

905 ZANE STREET

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

KESCO

P.O.BOX 785

ZANESVILLE, OH 43702

Location: BASEMENT- *WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: KESCO

Serial #:

IG1919

Manufacturer:

WATTS

Model:

757

Type:

DC

Size:

3.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

10/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1148

Backflow Prevention Assembly Test Report

KESSLER SIGN COMPANY

2669 NATIONAL ROAD

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

KESSLER SIGN COMPANY
2669 NATIONAL ROAD

ZANESVILLE, OH 43701

Location: VINYL ROOM ON FRONT WALL.

Meter#:

LID/Service:

Account #: KESSLERSIGNCO

Serial #:

204344

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

1.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

08/29/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5438

Backflow Prevention Assembly Test Report

KEVIN JONES-RESIDENCE

Location: FRONT OF HOME. LAWN SPRINKLER.

1210 RANKIN DR.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

B034181

☐

ZANESVILLE, OH 43701

Account #: KEVIN JONES-RES.

Manufacturer:

WATTS

☐

Site Use:

Model:

800M4QT

☐

Hazard: IRRIGATION MED-ISOLATION

Type:

PVB

☐

Mailing Address

Size:

1.00

☐

KEVIN JONES-RESIDENCE

1210 RANKIN DR.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3656

Backflow Prevention Assembly Test Report

KEVIN L. COLOPY O.D.

Location: BATHROOM.

2501 MAPLE AVE.

Meter#:

Serial #: Check if Correct Corrections

32128

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

KEVIN COLOPY

KEVIN L. COLOPY O.D.

2501 MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

09/05/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3815

Backflow Prevention Assembly Test Report

**KEVIN VAN HORN ATTORNEY AT
715 ADAIR AVE.**

ZANESVILLE, OH 43701

Site Use: **Offices**Hazard: **CONTAINMENT COMM.LOW**

Mailing Address

**KEVIN VAN HORN
KEVIN VAN HORN ATTORNEY AT LAW
715 ADAIR AVE.**

ZANESVILLE, OH 43701

Location: **BASEMENT.**

Meter#:

LID/Service:

Account #: **KEVIN VAN HORN**

Serial #:

31595

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

07/01/2022Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2981

Backflow Prevention Assembly Test Report

KIDNEY CARE OF ZANESVILLE

3239 MAPLE AVENUE

ZANESVILLE, OH 43701

Site Use:

Hazard: CONT.COMM.HIGH HEALTH HAZARD

Mailing Address

KIDNEY CARE OF ZANESVILLE
3239 MAPLE AVENUE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT - MECH ROOM-(DIALYSIS)

Meter#:

LID/Service:

Account #: KIDNEYCAREOFZANES

Serial #:

2860944

Check if Correct

Corrections

Manufacturer:

WILKINS

Model:

975XL

Type:

RP

Size:

2.00

Orientation:

Protection:

Test Due No Later than:

08/13/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2982

Backflow Prevention Assembly Test Report

KIDNEY CARE OF ZANESVILLE

Location: FIRE SPRINKLER - RISER ROOM

3239 MAPLE AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

101147

☐

ZANESVILLE, OH 43701

Account #: KIDNEYCAREOFZANES

Manufacturer:

AMES

☐

Site Use:

Model:

5000

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

6.00

☐

KIDNEY CARE OF ZANESVILLE

3239 MAPLE AVENUE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

08/13/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2983

Backflow Prevention Assembly Test Report

KIDNEY CARE OF ZANESVILLE

Location: FIRE SPRINKLER - RISER ROOM,(BYPASS).

3239 MAPLE AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

09970

☐

ZANESVILLE, OH 43701

Account #: KIDNEYCAREOFZANES

Manufacturer:

AMES

☐

Site Use:

Model:

4000B

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐KIDNEY CARE OF ZANESVILLE
3239 MAPLE AVENUE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

08/13/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4433

Backflow Prevention Assembly Test Report

KIDNEY CENTER OF COSHOCTON

Location: CLOSET BY BACK DOOR.

23649 AIRPORT ROAD

Meter#:

Serial #: Check if Correct Corrections

235076

☐

COSHOCTON, OH 43812

LID/Service:

Account #: COSH.PLAZA-07

Manufacturer:

APOLLO/CONBRAC

☐

Site Use: Dialysis Clinic

Model:

RP40Z

☐

Hazard: CONTAINMENT COMM. HIGH

Type:

RP

☐

Mailing Address

Size:

1.50

☐

KIDNEY CENTER OF COSHOCTON

23649 AIRPORT ROAD

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

02/18/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4434

Backflow Prevention Assembly Test Report

KIDNEY CENTER OF COSHOCTON

Location: MECH.ROOM

23649 AIRPORT ROAD

Meter#:

Serial #:

Check if Correct

Corrections

124203

☐

COSHOCTON, OH 43812

LID/Service:

Manufacturer:

AMES

☐

Site Use: Dialysis Clinic

Model:

4000SS

☐

Hazard: FIRE LINE CONNECTION-HIGH

Type:

RP

☐

Mailing Address

Size:

2.50

☐KIDNEY CENTER OF COSHOCTON
23649 AIRPORT ROAD

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

02/18/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4435

Backflow Prevention Assembly Test Report

KIDNEY CENTER OF COSHOCTON

Location: MECH.ROOM

23649 AIRPORT ROAD

Meter#:

Serial #:

Check if Correct

Corrections

12217

☐

COSHOCTON, OH 43812

LID/Service:

Manufacturer:

AMES

☐

Site Use: Dialysis Clinic

Model:

4000B

☐

Hazard: FIRE LINE BYPASS-HIGH

Type:

RP

☐

Mailing Address

Size:

0.75

☐KIDNEY CENTER OF COSHOCTON
23649 AIRPORT ROAD

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

02/18/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 237

Backflow Prevention Assembly Test Report

KIDS AMERICA

1600 OTSEGO AVENUE

COSHOCTON, OH 43812

Site Use:

Hazard: FIRE LINE BYPASS-MEDIUM

Mailing Address

KIDS AMERICA
P.O. BOX 1177

COSHOCTON, OH 43812

Location: MECH ROOM - FIRE LINE BY-PASS

Meter#:

LID/Service:

Account #: KIDSAMERICA

Serial #:
03537Manufacturer:
AMESModel:
4000BType:
RPSize:
0.75

Orientation:

Protection:

Check if Correct Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

07/06/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 238

Backflow Prevention Assembly Test Report

KIDS AMERICA

1600 OTSEGO AVENUE

COSHOCKTON, OH 43812

Site Use:

Hazard: FIRE LINE CONNECTION-MEDIUM

Mailing Address

KIDS AMERICA
P.O. BOX 1177

COSHOCKTON, OH 43812

Location: MECH ROOM - LEFT FRONT - FIRE LINE.

Meter#:

LID/Service:

Account #: KIDSAMERICA

Serial #:

2000591001

Check if Correct

Corrections

Manufacturer:

AMES

Model:

5000

Type:

RPDA

Size:

4.00

Orientation:

Protection:

Test Due No Later than:

07/06/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5307

Backflow Prevention Assembly Test Report

KIDS AMERICA

1600 OTSEGO AVENUE

COSHOCOTON, OH 43812

Site Use:

Hazard: IRRIGATION MED-ISOLATION

Mailing Address

KIDS AMERICA
P.O. BOX 1177

COSHOCOTON, OH 43812

Location: LAWN SPRINKLER.

Meter#:

LID/Service:

Account #: KIDSAMERICA

Serial #:

32267

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

919QT

Type:

RP

Size:

2.00

Orientation:

Protection:

Test Due No Later than:

07/06/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5308

Backflow Prevention Assembly Test Report

KIDS AMERICA

1600 OTSEGO AVENUE

COSHOCOTON, OH 43812

Site Use:

Hazard: IRRIGATION MED-ISOLATION

Mailing Address

KIDS AMERICA
P.O. BOX 1177

COSHOCOTON, OH 43812

Location: WATER SERVICE CONTAINMENT, RISER ROOM.

Meter#:

LID/Service:

Account #: KIDSAMERICA

Serial #:

4056364

Manufacturer:

WATTS

Model:

957

Type:

RP

Size:

2.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

07/06/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1718

Backflow Prevention Assembly Test Report

CGC REAL ESTATE LLC

Location: MECH.ROOM.

468 BROWNS LANE

Meter#:

Serial #: Check if Correct Corrections

COSHOCTON, OH 43812

LID/Service:

67582

Account #: CGC REALESTATE

Manufacturer:

WATTS

Site Use:

Model:

Hazard: CONTAINMENT COMM.LOW

007

Mailing Address

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

04/03/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3502

Backflow Prevention Assembly Test Report

KIEFER'S FLORIST

Location: MECH. ROOM

381 HILL ST.

Meter#:

Serial #: Check if Correct Corrections

COSHOCTON, OHIO 43812

LID/Service:

26146

Account #: KIEFER'S FLORIST

Manufacturer:

WATTS

Site Use:

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

ED KIEFER

KIEFER'S FLORIST

381 HILL ST.

COSHOCTON, OH 43812

Orientation:

Protection:

Test Due No Later than:

09/10/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1648

Backflow Prevention Assembly Test Report

KING GARDEN RESTAURANT

Location: WATER SERVICE CONTAINMENT - BATHROOM.

3265 MAPLE AVENUE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

61924

Account #: KINGGARDENRESTAURA

Manufacturer:

WATTS

Site Use: Restaurant

Model:

007

Hazard: CONTAINMENT COMM.LOW

Mailing Address

Type:

DCVA

KAM-YEE LEE

Size:

0.75

KING GARDEN RESTAURANT

Orientation:

3265 MAPLE AVENUE

ZANESVILLE, OH 43701

Protection:

Test Due No Later than:

12/04/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2412

Backflow Prevention Assembly Test Report

KING OF VAPOR

131 N. MAYSVILLE PIKE

SOUTH ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

KING OF VAPOR
10101 TWP. RD.161

CROOKSVILLE, OH 43731

Location: MECH. RM. *WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: SOUTHPOINTE-04

Serial #:

W176459

Manufacturer:

WILKINS

Model:

975XL

Type:

RP

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

04/24/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1083

Backflow Prevention Assembly Test Report

KINKAID, TAYLOR & GEYER

Location: WATER SERVICE CONTAINMENT. - BASEMENT MECH ROOM.

50 NORTH 4TH STREET

Meter#:

Serial #:

Check if Correct

Corrections

430405

☐

ZANESVILLE, OH 43701

LID/Service:

Account #: KINKAIDTAYLORGEYER

Manufacturer:

WATTS

☐

Site Use:

Hazard: CONTAINMENT COMM.LOW

Model:

909

☐

Mailing Address

Type:

RPPA

☐

KIM PEADON

KINKAID, TAYLOR & GEYER

50 NORTH 4TH STREET

Size:

1.00

☐

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

01/15/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3631

Backflow Prevention Assembly Test Report

KIRBY'S BARBER SHOP

Location: MECH.ROOM.

1256 LINDEN AVE.

Meter#:

Serial #: Check if Correct Corrections

13577

☐

ZANESVILLE, OH 43701

LID/Service:

Account #: KIRBY'S BARBERSHOP

Manufacturer:

WATTS

☐

Site Use: Beauty Salon/Barber

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

Protection:

☐KIRBY'S BARBER SHOP
1256 LINDEN AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

06/22/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4161

Backflow Prevention Assembly Test Report

KIRBY'S SHOE REPAIR

Location: BASEMENT.

823 LINDEN AVE.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

27840

Account #: KIRBY SHOE REPAIR

Manufacturer:

WATTS

Site Use: SHOE REPAIR SHOP

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

WAYNE NEWLAND
KIRBY'S SHOE REPAIR
823 LINDEN AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

02/11/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4521

Backflow Prevention Assembly Test Report

KIRBY'S SHOE REPAIR

Location: BASEMENT.

823 LINDEN AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

03501

☐

ZANESVILLE, OH 43701

Account #: KIRBY SHOE REPAIR

Manufacturer:

WATTS

☐

Site Use: SHOE REPAIR SHOP

Model:

919

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

0.50

☐

WAYNE NEWLAND

KIRBY'S SHOE REPAIR

823 LINDEN AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

02/11/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 138

Backflow Prevention Assembly Test Report

KLEENCO CAR WASH

3070 MAPLE AVENUE

ZANESVILLE, OH 43701

Site Use: Car Wash

Hazard: CONTAINMENT COMM. MED.

Mailing Address

HANKINSON, OWNER
KLEENCO CAR WASH
3070 MAPLE AVENUE

ZANESVILLE, OH 43701

Location: MECH ROOM. - WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: KLEENCO CAR WASH

Serial #:

82185

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

1.50

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

07/26/2013

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3361

Backflow Prevention Assembly Test Report

KNIGHTS OF COLUMBUS

275 SUNRISE CENTER ROAD

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

KNIGHTS OF COLUMBUS
275 SUNRISE CENTER ROAD

ZANESVILLE, OH 43701

Location: JANITORS CLOSET.

Meter#:

LID/Service:

Account #: K.OF COLUMBUS

Serial #:

09286

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

2.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

03/18/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4524

Backflow Prevention Assembly Test Report

KNIGHTS OF COLUMBUS

275 SUNRISE CENTER ROAD

ZANESVILLE, OH 43701

Site Use:

Hazard: FIRE LINE CONNECTION-LOW

Mailing Address

KNIGHTS OF COLUMBUS

275 SUNRISE CENTER ROAD

ZANESVILLE, OH 43701

Location: JANITORS CLOSET.

Meter#:

LID/Service:

Account #: K.OF COLUMBUS

Serial #:

09348

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

2.00

Orientation:

Protection:

Test Due No Later than:

03/18/2024

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2967

Backflow Prevention Assembly Test Report

KNO-HO-CO-ASHLAND CAC

2501 SOUTH SIXTH STREET

COSHOCTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

STEPHANIE MURRAY
KNO-HO-CO-ASHLAND CAC
120 N. 4TH ST.

COSHOCTON, OH 43812

Location: MEN'S REST RM.*WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: KNO-HO-CO

Serial #:

18134

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

919

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

08/10/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Submit completed
Test Report:

Fax:



Service Address

Hazard/CCID: 2264

Backflow Prevention Assembly Test Report

KOHL'S

3825 GORSKY DRIVE

ZANESVILLE, OH 43701

Site Use: Retail

Hazard: CONTAINMENT COMM.LOW

Mailing Address

ATT:STORE MANAGER
KOHLS
3825 GORSKY DRIVE

ZANESVILLE, OH 43701

Location: POTABLE WATER, REAR STOCK ROOM.

Meter#:

LID/Service:

Account #: KOHLS

Serial #:

424307

Manufacturer:

WATTS

Model:

909

Type:

RPPA

Size:

2.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

09/10/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2265

Backflow Prevention Assembly Test Report

KOHL'S

Location: SOUTH WALL, REAR STOCK ROOM.

3825 GORSKY DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

425196

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Retail

Model:

909

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

1.50

☐

ATT:STORE MANAGER

KOHLS

3825 GORSKY DRIVE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

09/10/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2266

Backflow Prevention Assembly Test Report

KOHL'S

3825 GORSKY DRIVE

ZANESVILLE, OH 43701

Site Use: Retail

Hazard: FIRE LINE CONNECTION-MEDIUM

Mailing Address

ATT:STORE MANAGER

KOHLS

3825 GORSKY DRIVE

ZANESVILLE, OH 43701

Location: MAIN FIRE LINE, REAR STOCK ROOM.

Meter#:

LID/Service:

Account #: KOHLS

Serial #:

M04204

Check if Correct

Corrections

Manufacturer:

WILKINS

Model:

375

Type:

RPDA

Size:

6.00

Orientation:

Protection:

Test Due No Later than:

09/10/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2267

Backflow Prevention Assembly Test Report

KOHL'S

3825 GORSKY DRIVE

ZANESVILLE, OH 43701

Site Use: Retail

Hazard: FIRE LINE BYPASS-MEDIUM

Mailing Address

ATT:STORE MANAGER

KOHLS

3825 GORSKY DRIVE

ZANESVILLE, OH 43701

Location: FIRE LINE BYPASS, REAR STOCK ROOM.

Meter#:

LID/Service:

Account #: KOHLS

Serial #:

2115051

Check if Correct

Corrections

Manufacturer:

WILKINS

Model:

975

Type:

RP

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

09/10/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 862

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: LINE 1 FOAMER WF-52

1660 SOUTH 2ND STREET

Meter#:

Serial #: Check if Correct Corrections

02679

☐

COSHOCTON, OH 43812

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

008

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 866

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: PROCESS WATER - ENGINE ROOM - ABOVE LAUNDRY ROOM.

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

169374

☐

COSHOCTON, OH 43812

Account #: KRAFTFOOD

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

909

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

3.00

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 872

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: SMOKEHOUSE ON WALL, ON TOP OF OLDER TREEHOUSE WASH.

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

399449

☐

COSHOCTON, OH 43812

Account #: KRAFTFOOD

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

909

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 875

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: BOILER MAKEUP SOUTH WALL OF BOILER ROOM.

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

352003

☐

COSHOCTON, OH 43812

Account #: KRAFTFOOD

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

909

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

1.50

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1830

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: FIRE LINE - CITY WATER SUPPLY, HOT BOX. *CHEMICALS*

1660 SOUTH 2ND STREET

Meter#:

Serial #: Check if Correct Corrections

COSHOCKTON, OH 43812

LID/Service:

1110960104

Account #: KRAFTFOOD

Manufacturer:

AMES

Site Use: Food Processing

Model:

4000 SILVER

Hazard: FIRE LINE CONNECTION-MEDIUM

Mailing Address

Type:

RPPA

Size:

10.00

Orientation:

Protection:

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

COSHOCKTON, OH 43812

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2158

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: WATER SERVICE CONTAINMENT. TOP B/F *CHEMICALS*

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

248834

☐

COSHOCTON, OH 43812

Account #: KRAFTFOOD

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

6.00

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2159

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: ROOM 127 (INSTALLED IN PARALLEL WITH #248834)BOTTOM B/F.

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

248833

☐

COSHOCTON, OH 43812

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

6.00

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2719

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: SMOKE GENERATING ROOM. (STOKER #7)

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

595792

☐

COSHOCTON, OH 43812

Account #: KRAFTFOOD

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

800

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

1.00

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2720

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: SMOKE GENERATING ROOM - (STOKER #5)

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

589473

☐

COSHOCTON, OH 43812

Account #: KRAFTFOOD

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

800

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

1.00

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2723

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: SMOKE GENERATING ROOM. (STOKER #6)

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

589491

☐

COSHOCTON, OH 43812

Account #: KRAFTFOOD

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

800

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

1.00

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2724

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: SMOKE GENERATING ROOM. (STOKER #8)

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

589500

☐

COSHOCTON, OH 43812

Account #: KRAFTFOOD

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

800

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

1.00

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2747

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: MECH.ROOM, GUARD HOUSE.

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

08577

☐

COSHOCTON, OH 43812

Account #: KRAFTFOOD

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

919

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

1.50

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2885

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: HOEGGER PRESS, ABOVE LINE 5 - USA ATTIC SPACE.

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

15027

☐

COSHOCTON, OH 43812

Account #: KRAFTFOOD

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

919

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2886

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: HOEGGER PRESS, ABOVE LINE 5 - USA ATTIC SPACE.

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

15028

☐

COSHOCOTON, OH 43812

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

919

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2944

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: HOEGGER PRESS, ABOVE SLICE.

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

06345

☐

COSHOCTON, OH 43812

Account #: KRAFTFOOD

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

919

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2945

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: HOEGGER PRESS, ABOVE SLICE.

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

79150

☐

COSHOCTON, OH 43812

Account #: KRAFTFOOD

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

009

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3147

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: SARAN COOLING WATER. (ENGINE ROOM).

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

11012

☐

COSHOCTON, OH 43812

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

919

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

1.50

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3148

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: SARAN COOLING WATER. (ENGINE ROOM).

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

11015

☐

COSHOCTON, OH 43812

Account #: KRAFTFOOD

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

919

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

1.50

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3150

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: EXTRUDER BEARING WATER.

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

12826

☐

COSHOCTON, OH 43812

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

919

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3468

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: WATER FOAMER STATION.LINE 6 EAST WALL WF-41

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

70125

☐

COSHOCTON, OH 43812

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

008

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3469

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: WF-10 TEMPERING COOLER,EAST

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

70126

☐

COSHOCTON, OH 43812

Account #: KRAFTFOOD

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

008

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3470

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: WF-8 (LINE 3 FOAMER.) FOAMER STATION

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

59614

☐

COSHOCTON, OH 43812

Account #: KRAFTFOOD

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

008

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4446

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: WF-29, SMOKE HOUSE WALL FOAMER, (TREE WASH END).

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

20764

☐

COSHOCTON, OH 43812

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

008

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4448

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: SLICE LINE 1. FF-12

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

74321

☐

COSHOCOTON, OH 43812

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

008

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4449

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: FF-10, DRY STORAGE TO NIRVANA FLOOR.

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

74264

☐

COSHOCTON, OH 43812

Account #: KRAFTFOOD

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

008

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4450

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: WF-27, INJECT EAST WALL.

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

53345

☐

COSHOCTON, OH 43812

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

008

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4451

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: WF-12,FOAMER V-MAG WASH RM.

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

73892

☐

COSHOCTON, OH 43812

Account #: KRAFTFOOD

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

008

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4454

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: WF-18 INJECT EAST WALL.

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

53348

☐

COSHOCTON, OH 43812

Account #: KRAFTFOOD

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

008

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4599

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: NIRVANA 1 NORTH WF-47 LINE 5

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

03181

☐

COSHOCTON, OH 43812

Account #: KRAFTFOOD

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

008PCQT

☐

Hazard: ISOLATION MED.

Type:

SVB

☐

Mailing Address

Size:

0.50

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4600

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: WASTE WATER PRE-TREATMENT BUILDING. HOT WATER

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

42898

☐

COSHOCTON, OH 43812

Account #: KRAFTFOOD

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

919

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4601

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: SLICE MIDDLE, WF-51, LINE 2

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

03040

☐

COSHOCTON, OH 43812

Account #: KRAFTFOOD

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

008PCQT

☐

Hazard: ISOLATION MED.

Type:

SVB

☐

Mailing Address

Size:

0.50

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4779

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: MAINT. HALLWAY FOR CHEMICAL DISPENSERS, HOSE STATION.

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

03170

☐

COSHOCTON, OH 43812

Account #: KRAFTFOOD

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

008PCQT

☐

Hazard: ISOLATION MED.

Type:

SVB

☐

Mailing Address

Size:

0.50

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4780

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: BRINE ROOM, WF-26 , FOAMER.

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

03171

☐

COSHOCTON, OH 43812

Account #: KRAFTFOOD

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

008PCQT

☐

Hazard: ISOLATION MED.

Type:

SVB

☐

Mailing Address

Size:

0.50

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4781

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: WF-46, FOAMER ON WALL.EAST LINE-4

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

03180

☐

COSHOCTON, OH 43812

Account #: KRAFTFOOD

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

008

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5347

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: TRIM LINE ROOM, SO. FL. FOAMER1

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

16542

☐

COSHOCTON, OH 43812

Account #: KRAFTFOOD

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

008

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5348

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: STOKER #1. ABOVE NEW SMOKEHOUSE #1.

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

062103

☐

COSHOCOTON, OH 43812

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

800M4QT

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

1.00

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5349

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: STOKER#2. ABOVE NEW SMOKEHOUSE #2.

1660 SOUTH 2ND STREET

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

061579

☐

COSHOCTON, OH 43812

Account #: KRAFTFOOD

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

800M4QT

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

1.00

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5350

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: STOKER #3. ABOVE NEW SMOKEHOUSE #3.

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

062047

☐

COSHOCTON, OH 43812

Account #: KRAFTFOOD

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

800M4QT

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

1.00

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5351

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: STOKER #4. ABOVE NEW SMOKEHOUSE #4.

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

061583

☐

COSHOCTON, OH 43812

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

800M4QT

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

1.00

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5352

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: TRIM ROOM WEST WALL FF-2

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

15880

☐

COSHOCTON, OH 43812

Account #: KRAFTFOOD

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

008

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5353

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: INEDIBLE DOCK WF-38.

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

18164

☐

COSHOCTON, OH 43812

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

008

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5354

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: SMOKEHOUSE WF-30

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

10704

☐

COSHOCTON, OH 43812

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

008

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5355

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: INJECT WEST WALL WF-27.

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

53345

☐

COSHOCTON, OH 43812

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

008

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5356

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: LINE 6. NORTH WF-40.

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

07535

☐

COSHOCKTON, OH 43812

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

008

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCKTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5357

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: LINE 6. WEST WF-42.

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

10730

☐

COSHOCTON, OH 43812

Account #: KRAFTFOOD

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

008

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5358

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: LINE 7 WEST WF-45.

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

15850

☐

COSHOCTON, OH 43812

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

008

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5359

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: EAST WF-44 LINE 7.

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

23079

☐

COSHOCTON, OH 43812

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

008

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5360

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: LINE 7 NORTH WF-43

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

15797

☐

COSHOCOTON, OH 43812

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

008

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5361

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: NEW INJECT S.WALL WF-24.

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

15799

☐

COSHOCTON, OH 43812

Account #: KRAFTFOOD

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

008

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5362

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: NEW INJECT WEST WF-23.

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

15800

☐

COSHOCTON, OH 43812

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

008

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5363

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: NEW BRINE WF-25

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

15798

☐

COSHOCKTON, OH 43812

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

008

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCKTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5372

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: CENTER CUT EXTRUDER WATER/TOP

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

48237

☐

COSHOCOTON, OH 43812

Account #: KRAFTFOOD

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

919QT

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

1.00

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5373

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: CTR. CUT EXTRUDER WATER/BOTTOM

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

52871

☐

COSHOCTON, OH 43812

Account #: KRAFTFOOD

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

919QT

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

1.00

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5374

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: CONDENSER WATER S. ENGINE RM.

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

28127 ?

☐

COSHOCTON, OH 43812

Account #: KRAFTFOOD

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

919

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5375

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: NEW SH SOUTH HALL WF-36

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

10701

☐

COSHOCTON, OH 43812

Account #: KRAFTFOOD

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

008

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5376

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: NEW CURE COOLER WEST WF-22

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

15465

☐

COSHOCTON, OH 43812

Account #: KRAFTFOOD

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

008

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5377

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: NEW CURE COOLER EAST WF-53

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

10702

☐

COSHOCTON, OH 43812

Account #: KRAFTFOOD

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

008

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5378

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: RAW BELLY COOLER BY REC WF-21

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

16248

☐

COSHOCTON, OH 43812

Account #: KRAFTFOOD

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

008

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5379

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: NEW RAW BELLY WF-20

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

15468

☐

COSHOCTON, OH 43812

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

008

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5380

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: STOKER ROOM EAST WF-31

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

16226

☐

COSHOCTON, OH 43812

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

008

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Date _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Time _____

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5381

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: SMOKE GEN. ROOM STOKER 12

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

15441

☐

COSHOCTON, OH 43812

Account #: KRAFTFOOD

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

008

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5382

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: SMOKE GEN. ROOM STOKER 11

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

15443

☐

COSHOCTON, OH 43812

Account #: KRAFTFOOD

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

008

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5383

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: SMOKE GEN. ROOM STOKER 10

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

15442

☐

COSHOCTON, OH 43812

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

008

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5384

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: SMOKE GEN. ROOM STOKER 9

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

15444

☐

COSHOCTON, OH 43812

Account #: KRAFTFOOD

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

008

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5385

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: STOKER RM. NORTH WF-32

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

16501

☐

COSHOCTON, OH 43812

Account #: KRAFTFOOD

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

008

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5386

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: NEW SH SOUTH WF-35

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

15466

☐

COSHOCOTON, OH 43812

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

008

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5387

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: NEW SH NORTH WF-34

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

16231

☐

COSHOCOTON, OH 43812

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

008

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5388

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: NEW SH NORTH HALL WF-33

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

15467

☐

COSHOCTON, OH 43812

Account #: KRAFTFOOD

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

008

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5389

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: TRASH DOCK EAST WF-37

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

16504

☐

COSHOCTON, OH 43812

Account #: KRAFTFOOD

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

008

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5390

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: SOUTH TRASH DOCK EAST FF-8

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

16505

☐

COSHOCTON, OH 43812

Account #: KRAFTFOOD

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

008

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5391

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: EQF TANK FLUSH LINE

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

192489

☐

COSHOCKTON, OH 43812

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

800M4FR

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

Protection:

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

COSHOCKTON, OH 43812

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5392

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: RAW BELLY SE WF-19

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

14702

☐

COSHOCTON, OH 43812

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

008

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5393

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: RAW BELLY SW WF-18

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

15879

☐

COSHOCKTON, OH 43812

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

008

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCKTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5394

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: NEW DRY STORAGE SIT FF-6

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

16503

☐

COSHOCOTON, OH 43812

Account #: KRAFTFOOD

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

008

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5395

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: RAW BELLY NORTH WF-17

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

16506

☐

COSHOCOTON, OH 43812

Account #: KRAFTFOOD

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

008

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5396

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: NEW TRIM LINE SOUTH WF-2

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

16230

☐

COSHOCTON, OH 43812

Account #: KRAFTFOOD

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

008

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5397

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: TOTE WASH EADT WF-15

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

16228

☐

COSHOCTON, OH 43812

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

008

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5398

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: TOTE WASH WEST WF-16

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

28507

☐

COSHOCTON, OH 43812

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

008

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5399

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: TRIM WEST WF-1

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

16247

☐

COSHOCTON, OH 43812

Account #: KRAFTFOOD

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

008

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5400

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: DICER ROOM NORTH WEST WF-5

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

28506 ?

☐

COSHOCTON, OH 43812

Account #: KRAFTFOOD

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

008

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5401

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: TUMBLER NORTH WF-4

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

16508

☐

COSHOCTON, OH 43812

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

008

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5402

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: TUMBLER WEST WF-3

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

16236

☐

COSHOCTON, OH 43812

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

008

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5403

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: TRIM ENDS SHIP CODK WF-8

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

16237

☐

COSHOCTON, OH 43812

Account #: KRAFTFOOD

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

008

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5404

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: BACON PCS. HALL TO TRIM FF-5

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

16541

☐

COSHOCTON, OH 43812

Account #: KRAFTFOOD

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

008

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5405

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: NORTH TRASH DOCK WF-14

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

16229

☐

COSHOCTON, OH 43812

Account #: KRAFTFOOD

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

008

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5406

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: ENDS AND PIECES WEST WF-54

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

19773

☐

COSHOCTON, OH 43812

Account #: KRAFTFOOD

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

LF008PCQT

☐

Hazard: ISOLATION MED.

Type:

SVB

☐

Mailing Address

Size:

0.50

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5407

Backflow Prevention Assembly Test Report

KRAFT - HEINZ CO.

Location: END AND PIECES EAST WF-55

1660 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

19700

☐

COSHOCOTON, OH 43812

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

LF008PCQT

☐

Hazard: ISOLATION MED.

Type:

SVB

☐

Mailing Address

Size:

0.50

☐

EMIL PISCH, MAINTENANCE MGR.

KRAFT - HEINZ CO.

1660 SOUTH 2ND STREET

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5055

Backflow Prevention Assembly Test Report

KRISTENS

5815 SALTILLO RD.

E. FULTONHAM, OH 43735

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

DANIEL PATTON
KRISTENS
5815 SALTILLO RD.

E. FULTONHAM, OH 43735

Location: MECH ROOM.

Meter#:

LID/Service:

Account #: KRISTENS

Serial #:

23882

Manufacturer:

FEBCO

Model:

850

Type:

DC

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

02/26/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 747

Backflow Prevention Assembly Test Report

KROGER STORE #891

Location: FIRE LINE - REAR DOCK @ SPRINKLER RISERS.

3387 MAPLE AVENUE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

4HM0015

Account #: KROGER

Manufacturer:

AMES

Site Use: Grocery/Supermarket

Model:

4000 SILVER

Hazard: FIRE LINE CONNECTION-MEDIUM

Mailing Address

Type:

RPPA

MANAGER

KROGER STORE #891

3387 MAPLE AVENUE

Size:

4.00

Orientation:

ZANESVILLE, OH 43701

Protection:

PAST DUE

Test Due No Later than:

10/03/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 748

Backflow Prevention Assembly Test Report

KROGER STORE #891

Location: REAR DOCK @ DOMESTIC METER.

3387 MAPLE AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

312490

☐

ZANESVILLE, OH 43701

Account #: KROGER

Manufacturer:

WATTS

☐

Site Use: Grocery/Supermarket

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

MANAGER

KROGER STORE #891

3387 MAPLE AVENUE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

10/03/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 749

Backflow Prevention Assembly Test Report

KROGER STORE #891

3387 MAPLE AVENUE

ZANESVILLE, OH 43701

Site Use: Grocery/Supermarket

Hazard: FIRE LINE BYPASS-MEDIUM

Mailing Address

MANAGER

KROGER STORE #891

3387 MAPLE AVENUE

ZANESVILLE, OH 43701

Location: FIRE LINE = BYPASS BACKFLOW REAR DOCK @ SPRINKLER RISERS

Meter#:

LID/Service:

Account #: KROGER

Serial #:

265578

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

10/03/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 751

Backflow Prevention Assembly Test Report

KROGER STORE #891

Location: SOAP DISPENSER / DOMESTIC WATER @ BAKERY DEPT. LARGE SINK

3387 MAPLE AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

15851

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Grocery/Supermarket

Model:

008

☐

Hazard: ISOLATION LOW

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

MANAGER

KROGER STORE #891

3387 MAPLE AVENUE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

10/03/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2757

Backflow Prevention Assembly Test Report

KROGER STORE #891

Location: SOAP DISPENSER /DOMESTIC WATER AT DELI DEPT.LARGE SINK.

3387 MAPLE AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

36563

☐

ZANESVILLE, OH 43701

Account #: KROGER

Manufacturer:

WILKINS

☐

Site Use: Grocery/Supermarket

Model:

460XL

☐

Hazard: ISOLATION LOW

Type:

SVB

☐

Mailing Address

Size:

0.50

☐

MANAGER

KROGER STORE #891

3387 MAPLE AVENUE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

10/03/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2758

Backflow Prevention Assembly Test Report

KROGER STORE #891

Location: SOAP DISPENSER,SEAFOOD, LARGE SINK.*REPLACED # 21646

3387 MAPLE AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

41654

☐

ZANESVILLE, OH 43701

Account #: KROGER

Manufacturer:

WATTS

☐

Site Use: Grocery/Supermarket

Model:

008

☐

Hazard: ISOLATION LOW

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

MANAGER

KROGER STORE #891

3387 MAPLE AVENUE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

10/03/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2759

Backflow Prevention Assembly Test Report

KROGER STORE #891

Location: SOAP DISPENSER,PRODUCE DEPT.LARGE SINK.

3387 MAPLE AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

24005

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Grocery/Supermarket

Model:

008

☐

Hazard: ISOLATION LOW

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

MANAGER

KROGER STORE #891

3387 MAPLE AVENUE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

10/03/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3781

Backflow Prevention Assembly Test Report

KROGER STORE #891

3387 MAPLE AVENUE

ZANESVILLE, OH 43701

Site Use: Grocery/Supermarket

Hazard: ISOLATION LOW

Mailing Address

MANAGER

KROGER STORE #891

3387 MAPLE AVENUE

ZANESVILLE, OH 43701

Location: SOAP DISPENSER - MEAT DEPT @ LG SINK.

Meter#:

LID/Service:

Account #: KROGER

Serial #:

11754

Manufacturer:

WATTS

Model:

008

Type:

PVB

Size:

0.50

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

10/03/2020

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3782

Backflow Prevention Assembly Test Report

KROGER STORE #891

Location: SOAP DISPENSER BY DAIRY COOLER IN BACK.

3387 MAPLE AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

21646

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Grocery/Supermarket

Model:

008

☐

Hazard: ISOLATION LOW

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

MANAGER

KROGER STORE #891

3387 MAPLE AVENUE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

10/03/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2593

Backflow Prevention Assembly Test Report

KROWN MOBILE HOME PARK

Location: IN LAWN BOX, WATER SERVICE CONTAINMENT.

2037 HOGE AVENUE

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

09643

☐

ZANESVILLE, OH 43701

Account #: KROWNMPARK

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

EDWARD HOUK

KROWN MOBILE HOME PARK

2925 LINDEN AVE.

Orientation:

☐

ZANESVILLE, OH 43702

Protection:

☐

Test Due No Later than:

03/05/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 818

Backflow Prevention Assembly Test Report

KUSTOM SOUND

934 LINDEN AVENUE

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

DAN LINDSCOTT, BLDG. OWNER
KUSTOM SOUND
2975 CHRISTY LANE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT. *CLOSET.

Meter#:

LID/Service:

Account #: KUSTOMSOUND

Serial #:

21163

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

12/06/2020

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐

Leaked

☐

Closed Tight

☐

Held at _____ PSID

Leaked

☐

Closed Tight

☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open

☐

Opened Fully

☐

Yes

No ☐

Opened at _____ PSID

Leaked

☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned

☐

Rubber Kit

☐

Rebuild

☐

Replaced

☐

Other

☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐

Closed Tight

☐

Held at _____ PSID

Closed Tight

☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully

☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1638

Backflow Prevention Assembly Test Report

LA BELLA VITA SPA

973 McINTIRE AVENUE

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

JESSICA HENNESSEY
LA BELLA VITA SPA
973 McINTIRE AVENUE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: LABELLA VITA SPA

Serial #:

L1845

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

995

Type:

RPPA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

12/16/2006

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1460

Backflow Prevention Assembly Test Report

LA CABRA

Location: FIRE LINE

1335 LINDEN AVENUE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

08358

Account #: LA CABRA

Manufacturer:

WATTS

Site Use: Restaurant

Model:

007

Hazard: FIRE LINE CONNECTION-LOW

Mailing Address

Type:

DCVA

DARREN TIGNER

LA CABRA

1335 LINDEN AVENUE

Size:

1.50

Orientation:

ZANESVILLE, OH 43701

Protection:

PAST DUE

Test Due No Later than:

06/20/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1462

Backflow Prevention Assembly Test Report

LA CABRA

1335 LINDEN AVENUE

ZANESVILLE, OH 43701

Site Use: Restaurant

Hazard: CONTAINMENT COMM.LOW

Mailing Address

DARREN TIGNER

LA CABRA

1335 LINDEN AVENUE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT. - MAIN WATER.

Meter#:

LID/Service:

Account #: LA CABRA

Serial #:

62847

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

06/20/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3630

Backflow Prevention Assembly Test Report

LABORER'S INTERNATIONAL UN

Location: MECH.ROOM

1254 LINDEN AVE.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

13780

Account #: LOCAL 530

Manufacturer:

WATTS

Site Use:

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

LABORER'S INTERNATIONAL UNION #530

1254 LINDEN AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

07/20/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1093

Backflow Prevention Assembly Test Report

LAKE ISABELLA, CAMP

Location: WATER SERVICE CONTAINMENT. - BASEMENT.

5960 4TH STREET

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

325524

☐

EAST FULTONHAM, OH 43735

Account #: LAKEISABELLA

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐MAYSVILLE WATER
LAKE ISABELLA
P.O.BOX 56

Orientation:

☐

EAST FULTONHAM, OH 43735

Protection:

☐

Test Due No Later than:

03/15/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3851

Backflow Prevention Assembly Test Report

LANE'S SAW REPAIR SHOP

904 PERSHING RD.

ZANESVILLE, OH 43701

Site Use: REPAIR SHOP

Hazard: CONTAINMENT COMM.LOW

Mailing Address

LANE'S SAW REPAIR SHOP
904 PERSHING RD.

ZANESVILLE, OH 43701

Location: BESIDE FURNACE.

Meter#:

LID/Service:

Account #: LANE'S SAW SHOP

Serial #:

28518

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

OFF

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

11/10/2012

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2638

Backflow Prevention Assembly Test Report

LANG'S-PIZZA

6735 WEST PIKE

ZANESVILLE, OH 43701

Site Use: Restaurant

Hazard: CONTAINMENT COMM.LOW

Mailing Address

LANG'S PIZZA
6735 WEST PIKE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: LANG'S PIZZA

Serial #:

A21227

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

03/13/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1094

Backflow Prevention Assembly Test Report

LAUNDRA-TAN

Location: FIRE LINE.

1047 LINDEN AVENUE

Meter#:

Serial #: Check if Correct Corrections

8845

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WILKINS

☐

Site Use: Laundromat

Model:

950

☐

Hazard: FIRE LINE CONNECTION-LOW

Type:

DC

☐

Mailing Address

Size:

1.00

☐JAY UMIYA HOLDINGS
LAUNDRA-TAN
1047 LINDEN AVENUE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/19/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1095

Backflow Prevention Assembly Test Report

LAUNDRA-TAN

1047 LINDEN AVENUE

ZANESVILLE, OH 43701

Site Use: Laundromat

Hazard: CONTAINMENT COMM. MED.

Mailing Address

JAY UMIYA HOLDINGS
LAUNDRA-TAN
1047 LINDEN AVENUE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: LAUNDRATAN

Serial #:

364827

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

909

Type:

RPPA

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

03/19/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1096

Backflow Prevention Assembly Test Report

LAUNDRA-TAN

1047 LINDEN AVENUE

ZANESVILLE, OH 43701

Site Use: Laundromat

Hazard: CONTAINMENT COMM. MED.

Mailing Address

JAY UMIYA HOLDINGS
LAUNDRA-TAN
1047 LINDEN AVENUE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: LAUNDRATAN

Serial #:

271191

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

909

Type:

RPPA

Size:

2.00

Orientation:

Protection:

Test Due No Later than:

03/19/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3717

Backflow Prevention Assembly Test Report

OHIO EDUCATIONAL CREDIT UNI

Location: MECH. ROOM.

1075 LINDEN AVE.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

27517

Account #: OHIOEDUC.CREDIT

Manufacturer:

WATTS

Site Use: Bank

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

JAY UMIYA HOLDINGS
LAUNDRY TAN
1047 LINDEN AVE.

Orientation:

ZANESVILLE, OH 43701

Protection:

PAST DUE

Test Due No Later than:

08/26/2020

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3620

Backflow Prevention Assembly Test Report

LAUREN'S ON MAPLE

Location: BASEMENT

2007 MAPLE AVE.

Meter#:

Serial #: Check if Correct Corrections

28536

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Beauty Salon/Barber

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

LAUREN'S ON MAPLE

2007 MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

01/08/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 682

Backflow Prevention Assembly Test Report

LAVY'S CARPET

2878 MAYSVILLE PIKE

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

LAVY'S CARPET

2874 MAYSVILLE PIKE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT .- MECH ROOM BESIDE MOP SINK.

Meter#:

LID/Service:

Account #: LAVY'S CARPET

Serial #:

115097

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

06/12/2008

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 156

Backflow Prevention Assembly Test Report

LAW ADMINISTRATIVE BUILDING

Location: MECH ROOM. - FIRE LINE.

27 N.FIFTH ST.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

2C10241

Account #: LAWADMINBLDG

Manufacturer:

AMES

Site Use:

Model:

Hazard: FIRE LINE CONNECTION-MEDIUM

2000 SILVER

Mailing Address

Type:

DCVA

MAINTENANCE MGR.

LAW ADMINISTRATIVE BUILDING

401 MAIN STREET

Size:

6.00

Orientation:

ZANESVILLE, OH 43701

Protection:

Test Due No Later than:

08/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2438

Backflow Prevention Assembly Test Report

LAW ADMINISTRATIVE BUILDING

Location: CONTAINMENT.

27 N.FIFTH ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

L31541

☐

ZANESVILLE, OH 43701

Account #: LAWADMINBLDG

Manufacturer:

WILKINS

☐

Site Use:

Model:

375

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RPDA

☐

Mailing Address

Size:

3.00

☐

MAINTENANCE MGR.

LAW ADMINISTRATIVE BUILDING

401 MAIN STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

08/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3768

Backflow Prevention Assembly Test Report

LAWLER'S PHARMACY

Location: MECH. RM. ACCESS BATHROOM.

817 MAIN ST.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

27547

☐

DRESDEN, OH 43822

Account #: LAWLER'S PHARMACY

Manufacturer:

WATTS

☐

Site Use: Pharmacy

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐SCOTT LAWLER
LAWLER'S PHARMACY
P.O. BOX 737

Orientation:

☐

DRESDEN, OH 43822

Protection:

PAST DUE

☐

Test Due No Later than:

08/12/2020

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2087

Backflow Prevention Assembly Test Report

LAWSON, BEN - RESIDENCE

Location: WATER SERVICE CONTAINMENT. - BASEMENT.

46817 COUNTY ROAD 495

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

208441

☐

COSHOCTON, OH 43812

Account #: LAWSONBEN

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: CONTAINMENT RESIDENTAL MED.

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

BEN LAWSON, OWNER

LAWSON, BEN - RESIDENCE

46817 COUNTY ROAD 495

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

04/03/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 20

Backflow Prevention Assembly Test Report

LAZY RIVER LOUNGE

Location: MECH. ROOM.

2290 OLD RIVER ROAD

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

392881

☐

ZANESVILLE, OH 43701

Account #: LAZY RIVER LOUNGE

Manufacturer:

WATTS

☐

Site Use: Bar and Grill

Model:

009

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

LAZY RIVER LOUNGE

Orientation:

2290 OLD RIVER ROAD

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

08/20/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3894

Backflow Prevention Assembly Test Report

LCM HOMESTEAD

605 MARKET ST.

ZANESVILLE, OH 43701

Site Use: Business Office

Hazard: CONTAINMENT COMM.LOW

Mailing Address

LARRY MASON
LCM HOMESTEAD
P.O. BOX 102

NEW CONCORD, OH 43762

Location: BASEMENT.

Meter#:

LID/Service:

Account #: LCM HOMESTEAD

Serial #:
31831Manufacturer:
WATTSModel:
719Type:
DCVASize:
0.75

Orientation:

Protection:

Check if Correct Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

09/22/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Submit completed
Test Report:

Fax:



Service Address

Hazard/CCID: 309

Backflow Prevention Assembly Test Report

LEARNING CENTER

Location: THROUGH FRONT DOOR TO LEFT.

3434 EAST PIKE

Meter#:

Serial #:

Check if Correct

Corrections

01142

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

MARY JANE BEDNARSZUK
LEARNING CENTER
3434 EAST PIKE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

01/22/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked

☐

Leaked

☐

Did not open

☐

Date _____

Closed Tight

☐

Closed Tight

☐

Did not open

☐

Opened Fully

☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Leaked ☐Pass ☐ Fail ☐

Repairs

Cleaned

☐

Rubber Kit

☐

Rebuild

☐

Replaced

☐

Other

☐

Final Test

Date _____

Closed Tight

☐

Closed Tight

☐

Opened Fully

☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes

No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐Fail ☐☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2495

Backflow Prevention Assembly Test Report

LEARNING CENTER

Location: MECH. RM. *WATER SERVICE CONTAINMENT.

3434 EAST PIKE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

01826

☐

ZANESVILLE, OH 43701

Account #: LEARNINGCENTER

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

MARY JANE BEDNARSZUK

LEARNING CENTER

3434 EAST PIKE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

01/22/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4296

Backflow Prevention Assembly Test Report

LEASURE MASONIC PARK INC.

Location: MECH.RM.

3867 NORTHPOINTE DR.

Meter#:

Serial #: Check if Correct Corrections

ALLEN FRENCH
ZANESVILLE, OH 43701

LID/Service:

56070

Account #: L. MASONIC PARK

Manufacturer:

WATTS

Site Use: Lodge

Model:

007

Hazard: FIRE LINE CONNECTION-LOW

Type:

DCVA

Mailing Address

Size:

2.00

Orientation:

Protection:

ALLEN FRENCH
LEASURE MASONIC PARK INC.
4900 SEALOVER HOLLOW ROAD

PHILO, OH 43771

Test Due No Later than:

01/15/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4297

Backflow Prevention Assembly Test Report

LEASURE MASONIC PARK INC.

Location: BASEMENT

3867 NORTHPOINTE DR.

Meter#:

Serial #:

Check if Correct

Corrections

ALLEN FRENCH

LID/Service:

132626

☐

ZANESVILLE, OH 43701

Account #: L. MASONIC PARK

Manufacturer:

WATTS

☐

Site Use: Lodge

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

ALLEN FRENCH

Orientation:

☐

LEASURE MASONIC PARK INC.

4900 SEALOVER HOLLOW ROAD

Protection:

☐

PHILO, OH 43771

Test Due No Later than:

01/15/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4017

Backflow Prevention Assembly Test Report

CLEVER TOWING LLC

Location: IN SHOP.

3075 MAPLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

29554

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: REPAIR SHOP

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

CLEVER TOWING
LEDO OF SEO LLC
600 ROARK RD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

05/09/2019

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3529

Backflow Prevention Assembly Test Report

LEE BROWN PROPERTIES

Location: MECH. ROOM.

1696 EAST PIKE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

26180

Account #: LEE BROWN PROP.

Manufacturer:

WATTS

Site Use: Business Office

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

LEE BROWN
LEE BROWN PROPERTIES
1696 EAST PIKE

Orientation:

ZANESVILLE, OH 43701

Protection:

Test Due No Later than:

01/06/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1107

Backflow Prevention Assembly Test Report

LEE'S GLASS

100 WEST PINE STREET

COSHOCTON, OH 43812

Site Use: Glass sales/service

Hazard: CONTAINMENT COMM. MED.

Mailing Address

STEVEN E. DAVIS, MANAGER
LEE'S GLASS
100 WEST PINE STREET

COSHOCTON, OH 43812

Location: WATER SERVICE CONTAINMENT. - INSIDE 1ST BAY.

Meter#:

LID/Service:

Account #: LEE'S GLASS

Serial #:

11326

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719QT

Type:

DC

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

03/01/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2733

Backflow Prevention Assembly Test Report

LENNY'S HAIR DESIGN & SPA

Location: MECH.ROOM,* WATER SERVICE CONTAINMENT.

3554 MAPLE AVE.

Meter#:

Serial #: 10669

Check if Correct

Corrections

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Beauty Salon/Barber

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

JASON THOMAS

LENNY'S HAIR DESIGN & SPA

3596 MAPLE AVE. SUITE C

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/13/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1510

Backflow Prevention Assembly Test Report

TRI-VALLEY VISION CENTER

Location: WATER SERVICE CONTAINMENT.*MECH.RM.

95 WEST DAVE LONGABERGER /

Meter#:

Serial #: Check if Correct Corrections

DRESDEN, OH 43821

LID/Service:

71672

Account #: LEPI & ASSOC-95

Manufacturer:

WATTS

Site Use: OPTOMETRY

Model:

007

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

McCOY CROSSING PARTNERSHIP

LEPI & ASSOC. REALTY

101 W. DAVE LONGABERGER AVENUE

DRESDEN, OH 43821

Protection:

PAST DUE

Test Due No Later than:

01/10/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1878

Backflow Prevention Assembly Test Report

LONGABERGER UNIVERSITY -LE

Location: WATER SERVICE CONTAINMENT.- BASEMENT.

705 CHESTNUT STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

270253

☐

DRESDEN, OH 43821

Account #: LEPI- RENTAL

Manufacturer:

WATTS

☐

Site Use:

Model:

909

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

☐

Mailing Address

Size:

1.50

☐

PAT ARCHER

LEPI & ASSOCIATES REAL ESTATE SERVICES

1610 MAIN ST.

Orientation:

☐

DRESDEN, OH 43821

Protection:

PAST DUE

☐

Test Due No Later than:

06/08/2006

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1727

Backflow Prevention Assembly Test Report

PHYSICAL THERAPY

105 WEST 3RD STREET

DRESDEN, OH 43821

Site Use: Business Office

Hazard: CONTAINMENT COMM.LOW

Mailing Address

LEPI & ASSOCIATES REALTY
101 WEST LONGABERGER AVE.

DRESDEN, OH 43821

Location: WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: LEPI & ASSOC-105

Serial #:

83176

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

01/10/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐

Leaked

☐

Closed Tight

☐

Held at _____ PSID

Leaked

☐

Closed Tight

☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open

☐

Opened Fully

Yes ☐No ☐

Opened at _____ PSID

Leaked

☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned

☐

Rubber Kit

☐

Rebuild

☐

Replaced

☐

Other

☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐

Closed Tight

☐

Held at _____ PSID

Closed Tight

☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully

☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2170

Backflow Prevention Assembly Test Report

MEDICAL SERVICES

101-C WEST 3RD STREET

DRESDEN, OH 43821

Site Use: Doctors Office

Hazard: CONTAINMENT COMM. MED.

Mailing Address

LEPI & ASSOCIATES

101 W. DAVE LONGABERGER AVENUE

DRESDEN, OH 43821

Location: WATER SERVICE CONTAINMENT

Meter#:

LID/Service:

Account #: LEPI & ASSOC-101BC

Serial #:

215168

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

01/11/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2171

Backflow Prevention Assembly Test Report

MEDICAL SERVICES

101-C WEST 3RD STREET

DRESDEN, OH 43821

Site Use: Doctors Office

Hazard: CONTAINMENT COMM. MED.

Mailing Address

LEPI & ASSOCIATES

101 W. DAVE LONGABERGER AVENUE

DRESDEN, OH 43821

Location: WATER SERVICE CONTAINMENT

Meter#:

LID/Service:

Account #: LEPI & ASSOC-101C

Serial #:

215577

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

01/10/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

	Yes	No
Proper Installation	<input type="checkbox"/>	<input type="checkbox"/>
RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>
#2 Shutoff Closed	<input type="checkbox"/>	<input type="checkbox"/>
Service Restored	<input type="checkbox"/>	<input type="checkbox"/>

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1720

Backflow Prevention Assembly Test Report

LEPI REALTY

102E WEST 3RD. ST.

DRESDEN, OH 43821

Site Use: Business Office

Hazard: FIRE LINE CONNECTION-MEDIUM

Mailing Address

McCOY CROSSING PARTNERSHIP
LEPI & ASSOCIATES
101 W.DAVE LONGABERGER AVE.

DRESDEN, OH 43821

Location: FIRE LINE

Meter#:

LID/Service:

Account #: LEPI & ASSOC-101E

Serial #: Check if Correct Corrections

7030751005

Manufacturer:

AMES

Model:

5000

Type:

RPDA

Size:

3.00

Orientation:

Protection:

PAST DUE

Test Due No Later than:

12/20/2019

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2168

Backflow Prevention Assembly Test Report

LEPI REALTY

102E WEST 3RD. ST.

DRESDEN, OH 43821

Site Use: Business Office

Hazard: ISOLATION LOW

Mailing Address

McCOY CROSSING PARTNERSHIP
LEPI & ASSOCIATES
101 W.DAVE LONGABERGER AVE.

DRESDEN, OH 43821

Location: 3-HOSE HYDRANTS.

Meter#:

LID/Service:

Account #: LEPI & ASSOC-101E

Serial #:

06444

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

01/10/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2173

Backflow Prevention Assembly Test Report

LEPI REALTY

102E WEST 3RD. ST.

DRESDEN, OH 43821

Site Use: Business Office

Hazard: CONTAINMENT COMM. MED.

Mailing Address

McCOY CROSSING PARTNERSHIP
LEPI & ASSOCIATES
101 W.DAVE LONGABERGER AVE.

DRESDEN, OH 43821

Location: WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: LEPI & ASSOC-101E

Serial #:

212988

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

01/10/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2209

Backflow Prevention Assembly Test Report

LEPI REALTY

102E WEST 3RD. ST.

DRESDEN, OH 43821

Site Use: Business Office

Hazard: FIRE LINE BYPASS-MEDIUM

Mailing Address

McCOY CROSSING PARTNERSHIP
LEPI & ASSOCIATES
101 W.DAVE LONGABERGER AVE.

DRESDEN, OH 43821

Location: FIRELINE - BYPASS METER - REAR OF BLDG.

Meter#:

LID/Service:

Account #: LEPI & ASSOC-101E

Serial #:

07349

Manufacturer:

AMES

Model:

4000B

Type:

RP

Size:

0.75

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

12/20/2019

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2493

Backflow Prevention Assembly Test Report

LEPI AND ASSOCIATES

1257 MAPLE AVENUE

ZANEVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

LEPI AND ASSOCIATES
1257 MAPLE AVENUE

ZANEVILLE, OH 43701

Location: MECH. RM. (WATER SERVICE CONTAINMENT)

Meter#:

LID/Service:

Account #: LEPI & ASSOCI.

Serial #:

21069

Manufacturer:

WATTS

Model:

919

Type:

RPPA

Size:

1.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

01/22/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4785

Backflow Prevention Assembly Test Report

COMMUNITY COMMONS

185 W.MAIN ST.

NEW CONCORD, OH 43762

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

LEPI ENTERPRISES INC.
630 G.W. MORSE ST.

ZANESVILLE, OH 43701

Location: MECH. ROOM.

Meter#:

LID/Service:

Account #: LEPI ENTERPRISES

Serial #:

33477

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

LF719QT

Type:

DC

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

12/18/2021

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4786

Backflow Prevention Assembly Test Report

COMMUNITY COMMONS

185 W.MAIN ST.

NEW CONCORD, OH 43762

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

LEPI ENTERPRISES INC.
630 G.W. MORSE ST.

ZANESVILLE, OH 43701

Location: MECH. ROOM.

Meter#:

LID/Service:

Account #: LEPI ENTERPRISES

Serial #:

33961

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

LF719QT

Type:

DC

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

12/18/2021

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

	Yes	No
Proper Installation	<input type="checkbox"/>	<input type="checkbox"/>
RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>
#2 Shutoff Closed	<input type="checkbox"/>	<input type="checkbox"/>
Service Restored	<input type="checkbox"/>	<input type="checkbox"/>

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4787

Backflow Prevention Assembly Test Report

COMMUNITY COMMONS

185 W.MAIN ST.

NEW CONCORD, OH 43762

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

LEPI ENTERPRISES INC.
630 G.W. MORSE ST.

ZANESVILLE, OH 43701

Location: MECH. ROOM.

Meter#:

LID/Service:

Account #: LEPI ENTERPRISES

Serial #:

33960

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

LF719QT

Type:

DC

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

12/18/2021

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4788

Backflow Prevention Assembly Test Report

COMMUNITY COMMONS

185 W.MAIN ST.

NEW CONCORD, OH 43762

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

LEPI ENTERPRISES INC.
630 G.W. MORSE ST.

ZANESVILLE, OH 43701

Location: MECH. ROOM.

Meter#:

LID/Service:

Account #: LEPI ENTERPRISES

Serial #:

33966

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

LF719QT

Type:

DC

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

12/18/2021

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

	Yes	No
Proper Installation	<input type="checkbox"/>	<input type="checkbox"/>
RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>
#2 Shutoff Closed	<input type="checkbox"/>	<input type="checkbox"/>
Service Restored	<input type="checkbox"/>	<input type="checkbox"/>

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4789

Backflow Prevention Assembly Test Report

COMMUNITY COMMONS

185 W.MAIN ST.

NEW CONCORD, OH 43762

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

LEPI ENTERPRISES INC.
630 G.W. MORSE ST.

ZANESVILLE, OH 43701

Location: MECH. ROOM.

Meter#:

LID/Service:

Account #: LEPI ENTERPRISES

Serial #:

33834

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

LF719QT

Type:

DC

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

12/18/2021

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

	Yes	No
Proper Installation	<input type="checkbox"/>	<input type="checkbox"/>
RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>
#2 Shutoff Closed	<input type="checkbox"/>	<input type="checkbox"/>
Service Restored	<input type="checkbox"/>	<input type="checkbox"/>

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4790

Backflow Prevention Assembly Test Report

COMMUNITY COMMONS

185 W.MAIN ST.

NEW CONCORD, OH 43762

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

LEPI ENTERPRISES INC.
630 G.W. MORSE ST.

ZANESVILLE, OH 43701

Location: MECH. ROOM.

Meter#:

LID/Service:

Account #: LEPI ENTERPRISES

Serial #:

33841

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

LF719QT

Type:

DC

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

12/18/2021

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4791

Backflow Prevention Assembly Test Report

COMMUNITY COMMONS

185 W.MAIN ST.

NEW CONCORD, OH 43762

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

LEPI ENTERPRISES INC.
630 G.W. MORSE ST.

ZANESVILLE, OH 43701

Location: MECH. ROOM.

Meter#:

LID/Service:

Account #: LEPI ENTERPRISES

Serial #:

33665

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

LF719QT

Type:

DC

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

12/18/2021

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

	Yes	No
Proper Installation	<input type="checkbox"/>	<input type="checkbox"/>
RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>
#2 Shutoff Closed	<input type="checkbox"/>	<input type="checkbox"/>
Service Restored	<input type="checkbox"/>	<input type="checkbox"/>

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4792

Backflow Prevention Assembly Test Report

COMMUNITY COMMONS

Location: MECH. ROOM.

185 W.MAIN ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

33726

☐

NEW CONCORD, OH 43762

Account #: LEPI ENTERPRISES

Manufacturer:

WATTS

☐

Site Use:

Model:

LF719QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

0.75

☐LEPI ENTERPRISES INC.
630 G.W. MORSE ST.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

12/18/2021

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Date _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Time _____

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

	Yes	No
Proper Installation	<input type="checkbox"/>	<input type="checkbox"/>
RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>
#2 Shutoff Closed	<input type="checkbox"/>	<input type="checkbox"/>
Service Restored	<input type="checkbox"/>	<input type="checkbox"/>

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4793

Backflow Prevention Assembly Test Report

COMMUNITY COMMONS

185 W.MAIN ST.

NEW CONCORD, OH 43762

Site Use:

Hazard: FIRE LINE BYPASS-MEDIUM

Mailing Address

LEPI ENTERPRISES INC.
630 G.W. MORSE ST.

ZANESVILLE, OH 43701

Location: MECH. ROOM. (FOR WHOLE BLDG.)

Meter#:

LID/Service:

Account #: LEPI ENTERPRISES

Serial #:

12795

Check if Correct

Corrections

Manufacturer:

AMES

Model:

4000B

Type:

RP

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

12/18/2020

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4794

Backflow Prevention Assembly Test Report

COMMUNITY COMMONS

Location: MECH. ROOM. (FOR WHOLE BLDG.)

185 W.MAIN ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

106164

☐

NEW CONCORD, OH 43762

Account #: LEPI ENTERPRISES

Manufacturer:

AMES

☐

Site Use:

Model:

5000

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

4.00

☐LEPI ENTERPRISES INC.
630 G.W. MORSE ST.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

12/18/2020

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 412

Backflow Prevention Assembly Test Report

LEPI- PATIO GARDENS

Location: WATER SERVICE CONTAINMENT. - MECH ROOM.

608 MAIN STREET

Meter#:

Serial #: Check if Correct Corrections

DRESDEN, OH 43821

LID/Service:

174966

Account #: LEPI-PATIO GARDEN

Manufacturer:

WATTS

Site Use:

Model:

909

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

Mailing Address

Size:

2.00

Orientation:

Protection:

PAST DUE

LEPI

1535 MAPLE AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

06/14/2019

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2927

Backflow Prevention Assembly Test Report

LETTERING COMPANY

1347 COOPERMILL ROAD

ZANESVILLE, OH 43701

Site Use: TOWING

Hazard: CONTAINMENT COMM. MED.

Mailing Address

A-1 TOWING SERVICE
LETTERING COMPANY
1347 COOPERMILL ROAD

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT - DOMESTIC BESIDE WATER HEATER

Meter#:

LID/Service:

Account #: A-1 TOWINGSERVICE

Serial #:

65065

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

11/05/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3774

Backflow Prevention Assembly Test Report

EDWARD JONES INVESTMENTS

Location: WATER SERVICE CONTAINMENT - MECH ROOM

4 EAST MAIN STREET

Meter#:

Serial #: Check if Correct Corrections

NEW CONCORD, OH 43762

LID/Service:

267422

Account #: EDWARDJONESNEWCON

Manufacturer:

WATTS

Site Use:

Model:

007

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

JERRY COWDEN, OWNER

LEVEL 8 PROPERTIES

65101 MATHEWS RD.

Orientation:

CAMBRIDGE, OH 43725

Protection:

PAST DUE

Test Due No Later than:

10/13/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1108

Backflow Prevention Assembly Test Report

LIBERTY CAR WASH

10 NORTH LIBERTY STREET

NEW CONCORD, OH 43762

Site Use: Car Wash

Hazard: CONTAINMENT COMM. MED.

Mailing Address

ATTN: JASON CRAWFORD
LIBERTY CAR WASH
10 NORTH LIBERTY STREET

NEW CONCORD, OH 43762

Location: WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: LIBERTYCARWASH

Serial #:

184011

Manufacturer:

WATTS

Model:

909

Type:

RPPA

Size:

2.00

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

12/17/2019

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 126

Backflow Prevention Assembly Test Report

LIBERTY CHURCH

Location: *MECH ROOM, BASEMENT. - FIRE LINE.

219 NORTH 15TH STREET

Meter#:

Serial #: Check if Correct Corrections

COSHOCTON, OH 43812

LID/Service:

103760

Account #: LIBERTY CHURCH

Manufacturer:

WATTS

Site Use:

Model:

Hazard: FIRE LINE CONNECTION-LOW

709

Mailing Address

Type:

DC

LIBERTY CHURCH

Size:

2.50

219 NORTH 15TH STREET

Orientation:

COSHOCTON, OH 43812

Protection:

PAST DUE

Test Due No Later than:

10/31/2017

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 127

Backflow Prevention Assembly Test Report

LIBERTY CHURCH

Location: *MECH ROOM, BASEMENT. - WATER SERVICE CONTAINMENT.

219 NORTH 15TH STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

33594

☐

COSHOCTON, OH 43812

Account #: LIBERTY CHURCH

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

☐

Mailing Address

Size:

1.50

☐

MALACHI LOOS

LIBERTY CHURCH

219 NORTH 15TH STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

PAST DUE

☐

Test Due No Later than:

01/16/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4001

Backflow Prevention Assembly Test Report

LIFTED NUTRITION

23587 AIRPORT RD.

COSHOCTON, OH 43812

Site Use: Retail

Hazard: CONTAINMENT COMM.LOW

Mailing Address

LIFTED NUTRITION
23587 AIRPORT RD.

COSHOCTON, OH 43812

Location: IN RESTROOM

Meter#:

LID/Service:

Account #: COSH.PLAZA-02

Serial #:

2194536

Check if Correct

Corrections

Manufacturer:

WILKINS

Model:

975XLBMS

Type:

RP

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

11/05/2021

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1952

Backflow Prevention Assembly Test Report

NATIONWIDE HEALTH PROPERTY
840 BETHESDA DRIVE BUILDING

ZANESVILLE, OH 43701

Site Use: **Offices**Hazard: **CONTAINMENT COMM. MED.**

Mailing Address

TOMARA HOWARD
LILLIBRIDGE HEALTH CARE SERVICE
751 FOREST AVE. SUITE 304

ZANESVILLE, OH 43701

Location: ***BACK OF BLDG.#3.**

Meter#:

LID/Service:

Account #: **LILLIBRIDGE-2**

Serial #:

79157

Check if Correct

Corrections

☐

Manufacturer:

WATTS☐

Model:

009☐

Type:

RPPA☐

Size:

1.00☐

Orientation:

☐

Protection:

☐

Test Due No Later than:

06/12/2022Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1955

Backflow Prevention Assembly Test Report

NATIONWIDE HEALTH PROPERTY

Location: MECH ROOM-MAIN WATER BLDG.#3

840 BETHESDA DRIVE BUILDING

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

15119

☐

ZANESVILLE, OH 43701

Account #: LILLIBRIDGE-2

Manufacturer:

WATTS

☐

Site Use: Offices

Model:

009

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

1.25

☐

TOMARA HOWARD

LILLIBRIDGE HEALTH CARE SERVICE

751 FOREST AVE. SUITE 304

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

06/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1005

Backflow Prevention Assembly Test Report

MEDICAL ARTS BLDG.#2

Location: FIRE LINE. * BASEMENT MECH. ROOM.

751 FOREST AVENUE

Meter#:

Serial #: Check if Correct Corrections

ZANEVILLE, OH 43701

LID/Service:

172241

Account #: MAB #2

Manufacturer:

WATTS

Site Use: Medical

Model:

709

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

DC

Mailing Address

Size:

4.00

TOMARA HOWARD

LILLIBRIDGE HEALTHCARE SERVICE INC.

751 FOREST AVE. SUITE 304

Orientation:

ZANEVILLE, OH 43701

Protection:

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1008

Backflow Prevention Assembly Test Report

MEDICAL ARTS BLDG.#2

Location: CONTAINMENT.

751 FOREST AVENUE

Meter#:

Serial #: Check if Correct Corrections

143780

☐

ZANEVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Medical

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

3.00

☐

TAMMY HOWARD

LILLIBRIDGE HEALTHCARE SERVICE INC.

751 FOREST AVE.

Orientation:

☐

ZANEVILLE, OH 43701

Protection:

☐

Test Due No Later than:

06/03/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4479

Backflow Prevention Assembly Test Report

MEDICAL ARTS BLDG.#2

Location: WATER SERVICE CONTAINMENT.

751 FOREST AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

192688

☐

ZANEVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Medical

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

3.00

☐

TAMMY HOWARD

LILLIBRIDGE HEALTHCARE SERVICE INC.

751 FOREST AVE.

Orientation:

☐

ZANEVILLE, OH 43701

Protection:

☐

Test Due No Later than:

06/03/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2936

Backflow Prevention Assembly Test Report

V.A. OUTPATIENT CLINIC

Location: MECH. RM., *WATER SERVICE CONTAINMENT.

2800 MAPLE AVENUE, SUITE A-F

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

09792

Account #: V.A. CLINIC

Manufacturer:

WATTS

Site Use: Medical

Model:

919

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

Mailing Address

Size:

1.50

Orientation:

Protection:

ATTN; TOMARA HOWARD

LILLIBRIDGE HEALTHCARE SERVICE

751 FOREST AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

07/29/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1885

Backflow Prevention Assembly Test Report

GENESIS-RADIATION ONCOLOGY

Location: MECHANICAL ROOM,RAD/ONCOLOGY.

805 FOREST AVENUE

Meter#:

Serial #:
160268

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: LILLIBRIDGE

Manufacturer:
WATTS

Site Use:

Hazard: CONTAINMENT COMM. MED.

Model:

909

Mailing Address

Type:

RPPA

ATTN: AMY
LILLIBRIDGE
751 FOREST AVE. SUITE 304

Size:

2.00

Orientation:

ZANESVILLE, OH 43701

Protection:

Test Due No Later than:

03/20/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3628

Backflow Prevention Assembly Test Report

Y CITY WELLNESS

1071 LINDEN AVE.

ZANESVILLE, OH 43701

Site Use: Retail

Hazard: CONTAINMENT COMM.LOW

Mailing Address

Ashokkumar G Patel
LINDEN TOBACCO & FOODMART
1047 LINDEN AVE.

ZANESVILLE, OH 43701

Location: MECH.RM.

Meter#:

LID/Service:

Account #: Y CITY WELLNESS

Serial #:

27526

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

06/30/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3790

Backflow Prevention Assembly Test Report

CLINIC BUILDING

534 MARKET ST.

ZANESVILLE, OH 43701

Site Use: Business Office

Hazard: CONTAINMENT COMM.LOW

Mailing Address

TIM LINN
LINN ENGINEERING INC.
534 MARKET ST.

ZANESVILLE, OH 43701

Location: BASEMENT.WATER SERVICE LINE.

Meter#:

LID/Service:

Account #: LINN ENGINEERING

Serial #:

11328

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

1.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

03/26/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4536

Backflow Prevention Assembly Test Report

CLINIC BUILDING

534 MARKET ST.

ZANESVILLE, OH 43701

Site Use: Business Office

Hazard: ISOLATION MED.

Mailing Address

TIM LINN

LINN ENGINEERING INC.

534 MARKET ST.

ZANESVILLE, OH 43701

Location: BASEMENT.BOILER ROOM,BOILER FEED.

Meter#:

LID/Service:

Account #: LINN ENGINEERING

Serial #:

30618

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

03/26/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3508

Backflow Prevention Assembly Test Report

LITTLE CAESARS PIZZA

115(B) NORTH 2ND STREET

COSHOCTON, OH 43812

Site Use: Retail

Hazard: CONTAINMENT COMM.LOW

Mailing Address

LITTLE CAESAR'S PIZZA

115(C) NORTH 2ND STREET

COSHOCTON, OH 43812

Location: MECH.ROOM,*WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: LITTLE CAESARS-B

Serial #:

10202

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

1.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

07/31/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3633

Backflow Prevention Assembly Test Report

LLS PROPERTIES OF ZANESVILL

Location: GARAGE,BASEMENT.

200 W. MONROE ST.

Meter#:

Serial #:

Check if Correct

Corrections

28506

☐

ZANESVILLE, OH 43701

LID/Service:

Account #: LLS PROPERTIES

Manufacturer:

WATTS

☐

Site Use: SALES/SERVICE/OFFICE

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

LLS PROPERTIES OF ZANESVILLE, LLC

200 W. MONROE ST.

Orientation:

☐

ZANESVILLE, OH 43701-2947

Protection:

☐

Test Due No Later than:

10/26/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4495

Backflow Prevention Assembly Test Report

LOAN MAX

2644 MAPLE AVE.

ZANESVILLE, OH 43701

Site Use: LOAN Office

Hazard: CONTAINMENT COMM.LOW

Mailing Address

HARDCASTLE REALTY CO.
LOAN MAX
2644 MAPLE AVE.

ZANESVILLE, OH 43701

Location: MECH. ROOM.

Meter#:

LID/Service:

Account #: LOAN MAX

Serial #:

29902

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

12/13/2019

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____



Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4892

Backflow Prevention Assembly Test Report

LOCK 17

Location: IN BACK LEFT OF BUILDING.

42 E. 3RD. ST.

Meter#:

Serial #: 44238 Check if Correct Corrections

FRAZEYSBURG, OH 43822

LID/Service:

Manufacturer:

WATTS

Site Use:

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

TRICIA ROBBINSON

LOCK 17

42 E. 3RD. ST.

FRAZEYSBURG, OH 43822

Orientation:

Protection:

Test Due No Later than:

11/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4489

Backflow Prevention Assembly Test Report

LONG HORN STEAK HOUSE

Location: MECH. ROOM.ABOVE DOOR WAY.

3557 MAPLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

Y08516

☐

ZANESVILLE, OH 43701

LID/Service:

Account #: LONG HORN STEAK

Manufacturer:

WILKINS

☐

Site Use: Restaurant

Model:

375

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

2.50

☐

Orientation:

☐

Protection:

☐

DAVID HAYES

LONG HORN STEAK HOUSE

3557 MAPLE AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

09/16/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4490

Backflow Prevention Assembly Test Report

LONG HORN STEAK HOUSE

Location: MECH. ROOM.ABOVE DOORWAY.

3557 MAPLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

3552074

☐

ZANESVILLE, OH 43701

Account #: LONG HORN STEAK

Manufacturer:

WILKINS

☐

Site Use: Restaurant

Model:

975XL

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

Protection:

☐

DAVID HAYES

LONG HORN STEAK HOUSE

3557 MAPLE AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

09/16/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4491

Backflow Prevention Assembly Test Report

LONG HORN STEAK HOUSE

Location: MECH. ROOM.LAWN SPRINKLER SYSTEM.

3557 MAPLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

J076718

☐

ZANESVILLE, OH 43701

Account #: LONG HORN STEAK

Manufacturer:

FEBCO

☐

Site Use: Restaurant

Model:

825Y

☐

Hazard: IRRIGATION MED-ISOLATION

Type:

RP

☐

Mailing Address

Size:

1.00

☐

Orientation:

☐

Protection:

☐

DAVID HAYES

LONG HORN STEAK HOUSE

3557 MAPLE AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

09/16/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4492

Backflow Prevention Assembly Test Report

LONG HORN STEAK HOUSE

Location: MECH. ROOM.

3557 MAPLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

20176

☐

ZANESVILLE, OH 43701

Account #: LONG HORN STEAK

Manufacturer:

WATTS

☐

Site Use: Restaurant

Model:

919

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

DAVID HAYES

LONG HORN STEAK HOUSE

3557 MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

09/16/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 410

Backflow Prevention Assembly Test Report

LONGABERGER - TEA HOUSE

Location: WATER SERVICE CONTAINMENT. - BASEMENT.

5565 RAIDERS ROAD

Meter#:

Serial #: Check if Correct Corrections

FRAZEYSBURG, OH 43822

LID/Service:

224016

Account #: LONGABERGER 26

Manufacturer:

WATTS

Site Use:

Model:

909

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

Mailing Address

Size:

1.50

Orientation:

Protection:

PAST DUE

Test Due No Later than:

08/08/2013

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 413

Backflow Prevention Assembly Test Report

LONGABERGER - MAKE-A-BASK

Location: WATER SERVICE CONTAINMENT. - BASEMENT.

417 MAIN STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

226057

☐

DRESDEN, OH 43821

Account #: LONGABERGER 17

Manufacturer:

WATTS

☐

Site Use:

Model:

909

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

Orientation:

☐

Protection:

PAST DUE

☐

Test Due No Later than:

06/10/2012

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 418

Backflow Prevention Assembly Test Report

LONGABERGER - FLEET BUILDIN

Location: WATER SERVICE CONTAINMENT. - MECH. ROOM.

5565 RAIDERS ROAD

Meter#:

Serial #:

Check if Correct

Corrections

259463

☐

LID/Service:

Manufacturer:

WATTS

☐

FRAZEYSBURG, OH 43822

Account #: LONGABERGER 11

Model:

909

☐

Site Use:

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

1.50

☐

JASON JORDAN

LONGABERGER COMPANY

5565 RAIDERS ROAD

Orientation:

☐

FRAZEYSBURG, OH 43822

Protection:

PAST DUE

☐

Test Due No Later than:

07/13/2013

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1622

Backflow Prevention Assembly Test Report

LONGABERGER - GATEHOUSE R

Location: WATER SERVICE CONTAINMENT. - MECH ROOM.

5564 RAIDERS ROAD

Meter#:

Serial #:

Check if Correct

Corrections

228809

☐

LID/Service:

Manufacturer:

WATTS

☐

FRAZEYSBURG, OH 43822

Account #: LONGABERGER 12

Model:

007

☐

Site Use:

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

JASON JORDAN

LONGABERGER COMPANY

5565 RAIDERS ROAD

Orientation:

☐

FRAZEYSBURG, OH 43822

Protection:

PAST DUE

☐

Test Due No Later than:

02/14/2014

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1623

Backflow Prevention Assembly Test Report

LONGABERGER - PAINT SHOP

Location: WATER SERVICE CONTAINMENT.- MECH ROOM.

5564 RAIDERS ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

61905

☐

FRAZEYSBURG, OH 43822

Account #: LONGABERGER 19

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: CONTAINMENT COMM. MED.

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

JASON JORDAN

LONGABERGER COMPANY

5565 RAIDERS ROAD

Orientation:

☐

FRAZEYSBURG, OH 43822

Protection:

PAST DUE

☐

Test Due No Later than:

02/14/2013

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1626

Backflow Prevention Assembly Test Report

LONGABERGER - CHIPPER BUILI

Location: WATER SERVICE CONTAINMENT. - MECH ROOM.

5564 RAIDERS ROAD

Meter#:

Serial #:

Check if Correct

Corrections

22887

☐

LID/Service:

Manufacturer:

WATTS

☐

FRAZEYSBURG, OH 43822

Account #: LONGABERGER 05

Model:

007

☐

Site Use:

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

JASON JORDAN

LONGABERGER COMPANY

5565 RAIDERS ROAD

Orientation:

☐

FRAZEYSBURG, OH 43822

Protection:

PAST DUE

☐

Test Due No Later than:

02/14/2014

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1627

Backflow Prevention Assembly Test Report

LONGABERGER - BLDG "B" WOR

Location: BOILER MAKEUP WATER. - MECH ROOM.

5564 RAIDERS ROAD

Meter#:

Serial #:

Check if Correct

Corrections

228810

☐

LID/Service:

Manufacturer:

WATTS

☐

FRAZEYSBURG, OH 43822

Account #: LONGABERGER 02

Model:

007

☐

Site Use:

Hazard: ISOLATION MED.

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

JASON JORDAN

LONGABERGER COMPANY

5565 RAIDERS ROAD

Orientation:

☐

FRAZEYSBURG, OH 43822

Protection:

PAST DUE

☐

Test Due No Later than:

03/31/2013

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1634

Backflow Prevention Assembly Test Report

P.A.C.E. BLDG.c

Location: WATER SERVICE CONTAINMENT. - MECH ROOM.

5565 RAIDERS ROAD

Meter#:

Serial #:

Check if Correct

Corrections

222791

☐

FRAZEYSBURG, OH 43822

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

JASON JORDAN

LONGABERGER COMPANY

5565 RAIDERS ROAD

Orientation:

☐

FRAZEYSBURG, OH 43822

Protection:

PAST DUE

☐

Test Due No Later than:

11/09/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1635

Backflow Prevention Assembly Test Report

P.A.C.E. BLDG.c

Location: MECH ROOM.

5565 RAIDERS ROAD

Meter#:

Serial #:

Check if Correct

Corrections

135846

☐

FRAZEYSBURG, OH 43822

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: ISOLATION MED.

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

JASON JORDAN

LONGABERGER COMPANY

5565 RAIDERS ROAD

Orientation:

☐

FRAZEYSBURG, OH 43822

Protection:

PAST DUE

☐

Test Due No Later than:

03/31/2011

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1864

Backflow Prevention Assembly Test Report

LONGABERGER - WELCOME CEN

Location: WATER SERVICE CONTAINMENT. - MECH ROOM.

5564 RAIDERS ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

325785

☐

FRAZYESBURG, OH 43822

Account #: LONGABERGER 28

Manufacturer:

WATTS

☐

Site Use:

Model:

909

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

JASON JORDAN

LONGABERGER COMPANY

5565 RAIDERS ROAD

Orientation:

☐

FRAZEYSBURG, OH 43822

Protection:

PAST DUE

☐

Test Due No Later than:

08/08/2013

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4364

Backflow Prevention Assembly Test Report

CANTEEN - LOUNGE 30

Location: Mechanical Room

1134 LEE ST.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

34666

Account #: CANTEEN-LOUNGE 30

Manufacturer:

WATTS

Site Use: Bar and Grill

Model:

LF719QT

Hazard: CONTAINMENT COMM.LOW

Type:

DC

Mailing Address

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

01/05/2017

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3009

Backflow Prevention Assembly Test Report

LOVE AND JOY HOME LLC

Location: 1ST FLOOR UTILITY ROOM.

639 CASS STREET

Meter#:

Serial #: Check if Correct Corrections

DRESDEN, OH 43821

LID/Service:

2907347

Account #: LOVE AND JOY

Manufacturer:

WILKINS

Site Use: Retirement Home

Model:

975XL

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RP

Mailing Address

Size:

1.00

Orientation:

LOVE AND JOY HOME LLC

7650 RIDGE RD

ZANESVILLE, OH 43701

Protection:

PAST DUE

Test Due No Later than:

10/18/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5013

Backflow Prevention Assembly Test Report

LOVE AND JOY HOME LLC

Location: MECH. ROOM.

639 CASS STREET

Meter#:

Serial #:

Check if Correct

Corrections

DRESDEN, OH 43821

LID/Service:

19421

☐

Account #: LOVE AND JOY

Manufacturer:

WATTS

☐

Site Use: Retirement Home

Model:

919QT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

2.00

☐

Orientation:

☐

Protection:

PAST DUE

☐

Test Due No Later than:

10/12/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 633

Backflow Prevention Assembly Test Report

LOVE'S TRUCK STOP

605 SONORA ROAD

ZANESVILLE, OH 43701

Site Use: Convenience/GAS

Hazard: CONTAINMENT COMM. MED.

Mailing Address

CLAYTON PAGE, GENERAL MANAGER
LOVE'S TRUCK STOP
605 SONORA ROAD

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT. - HOT BOX IN YARD. - NORTH SIDE.

Meter#:

LID/Service:

Account #: LOVES TRUCK STOP

Serial #:

373660

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

909

Type:

RPPA

Size:

2.00

Orientation:

Protection:

Test Due No Later than:

10/24/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 278

Backflow Prevention Assembly Test Report

LOWE'S

3755 FRAZEYSBURG ROAD

ZANESVILLE, OH 43701

Site Use: Retail

Hazard: FIRE LINE CONNECTION-MEDIUM

Mailing Address

ATTN:ED WANANT

LOWE'S

3755 FRAZEYSBURG ROAD

ZANESVILLE, OH 43701

Location: FIRE LINE. - MECH ROOM.

Meter#:

LID/Service:

Account #: LOWES#0210

Serial #:

38K0401

Manufacturer:

AMES

Model:

3000 SILVER

Type:

DCDA

Size:

6.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

05/01/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 279

Backflow Prevention Assembly Test Report

LOWE'S

3755 FRAZEYSBURG ROAD

ZANESVILLE, OH 43701

Site Use: Retail

Hazard: FIRE LINE BYPASS-MEDIUM

Mailing Address

ATTN:ED WANANT

LOWE'S

3755 FRAZEYSBURG ROAD

ZANESVILLE, OH 43701

Location: FIRE LINE. - MECH. ROOM.

Meter#:

LID/Service:

Account #: LOWES#0210

Serial #:

36125

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

05/01/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 280

Backflow Prevention Assembly Test Report

LOWE'S

3755 FRAZEYSBURG ROAD

ZANESVILLE, OH 43701

Site Use: Retail

Hazard: CONTAINMENT COMM. MED.

Mailing Address

ATTN:ED WANANT

LOWE'S

3755 FRAZEYSBURG ROAD

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT. *RISER ROOM.

Meter#:

LID/Service:

Account #: LOWES#0210

Serial #:

216573

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

2.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

05/01/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5247

Backflow Prevention Assembly Test Report

LOWE'S

Location: MECH ROOM

3755 FRAZEYSBURG ROAD

Meter#:

Serial #:

Check if Correct

Corrections

088634

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Retail

Model:

LF007M1QT

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

DC

☐

Mailing Address

Size:

1.00

☐

Orientation:

☐

Protection:

☐

ATTN:ED WANANT

LOWE'S

3755 FRAZEYSBURG ROAD

ZANESVILLE, OH 43701

Test Due No Later than:

05/01/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 882

Backflow Prevention Assembly Test Report

LOYAL ORDER OF THE MOOSE L

Location: WATER SERVICE CONTAINMENT.

120 MAIN STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

70443

☐

COSHOCTON, OH 43812

Account #: MOOSELODGE COSH

Manufacturer:

WATTS

☐

Site Use: Lodge

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.50

☐

LLOYD RIDENBAUGH, ADMINISTRATOR

LOYAL ORDER OF THE MOOSE

120 MAIN STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

03/08/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked

☐

Leaked

☐

Did not open

☐

Date _____

Closed Tight

☐

Closed Tight

☐

Did not open

☐

Opened Fully

☐

Time _____

Pass ☐ Fail ☐

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Leaked

☐

Held at _____ PSID

Repairs

Cleaned

☐

Rubber Kit

☐

Rebuild

☐

Replaced

☐

Other

☐

Final Test

Date _____

Closed Tight

☐

Closed Tight

☐

Opened Fully

☐

Time _____

Pass ☐ Fail ☐

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes

No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2655

Backflow Prevention Assembly Test Report

LP BLUE ROCK SUNOCO

8635 SOUTH RIVER ROAD

BLUE ROCK, OH 43720

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

LP BLUE ROCK SUNOCO

LP BLUE ROCK SUNOCO

8635 SOUTH RIVER ROAD

BLUE ROCK, OH 43720

Location: FOR RESTAURANT & CAMPGROUND.

Meter#:

LID/Service:

Account #: BLUEROCKSUNOCO

Serial #:

49667

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

1.50

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

04/18/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3773

Backflow Prevention Assembly Test Report

JUD'S PUB/LUCKY'S BAR

225 E. MAIN ST.

SOUTH ZANESVILLE, OH 43701

Site Use: Bar and Grill

Hazard: CONTAINMENT COMM.LOW

Mailing Address

JUDD DODSON
LUCKY'S BAR
225 E. MAIN ST.

SOUTH ZANESVILLE, OH 43701

Location: IN FRONT OF SINK ,ABOVE DROP CEILING IN MENS RESTROOM.

Meter#:

LID/Service:

Account #: LUCKY'S BAR

Serial #:

26033

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

01/03/2020

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2713

Backflow Prevention Assembly Test Report

LUCY'S PET GROOMING

1252 BLUFF ST.

ZANESVILLE, OH 43701

Site Use: PET GROOMING

Hazard: CONTAINMENT COMM.LOW

Mailing Address

STEVE KELSO-BLDG. OWNER
LUCY'S PET GROOMING
1240 LINDEN AVENUE

ZANESVILLE, OH 43701

Location: MECH. ROOM, WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: LUCY'S PETGROOM

Serial #:

10465

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

08/27/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3610

Backflow Prevention Assembly Test Report

SAFELITE AUTO GLASS

Location: MECH. RM.

903 LINDEN AVE.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

28817

Account #: SAFELITEAUTOGLASS

Manufacturer:

WATTS

Site Use: Glass sales/service

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

JOHN MELSHEIMER
M & S PARTNERSHIP
933 LINDEN AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

11/05/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5448

Backflow Prevention Assembly Test Report

CAPITAL PROSTHETIC ORTHOTIC
4035-A NORTHPOINTE RD. BLDG

ZANESVILLE, OH 43701

Site Use:

Hazard: **CONTAINMENT COMM. MED.**

Mailing Address

M/E PROPERTIES
P.O. BOX 8025

ZANESVILLE, OH 43701

Location: **IN BACK ROOM TO LEFT. UNIT A**

Meter#:

LID/Service:

Account #: **M/E PROPERTIES**

Serial #:

37181

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

LF719QT

Type:

DC

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

09/25/2020Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Submit completed
Test Report:

Fax:



Service Address

Hazard/CCID: 3222

Backflow Prevention Assembly Test Report

M2 DRIVE THRU

615 SOUTH 7TH STREET

COSHOCTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

Danyelle Darr
M2 DRIVE THRU
615 SOUTH 7TH STREET

COSHOCTON, OH 43812

Location: WATER SERVICE CONTAINMENT - BATHROOM

Meter#:

LID/Service:

Account #: M2 DRIVE THRU

Serial #:

16726

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

09/07/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4177

Backflow Prevention Assembly Test Report

MAGAZINER & MCGLADE LLC

44 S.6TH ST.

ZANESVILLE, OH 43701

Site Use: Business Office

Hazard: CONTAINMENT COMM.LOW

Mailing Address

MAGAZINER & MCGLADE LLC

44 S.6TH ST.

ZANESVILLE, OH 43701

Location: BACK OF BLDG.LOWER LEVEL LEFT SIDE OUTSIDE.(PAD LOCK)

Meter#:

LID/Service:

Account #: MAGAZINER&MCGLADE

Serial #:

11401

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719QT

Type:

DC

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

02/26/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1573

Backflow Prevention Assembly Test Report

MAGIC SHINE CAR WASH

2605 EAST PIKE

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

JOHN THOMAS
MAGIC SHINE CAR WASH
2605 EAST PIKE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT. - MAIN WATER.

Meter#:

LID/Service:

Account #: MAGICSHINECARWASH

Serial #:

225185

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

2.00

Orientation:

Protection:

Test Due No Later than:

03/11/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1966

Backflow Prevention Assembly Test Report

MAIN ST. STATION

442 MAIN STREET

COSHOCOTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

MAIN ST. STATION

442 MAIN STREET

COSHOCOTON, OH 43812

Location: WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: COSHOCTON YARD

Serial #:

306072

Manufacturer:

WATTS

Model:

909

Type:

RPPA

Size:

2.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

02/03/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2742

Backflow Prevention Assembly Test Report

MAIN STREET MEMORIES

25 EAST MAIN ST.

NEW CONCORD, OH 43762

Site Use: Retail

Hazard: CONTAINMENT COMM.LOW

Mailing Address

CHRISTINE APPELGATE
MAIN STREET MEMORIES
25 EAST MAIN ST.

NEW CONCORD, OH 43762

Location: *BASEMENT,FRONT OF BUILDING.

Meter#:

LID/Service:

Account #: MAIN ST.MEMORIES

Serial #:

11809

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

09/19/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1959

Backflow Prevention Assembly Test Report

DR'S PARK #4

Location: MECH ROOM. - BLDG. #4.

930 BETHESDA DRIVE-DOCTOR'S

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

216028

☐

Account #: GENESIS DRS.PK#4

Manufacturer:

WATTS

☐

Site Use: Doctors Office

Model:

009

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐GENESIS HEALTHCARE
MAINTENANCE
2951 MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1960

Backflow Prevention Assembly Test Report

DR'S PARK #5

Location: MECH ROOM, BACK HALL CLOSET- DR.BRIAN LUFT

950 BETHESDA DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

44431

☐

ZANESVILLE, OH 43701

Account #: GENESIS DRS PK #5

Manufacturer:

WATTS

☐

Site Use: Doctors Office

Model:

009

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐GENESIS HEALTH CARE
MAINTENANCE
2951 MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2624

Backflow Prevention Assembly Test Report

MIDWEST ALLERGY CLINIC

Location: (MIDWEST ALLERGY CLINIC) BACK WALL, MAIN MECH.RM.

975 BETHESDA DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

09773

☐

ZANESVILLE, OH 43701

Account #: GENESIS DRS PK#7

Manufacturer:

WATTS

☐

Site Use: Doctors Office

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐GENESIS HEALTHCARE
MAINTENANCE
2951 MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2625

Backflow Prevention Assembly Test Report

WOMENS HEALTH SPECIALIST

Location: * BACK WALL MAIN MECH.RM.

975 BETHESDA DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

10254

☐

ZANESVILLE, OH 43701

Account #: GENESIS DRS.PK#7

Manufacturer:

WATTS

☐

Site Use: Doctors Office

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

GENESIS HEALTH CARE
MAINTENANCE
2951 MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2626

Backflow Prevention Assembly Test Report

OHIO PSYCHIATRIC ASSOCIATES

Location: (OHIO PSYCHIATRY) BACK WALL, MAIN MECH.RM.

975 BETHESDA DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

10311

☐

ZANESVILLE, OH 43701

Account #: GENESIS 25-2

Manufacturer:

WATTS

☐

Site Use: Doctors Office

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

GENESIS HEALTHCARE SYSTEM
MAINTENANCE
2951 MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5092

Backflow Prevention Assembly Test Report

DR'S PARK #4

Location: UTILITY CLOSET.

930 BETHESDA DRIVE-DOCTOR'S

Meter#:

Serial #:

Check if Correct

Corrections

17378

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Doctors Office

Model:

LF719AQT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

DC

☐

Mailing Address

Size:

1.00

☐

Orientation:

☐

Protection:

☐

GENESIS HEALTH CARE SYSTEMS
MAINTENANCE
2951 MAPLE AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5093

Backflow Prevention Assembly Test Report

DR'S PARK #4

Location: HOUSE KEEPING CLOSET.

930 BETHESDA DRIVE-DOCTOR'S

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

11059

☐

ZANESVILLE, OH 43701

Account #: GENESIS DRS.PK#4

Manufacturer:

WATTS

☐

Site Use: Doctors Office

Model:

919

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

0.50

☐

GENESIS HEALTH CARE SYSTEMS
MAINTENANCE
2951 MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/20/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4354

Backflow Prevention Assembly Test Report

MAJESTIC RENTALS UNLIMITED

Location: BASEMENT BY WATER METER

906 PUTNAM AVE.

Meter#:

Serial #: 13391

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: MAJESTIC RENTALS

Manufacturer:

WATTS

Site Use: Apartments

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

1.00

Orientation:

Protection:

MAJESTIC RENTALS UNLIMITED LLC
PO BOX 119

WHITE COTTAGE, OH 43791

Test Due No Later than:

07/07/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2273

Backflow Prevention Assembly Test Report

KIDS FIRST PEDIATRIC DENTAL

Location: MECH. ROOM.

3539 CLIFFHANGER WAY

Meter#:

Serial #:

Check if Correct

Corrections

223134

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Dentist

Model:

009

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

MALEK, ROBERT J. DDS

Orientation:

3539 CLIFFHANGER WAY

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

10/04/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 831

Backflow Prevention Assembly Test Report

COLONY SQUARE MALL

Location: WATER SERVICE CONTAINMENT

3575 MAPLE AVE #001

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

271171

☐

ZANESVILLE, OH 43701

Account #: COSQMALL#001

Manufacturer:

WATTS

☐

Site Use: Retail

Model:

909

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

Orientation:

☐

Protection:

PAST DUE

☐

Test Due No Later than:

03/07/2013

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1815

Backflow Prevention Assembly Test Report

MALOUF WAREHOUSE BLDG. B
5777 RAIDERS ROAD

FRAZEYSBURG, OH 43822

Site Use:

Hazard: **CONTAINMENT COMM. MED.**

Mailing Address

MALOUF WAREHOUSE BLDG. B
5777 RAIDERS ROAD

FRAZEYSBURG, OH 43822

Location: **WATER SERVICE CONTAINMENT**

Meter#:

LID/Service:

Account #: **MALOUF BLDG. B**

Serial #:

14136

Manufacturer:

WATTS

Model:

909

Type:

RP

Size:

3.00

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

10/20/2022Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3458

Backflow Prevention Assembly Test Report

MAPLE DENTAL

2227 MAPLE AVE.

ZANESVILLE, OH 43701

Site Use: Dentist

Hazard: CONTAINMENT COMM. MED.

Mailing Address

VMV INVESTMENTS LLC
MAPLE DENTAL
2227 MAPLE AVE.

ZANESVILLE, OH 43701

Location: BASEMENT

Meter#:

LID/Service:

Account #: MAPLE DENTAL

Serial #:

115104

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

05/17/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1198

Backflow Prevention Assembly Test Report

MAPLE TERRACE APARTMENTS

Location: FIRE LINE ABOVE CEILING TILE - 1ST FLOOR ELEVATORS

2746 MAPLE AVENUE

Meter#:

Serial #: 46029

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: MAPLETERRACEAPTS

Manufacturer:

WATTS

Site Use: Apartments

Model:

007

Hazard: FIRE LINE CONNECTION-LOW

Mailing Address

Type:

DCVA

ZANESVILLE METROPOLITAN HOUSING
MAPLE TERRACE APARTMENTS
407 PERSHING ROAD

Size:

1.50

Orientation:

ZANESVILLE, OH 43701

Protection:

Test Due No Later than:

03/16/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3369

Backflow Prevention Assembly Test Report

MAPLE TERRACE APARTMENTS

Location: MECH.ROOM.

2746 MAPLE AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

32223

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Apartments

Model:

919

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

ZANESVILLE METROPOLITAN HOUSING

MAPLE TERRACE APARTMENTS

407 PERSHING ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4806

Backflow Prevention Assembly Test Report

MAPLEVIEW & COLONY TERRAC

Location: MECH.ROOM

1340 ATHENA LANE

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

13663

☐

Account #: COLONIALTERRACEI

Manufacturer:

WATTS

☐

Site Use: Apartments

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

LARRY EVERSON

MAPLEVIEW & COLONY TERRACE APARTMENTS

1356 ATHENA LANE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

07/26/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4807

Backflow Prevention Assembly Test Report

MAPLEVIEW TERRACE COLONY

Location: MECH.ROOM

1341 ATHENA LANE

Meter#:

Serial #:

Check if Correct

Corrections

13464

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Apartments

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

LARRY EVERSON

Orientation:

☐

MAPLEVIEW & COLONY TERRACE APARTMENTS

1356 ATHENA LANE

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

07/26/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4808

Backflow Prevention Assembly Test Report

MAPLEVIEW & COLONY TERRAC

Location: MECH.ROOM

1307 ATHENA LANE

Meter#:

Serial #:

Check if Correct

Corrections

12230

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Apartments

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

LARRY EVERSON

Orientation:

☐

MAPLEVIEW & COLONY TERRACE APARTMENTS

1356 ATHENA LANE

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

07/26/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4809

Backflow Prevention Assembly Test Report

MAPLEVIEW & COLONY TERRAC

Location: MECH.ROOM

1306 ATHENA LANE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

11888

☐

ZANESVILLE, OH 43701

Account #: COLONIALTERRACEI

Manufacturer:

WATTS

☐

Site Use: Apartments

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

LARRY EVERSON

MAPLEVIEW & COLONY TERRACE APARTMENTS

1356 ATHENA LANE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

07/26/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4817

Backflow Prevention Assembly Test Report

MAPLEVIEW & COLONY TERRAC

Location: MECH.ROOM

1316 ATHENA LANE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

13543

☐

ZANESVILLE, OH 43701

Account #: COLONIALTERRACEI

Manufacturer:

WATTS

☐

Site Use: Apartments

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

LARRY EVERSON

MAPLEVIEW & COLONY TERRACE APARTMENTS

1356 ATHENA LANE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

07/26/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4819

Backflow Prevention Assembly Test Report

MAPLEVIEW TERRACE I APARTM

Location: MECH.ROOM

1328 ATHENA LANE

Meter#:

Serial #:

Check if Correct

Corrections

13011

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Apartments

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

LARRY EVERSON

Orientation:

☐

MAPLEVIEW & COLONY TERRACE APARTMENTS

1356 ATHENA LANE

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

07/26/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4822

Backflow Prevention Assembly Test Report

MAPLEVIEW & COLONY TERRAC

Location: MECH.ROOM

1372 MAPLEVIEW DR.

Meter#:

Serial #:

Check if Correct

Corrections

13683

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Apartments

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

LARRY EVERSON

MAPLEVIEW & COLONY TERRACE APARTMENTS

1356 ATHENA LANE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

07/26/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4824

Backflow Prevention Assembly Test Report

MAPLEVIEW & COLONY TERRAC

Location: MECH.ROOM. (POOL)

1371 ATHENA LANE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

10016

☐

ZANESVILLE, OH 43701

Account #: COLONIALTERRACEI

Manufacturer:

WATTS

☐

Site Use: Apartments

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

2.00

☐

LARRY EVERSON

MAPLEVIEW & COLONY TERRACE APARTMENTS

1356 ATHENA LANE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

07/26/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4826

Backflow Prevention Assembly Test Report

MAPLEVIEW & COLONY TERRAC

Location: MECH.ROOM.

1344 ATHENA LANE

Meter#:

Serial #:

Check if Correct

Corrections

12519

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Apartments

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

LARRY EVERSON

Orientation:

☐

MAPLEVIEW & COLONY TERRACE APARTMENTS

1356 ATHENA LANE

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

07/26/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4828

Backflow Prevention Assembly Test Report

MAPLEVIEW & COLONY TERRAC

Location: MECH.ROOM.

1393 ATHENA LANE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

13642

☐

ZANESVILLE, OH 43701

Account #: COLONIALTERRACEI

Manufacturer:

WATTS

☐

Site Use: Apartments

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

LARRY EVERSON

MAPLEVIEW & COLONY TERRACE APARTMENTS

1356 ATHENA LANE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

07/26/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4830

Backflow Prevention Assembly Test Report

MAPLEVIEW & COLONY TERRACE

Location: MECH.ROOM.

1401 BRANDYWINE PLACE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

13627

☐

ZANESVILLE, OH 43701

Account #: COLONIALTERRACEI

Manufacturer:

WATTS

☐

Site Use: Apartments

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

LARRY EVERSON

MAPLEVIEW & COLONY TERRACE APARTMENTS

1356 ATHENA LANE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

07/26/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4834

Backflow Prevention Assembly Test Report

MAPLEVIEW & COLONY TERRACE

Location: MECH.ROOM.

1386 BRANDYWINE PLACE

Meter#:

Serial #:

Check if Correct

Corrections

13545

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Apartments

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

LARRY EVERSON

MAPLEVIEW & COLONY TERRACE APARTMENTS

1356 ATHENA LANE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

07/26/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4836

Backflow Prevention Assembly Test Report

MAPLEVIEW & COLONY TERRAC

Location: MECH.ROOM.

1386 BRANDYWINE PLACE

Meter#:

Serial #:

Check if Correct

Corrections

13542

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Apartments

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

LARRY EVERSON

Orientation:

☐

MAPLEVIEW & COLONY TERRACE APARTMENTS

1356 ATHENA LANE

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

07/26/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4837

Backflow Prevention Assembly Test Report

MAPLEVIEW & COLONY TERRACE

Location: MECH.ROOM.

1388 BRANDYWINE PLACE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

13546

☐

ZANESVILLE, OH 43701

Account #: COLONIALTERRACEI

Manufacturer:

WATTS

☐

Site Use: Apartments

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

LARRY EVERSON

MAPLEVIEW & COLONY TERRACE APARTMENTS

1356 ATHENA LANE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

07/26/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4839

Backflow Prevention Assembly Test Report

MAPLEVIEW & COLONY TERRAC

Location: MECH.ROOM.

1381 BRANDYWINE PLACE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

13638

☐

ZANESVILLE, OH 43701

Account #: COLONIALTERRACEI

Manufacturer:

WATTS

☐

Site Use: Apartments

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

LARRY EVERSON

MAPLEVIEW & COLONY TERRACE APARTMENTS

1356 ATHENA LANE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

07/26/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4841

Backflow Prevention Assembly Test Report

MAPLEVIEW & COLONY TERRAC

Location: MECH.ROOM.

1424 BRANDYWINE PLACE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

06411

☐

ZANESVILLE, OH 43701

Account #: COLONIALTERRACEI

Manufacturer:

WATTS

☐

Site Use: Apartments

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

LARRY EVERSON

MAPLEVIEW & COLONY TERRACE APARTMENTS

1356 ATHENA LANE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

07/26/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4858

Backflow Prevention Assembly Test Report

MAPLEVIEW TERRACE II APARTMENTS
1512 VENUS PLACE

Location: MECH.ROOM

ZANESVILLE, OH 43701

Meter#:

LID/Service:

Account #: MAPLEVIEW TERR.II

Serial #:

000340

Check if Correct

Corrections

☐

Manufacturer:

WATTS

☐

Model:

LF709

☐

Type:

DC

☐

Size:

3.00

☐

Orientation:

☐

Protection:

☐

Site Use: Apartments

Hazard: CONTAINMENT COMM.LOW

Mailing Address

LARRY EVERSON

MAPLEVIEW & COLONY TERRACE APARTMENTS

1356 ATHENA LANE

ZANESVILLE, OH 43701

Test Due No Later than:

07/26/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5470

Backflow Prevention Assembly Test Report

MAPLEVIEW & COLONY TERRACE

Location: MECH. ROOM.

1408 BRANDYWINE PLACE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

06771

☐

ZANESVILLE, OH 43701

Account #: COLONIALTERRACEI

Manufacturer:

WATTS

☐

Site Use: Apartments

Model:

719QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

1.25

☐

LARRY EVERSON

MAPLEVIEW & COLONY TERRACE APARTMENTS

1356 ATHENA LANE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

07/26/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4181

Backflow Prevention Assembly Test Report

MAPLEVIEW & COLONY TERRAC

Location: MECH.ROOM

3380 MORRIS DR.

Meter#:

Serial #:

Check if Correct

Corrections

NH-2260

☐

ZANESVILLE, OH 43701

LID/Service:

Account #: COLONIALTERRACEII

Manufacturer:

WATTS

☐

Site Use: Apartments

Model:

757

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

3.00

☐

LARRY EVERSON

MAPLEVIEW & COLONY TERRACE APARTMENTS

1556 ATHENA LANE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

07/28/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐

Leaked

☐

Closed Tight

☐

Held at _____ PSID

Leaked

☐

Closed Tight

☐

Held at _____ PSID

Did not open

☐

Opened at _____ PSID

Did not open

☐

Opened Fully

☐

Yes

☐

No

☐

Opened at _____ PSID

Leaked

☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned

☐

Rubber Kit

☐

Rebuild

☐

Replaced

☐

Other

☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐

Closed Tight

☐

Held at _____ PSID

Closed Tight

☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully

☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4716

Backflow Prevention Assembly Test Report

MAPLEVIEW & COLONY TERRAC

Location: MECH.ROOM

3380 MORRIS DR.

Meter#:

Serial #:

Check if Correct

Corrections

NL-1984

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Apartments

Model:

957

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RP

☐

Mailing Address

Size:

4.00

☐

Orientation:

☐

Protection:

☐

LARRY EVERSON

MAPLEVIEW & COLONY TERRACE APARTMENTS

1556 ATHENA LANE

ZANESVILLE, OH 43701

Test Due No Later than:

07/28/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4717

Backflow Prevention Assembly Test Report

MAPLEVIEW & COLONY TERRAC

Location: MECH.ROOM

3380 MORRIS DR.

Meter#:

Serial #:

Check if Correct

Corrections

47824

☐

LID/Service:

Account #: COLONIALTERRACEII

Manufacturer:

WATTS

☐

Model:

919

☐

Type:

RPPA

☐

Size:

0.75

☐

Orientation:

☐

Protection:

☐

ZANESVILLE, OH 43701

Site Use: Apartments

Hazard: FIRE LINE BYPASS-MEDIUM

Mailing Address

LARRY EVERSON

MAPLEVIEW & COLONY TERRACE APARTMENTS

1556 ATHENA LANE

ZANESVILLE, OH 43701

Test Due No Later than:

07/28/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4844

Backflow Prevention Assembly Test Report

MAPLEVIEW & COLONY TERRAC

Location: MECH.ROOM

1530 VENUS PLACE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

06416

☐

ZANESVILLE, OH 43701

Account #: COLONIALTERRACEII

Manufacturer:

WATTS

☐

Site Use: Apartments

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.25

☐

LARRY EVERSON

MAPLEVIEW & COLONY TERRACE APARTMENTS

1556 ATHENA LANE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

07/26/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4846

Backflow Prevention Assembly Test Report

MAPLEVIEW & COLONY TERRAC

Location: MECH.ROOM

1506 VENUS PLACE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

13541

☐

ZANESVILLE, OH 43701

Account #: COLONIALTERRACEII

Manufacturer:

WATTS

☐

Site Use: Apartments

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

LARRY EVERSON

MAPLEVIEW & COLONY TERRACE APARTMENTS

1556 ATHENA LANE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

07/26/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4848

Backflow Prevention Assembly Test Report

MAPLEVIEW & COLONY TERRAC

Location: MECH.ROOM

1519 VENUS PLACE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

13644

☐

ZANESVILLE, OH 43701

Account #: COLONIALTERRACEII

Manufacturer:

WATTS

☐

Site Use: Apartments

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

LARRY EVERSON

MAPLEVIEW & COLONY TERRACE APARTMENTS

1556 ATHENA LANE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

07/26/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4850

Backflow Prevention Assembly Test Report

MAPLEVIEW & COLONY TERRAC

Location: MECH.ROOM

1543 VENUS PLACE

Meter#:

Serial #:

Check if Correct

Corrections

12945

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Apartments

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

LARRY EVERSON

Orientation:

☐

MAPLEVIEW & COLONY TERRACE APARTMENTS

1556 ATHENA LANE

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

07/26/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4852

Backflow Prevention Assembly Test Report

MAPLEVIEW & COLONY TERRAC

Location: MECH.ROOM

1538 VENUS PACE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

09786

☐

ZANESVILLE, OH 43701

Account #: COLONIALTERRACEII

Manufacturer:

WATTS

☐

Site Use: Apartments

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

2.00

☐

LARRY EVERSON

MAPLEVIEW & COLONY TERRACE APARTMENTS

1556 ATHENA LANE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

07/26/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4854

Backflow Prevention Assembly Test Report

MAPLEVIEW & COLONY TERRAC

Location: MECH.ROOM

1518 REAR VENUS PLACE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

06408

☐

ZANESVILLE, OH 43701

Account #: COLONIALTERRACEII

Manufacturer:

WATTS

☐

Site Use: Apartments

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.25

☐

LARRY EVERSON

MAPLEVIEW & COLONY TERRACE APARTMENTS

1556 ATHENA LANE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

07/26/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4856

Backflow Prevention Assembly Test Report

MAPLEVIEW & COLONY TERRAC

Location: MECH.ROOM

1507 VENUS PLACE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

13637

☐

ZANESVILLE, OH 43701

Account #: COLONIALTERRACEII

Manufacturer:

WATTS

☐

Site Use: Apartments

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

LARRY EVERSON

MAPLEVIEW & COLONY TERRACE APARTMENTS

1556 ATHENA LANE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

07/26/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4860

Backflow Prevention Assembly Test Report

MAPLEVIEW & COLONY TERRAC

Location: MECH.ROOM

1443 MAPLEVIEW DR.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

13646

☐

ZANESVILLE, OH 43701

Account #: COLONIALTERRACEII

Manufacturer:

WATTS

☐

Site Use: Apartments

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

LARRY EVERSON

MAPLEVIEW & COLONY TERRACE APARTMENTS

1556 ATHENA LANE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

07/26/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4821

Backflow Prevention Assembly Test Report

MAPLEVIEW TERRACE I APARTM

Location: MECH.ROOM

1356 ATHENA LANE

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

000246

Account #: MAPLEVIEWTERRACEI

Manufacturer:

WATTS

Site Use: Apartments

Model:

LF709

Hazard: CONTAINMENT COMM.LOW

Type:

DC

Mailing Address

Size:

3.00

Orientation:

Protection:

LARRY EVERSON

MAPLEVIEW TERRACE I APARTMENTS

1356 ATHENA LANE

ZANESVILLE, OH 43701

Test Due No Later than:

07/26/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5467

Backflow Prevention Assembly Test Report

MAPLEVIEW TERRACE I APARTM

Location: MECH. ROOM.

1341 BRANDYWINE PLACE

Meter#:

Serial #:

Check if Correct

Corrections

51731

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Apartments

Model:

919

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

LARRY EVERSON

MAPLEVIEW TERRACE I APARTMENTS

1356 ATHENA LANE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

07/26/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5468

Backflow Prevention Assembly Test Report

MAPLEVIEW TERRACE I APARTM

Location: MECH. ROOM.

1341 BRANDYWINE PLACE

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

OC-0325

Account #: MAPLEVIEWTERRACEI

Manufacturer:

WATTS

Site Use: Apartments

Model:

909RPDA

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

Mailing Address

Size:

6.00

Orientation:

Protection:

LARRY EVERSON

MAPLEVIEW TERRACE I APARTMENTS

1356 ATHENA LANE

ZANESVILLE, OH 43701

Test Due No Later than:

07/26/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5469

Backflow Prevention Assembly Test Report

MAPLEVIEW TERRACE I APARTM

Location: MECH. ROOM.

1341 BRANDYWINE PLACE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

09638

☐

ZANESVILLE, OH 43701

Account #: MAPLEVIEWTERRACEI

Manufacturer:

WATTS

☐

Site Use: Apartments

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

2.00

☐

LARRY EVERSON

MAPLEVIEW TERRACE I APARTMENTS

1356 ATHENA LANE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

07/26/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5471

Backflow Prevention Assembly Test Report

MAPLEVIEW TERRACE I APARTM

Location: MECH. ROOM.

1341 BRANDYWINE PLACE

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

OD-2098

Account #: MAPLEVIEWTERRACEI

Manufacturer:

WATTS

Site Use: Apartments

Model:

757

Hazard: FIRE LINE CONNECTION-MEDIUM

Mailing Address

Type:

DC

Size:

2.50

Orientation:

Protection:

LARRY EVERSON

MAPLEVIEW TERRACE I APARTMENTS

1356 ATHENA LANE

ZANESVILLE, OH 43701

Test Due No Later than:

07/26/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5196

Backflow Prevention Assembly Test Report

MARK BRILL FARMS

Location: IN GARAGE.

3700 N. LEEDOM RD.

Meter#:

Serial #: Check if Correct Corrections

CHANDLERSVILLE, OH 43727

LID/Service:

067894

Account #: M.BRILL FARMS

Manufacturer:

WATTS

Site Use:

Model:

Hazard: CONTAINMENT COMM.LOW

007

Mailing Address

Type:

DCVA

Size:

2.00

Orientation:

Protection:

MARK BRILL FARMS
3700 N. LEEDOM RD.

CHANDLERSVILLE, OH 43727

Test Due No Later than:

05/04/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2897

Backflow Prevention Assembly Test Report

MARKET STREET BAPTIST CHUR

Location: MECH. ROOM,*BOILER FEED.

140 NORTH 6TH STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

A84101

☐

ZANESVILLE, OH 43701

Account #: MARKETSTBAPTIST

Manufacturer:

WATTS

☐

Site Use: Church

Model:

009

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

MARKET STREET BAPTIST CHURCH

140 NORTH 6TH STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/10/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2898

Backflow Prevention Assembly Test Report

MARKET STREET BAPTIST CHUR

Location: MECH ROOM,*WATER SERVICE.

140 NORTH 6TH STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

08640

☐

ZANESVILLE, OH 43701

Account #: MARKETSTBAPTIST

Manufacturer:

WATTS

☐

Site Use: Church

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

MARKET STREET BAPTIST CHURCH

Orientation:

140 NORTH 6TH STREET

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/10/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3816

Backflow Prevention Assembly Test Report

MARNIE'S BEAUTY HUTCH

Location: BASEMENT

815 ADAIR AVE.

Meter#:

Serial #:
31583

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: MARNIE'S BEAUTY

Manufacturer:
WATTS

Site Use: Beauty Salon/Barber

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

MARNIE HUTCHESON
MARNIE'S BEAUTY HUTCH
815 ADAIR AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

06/19/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2592

Backflow Prevention Assembly Test Report

MARZANE

1794 MOXAHALA AVENUE

ZANESVILLE, OH 43702

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

TONY RUGGIERO
MARZANE
P.O. BOX 1585

ZANESVILLE, OH 43702

Location: MECH.RM., WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: MARZANE

Serial #:

A15177

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

1.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

02/06/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3832

Backflow Prevention Assembly Test Report

SOURCE

2459 MAPLE AVE.

ZANESVILLE, OH 43701

Site Use: Retail

Hazard: CONTAINMENT COMM.LOW

Mailing Address

MASON EQUITY GROUP
1110 MOORSE RD.

COLUMBUS, OH 43229

Location: MECH. RM. BASEMENT IN WALL.

Meter#:

LID/Service:

Account #: SOURCE

Serial #: 25340

Manufacturer:
WATTSModel:
719Type:
DCVASize:
0.75

Orientation:

Protection:

Check if Correct Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

07/17/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1214

Backflow Prevention Assembly Test Report

MESSAGE THERAPY STATION

1924 MAPLE AVENUE

ZANESVILLE, OH 43701

Site Use: LICENSE MASSAGE THERAPY

Hazard: CONTAINMENT COMM.LOW

Mailing Address

CHRISTY SIDWELL
MESSAGE THERAPY STATION
1924 MAPLE AVENUE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT

Meter#:

LID/Service:

Account #: MASSAGETHERAPYSTA

Serial #:

42587

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

05/27/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1201

Backflow Prevention Assembly Test Report

MATTINGLY FOODS

302 STATE STREET

ZANESVILLE, OH 43701

Site Use:

Hazard: FIRE LINE CONNECTION-MEDIUM

Mailing Address

SHANE GIRTON, MTCE. DIRECTOR
MATTINGLY FOODS
302 STATE STREET

ZANESVILLE, OH 43701

Location: FIRE LINE - MECH ROOM, NEW ADDITION

Meter#:

LID/Service:

Account #: MATTINGLYFOODS

Serial #:

100438

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

994

Type:

RPDA

Size:

6.00

Orientation:

Protection:

Test Due No Later than:

06/09/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____



Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1202

Backflow Prevention Assembly Test Report

MATTINGLY FOODS

302 STATE STREET

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

SHANE GIRTON, MTCE. DIRECTOR
MATTINGLY FOODS
302 STATE STREET

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT - MECH ROOM

Meter#:

LID/Service:

Account #: MATTINGLYFOODS

Serial #:

477619

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

909

Type:

RPPA

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

06/09/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1203

Backflow Prevention Assembly Test Report

MATTINGLY FOODS

302 STATE STREET

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

SHANE GIRTON, MTCE. DIRECTOR
MATTINGLY FOODS
302 STATE STREET

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT - BASEMENT BELOW CASH & CARRY

Meter#:

LID/Service:

Account #: MATTINGLYFOODS

Serial #:

198333

Manufacturer:

WATTS

Model:

909

Type:

RP

Size:

4.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

06/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1204

Backflow Prevention Assembly Test Report

MATTINGLY FOODS

302 STATE STREET

ZANESVILLE, OH 43701

Site Use:

Hazard: FIRE LINE BYPASS-MEDIUM

Mailing Address

SHANE GIRTON, MTCE. DIRECTOR
MATTINGLY FOODS
302 STATE STREET

ZANESVILLE, OH 43701

Location: FIRE LINE - BYPASS LINE

Meter#:

LID/Service:

Account #: MATTINGLYFOODS

Serial #:

02159

Check if Correct

Corrections

Manufacturer:

AMES

Model:

4000B

Type:

RP

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

06/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1205

Backflow Prevention Assembly Test Report

MATTINGLY FOODS

302 STATE STREET

ZANESVILLE, OH 43701

Site Use:

Hazard: ISOLATION MED.

Mailing Address

SHANE GIRTON, MTCE. DIRECTOR
MATTINGLY FOODS
302 STATE STREET

ZANESVILLE, OH 43701

Location: CHEMICAL FEED TO COMPRESSORS, NEW BLDG.

Meter#:

LID/Service:

Account #: MATTINGLYFOODS

Serial #:

202766

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

06/09/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2912

Backflow Prevention Assembly Test Report

MATTINGLY FOODS

Location: FIRE LINE - NORTHEAST CORNER

302 STATE STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

R02363

☐

ZANESVILLE, OH 43701

Account #: MATTINGLYFOODS

Manufacturer:

WILKINS

☐

Site Use:

Model:

475

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RP

☐

Mailing Address

Size:

8.00

☐

SHANE GIRTON, MTCE. DIRECTOR

MATTINGLY FOODS

302 STATE STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

06/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5005

Backflow Prevention Assembly Test Report

MATTINGLY FOODS

Location: MECH. ROOM.

302 STATE STREET

Meter#:

Serial #:

Check if Correct

Corrections

4002101

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WILKINS

☐

Site Use:

Model:

975XL2

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

0.75

☐

SHANE GIRTON, MTCE. DIRECTOR

MATTINGLY FOODS

302 STATE STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

06/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5006

Backflow Prevention Assembly Test Report

MATTINGLY FOODS

302 STATE STREET

ZANESVILLE, OH 43701

Site Use:

Hazard: ISOLATION MED.

Mailing Address

SHANE GIRTON, MTCE. DIRECTOR
MATTINGLY FOODS
302 STATE STREET

ZANESVILLE, OH 43701

Location: PUMP ROOM. NEW COLD STORAGE.

Meter#:

LID/Service:

Account #: MATTINGLYFOODS

Serial #:

39616

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719QT

Type:

DC

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

06/09/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4889

Backflow Prevention Assembly Test Report

MATTRESS FIRM

Location: STORE ROOM.

3825 NORTHPOINTE DR.

Meter#:

Serial #: 12228

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: MATTRESS FIRM

Manufacturer:

WATTS

Site Use: Retail

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

1.00

Orientation:

Protection:

MANAGER

MATTRESS FIRM

3825 NORTHPOINTE DR.

ZANESVILLE, OH 43701

Test Due No Later than:

08/09/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4890

Backflow Prevention Assembly Test Report

MATTRESS FIRM

Location: STORE ROOM.

3825 NORTHPOINTE DR.

Meter#:

Serial #:

Check if Correct

Corrections

389352

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Retail

Model:

009

☐

Hazard: IRRIGATION MED-ISOLATION

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

MANAGER

MATTRESS FIRM

3825 NORTHPOINTE DR.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

08/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3179

Backflow Prevention Assembly Test Report

MAURICE'S

3885 GORSKY DRIVE,F1

ZANESVILLE, OH 43701

Site Use: Retail

Hazard: CONTAINMENT COMM.LOW

Mailing Address

MAURICE'S, INC.
105 WEST SUPERIOR STREET

DULUTH, MN 55802

Location: MECH ROOM

Meter#:

LID/Service:

Account #: ZAREMBA-MAURICE

Serial #:

A33973

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

07/14/2020

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4186

Backflow Prevention Assembly Test Report

MAY FAMILY DENTISTRY

Location: BASEMENT NORTH-WEST OFFICE. ONE WATER SERVICE.

933 MILITARY RD.

Meter#:

Serial #: Check if Correct Corrections

11354

☐

ZANESVILLE, OH 43701

LID/Service:

Account #: MAY FAMILY DENTIST

Manufacturer:

WATTS

☐

Site Use: Dentist

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

DEWITT MAY DDS

MAY FAMILY DENTISTRY

933 MILITARY RD.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

06/25/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3547

Backflow Prevention Assembly Test Report

MAYSVILLE ANIMAL HOSPITAL

Location: BASEMENT

1897 PINE ST.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

136417

Account #: MAYS.ANIMAL HOSP.

Manufacturer:

WATTS

Site Use: Veterinarian

Model:

009

Hazard: CONTAINMENT COMM. HIGH

Type:

RPPA

Mailing Address

Size:

0.75

Orientation:

Protection:

JACQUELYN SMITH

MAYSVILLE ANIMAL HOSPITAL

1897 PINE ST.

ZANESVILLE, OH 43701

Test Due No Later than:

05/30/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1247

Backflow Prevention Assembly Test Report

MAYSVILLE REGIONAL WATER

Location: TO CHLORINE TANK, MECH ROOM.

6255 MAYSVILLE PIKE

Meter#:

Serial #: 87275

Check if Correct

Corrections

WHITE COTTAGE, OH 43791

LID/Service:

Account #: MAYSVILLEWATER

Manufacturer:

WATTS

Site Use:

Hazard: ISOLATION HIGH

Model:

007

Mailing Address

Type:

DCVA

BETH SHOOK

MAYSVILLE REGIONAL WATER

P.O. BOX 95

Size:

0.75

Orientation:

WHITE COTTAGE, OH 43791

Protection:

Test Due No Later than:

03/15/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4525

Backflow Prevention Assembly Test Report

MAYSVILLE REGIONAL WATER

Location: TO CHLORINATOR, MECH ROOM.

6255 MAYSVILLE PIKE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

369352

☐

WHITE COTTAGE, OH 43791

Account #: MAYSVILLEWATER

Manufacturer:

APOLLO

☐

Site Use:

Model:

DC-4A

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

BETH SHOOK

MAYSVILLE REGIONAL WATER

P.O. BOX 95

Orientation:

☐

WHITE COTTAGE, OH 43791

Protection:

☐

Test Due No Later than:

03/15/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1199

Backflow Prevention Assembly Test Report

MAYSVILLE SCHOOL DISTRICT

Location: FIRE LINE - MECH ROOM

3725 PANTHER DR.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43702

LID/Service:

1344872

Account #: MAYSVILLE-1

Manufacturer:

WILKINS

Site Use:

Model:

Hazard: FIRE LINE CONNECTION-LOW

950XL

Mailing Address

Type:

DC

MAYSVILLE ADMINISTRATION CENTER

MAYSVILLE SCHOOL DISTRICT

3715 PANTHER DR.

Size:

1.00

Orientation:

ZANESVILLE, OH 43701-7086

Protection:

Test Due No Later than:

07/15/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1475

Backflow Prevention Assembly Test Report

MAYSVILLE SCHOOL DISTRICT

Location: MIDDLE/HIGH SCHOOL - WATER SERVICE CONTAINMENT

3725 PANTHER DR.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

L03990

☐

ZANESVILLE, OH 43702

Account #: MAYSVILLE-1

Manufacturer:

WILKINS

☐

Site Use:

Model:

375

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

4.00

☐

MAYSVILLE ADMINISTRATION CENTER

MAYSVILLE SCHOOL DISTRICT

3715 PANTHER DR.

Orientation:

☐

ZANESVILLE, OH 43701-7086

Protection:

☐

Test Due No Later than:

07/15/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1476

Backflow Prevention Assembly Test Report

MAYSVILLE SCHOOL DISTRICT

Location: MIDDLE/HIGH SCHOOL - BOILER/CHILLER MAKE UP WATER

3725 PANTHER DR.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

W026171

☐

ZANESVILLE, OH 43702

Account #: MAYSVILLE-1

Manufacturer:

WILKINS

☐

Site Use:

Model:

975XL

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

1.00

☐

MAYSVILLE ADMINISTRATION CENTER

MAYSVILLE SCHOOL DISTRICT

3715 PANTHER DR.

Orientation:

☐

ZANESVILLE, OH 43701-7086

Protection:

☐

Test Due No Later than:

07/15/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1477

Backflow Prevention Assembly Test Report

MAYSVILLE SCHOOL DISTRICT

Location: FIRE PUMP BUILDING,(3725 PANTHER DR.)

3725 PANTHER DR.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

0201231203

ZANESVILLE, OH 43702

Account #: MAYSVILLE-1

Manufacturer:

FEBCO

Site Use:

Model:

880V

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RP

Mailing Address

Size:

8.00

Orientation:

Protection:

MAYSVILLE ADMINISTRATION CENTER
MAYSVILLE SCHOOL DISTRICT
3715 PANTHER DR.

ZANESVILLE, OH 43701-7086

Test Due No Later than:

07/15/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1478

Backflow Prevention Assembly Test Report

MAYSVILLE SCHOOL DISTRICT

Location: FIRE PUMP BUILDING,*BYPASS,(3725 PANTHER DR.)

3725 PANTHER DR.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

264678

☐

ZANESVILLE, OH 43702

Account #: MAYSVILLE-1

Manufacturer:

FEBCO

☐

Site Use:

Model:

825Y

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐MAYSVILLE ADMINISTRATION CENTER
MAYSVILLE SCHOOL DISTRICT
3715 PANTHER DR.

Orientation:

☐

ZANESVILLE, OH 43701-7086

Protection:

☐

Test Due No Later than:

07/15/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1480

Backflow Prevention Assembly Test Report

MAYSVILLE SCHOOL DISTRICT

Location: ELEMENTARY SCHOOL - BOILER/CHILLER MAKEUP WATER - BOILER ROOM

3850 PANTHER DR.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

1220168

☐

ZANESVILLE, OH 43702

Account #: MAYSVILLE-4

Manufacturer:

WILKINS

☐

Site Use: School

Model:

975

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

1.25

☐

MAYSVILLE ADMINISTRATION CENTER

MAYSVILLE SCHOOL DISTRICT

3715 PANTHER DR.

Orientation:

☐

ZANESVILLE, OH 43701-7086

Protection:

☐

Test Due No Later than:

07/15/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1484

Backflow Prevention Assembly Test Report

MAYSVILLE SCHOOL DISTRICT

Location: MIDDLE/HIGH SCHOOL -(3725 PANTHER DR.)

3725 PANTHER DR.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

201502

☐

ZANESVILLE, OH 43702

Account #: MAYSVILLE-1

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

MAYSVILLE ADMINISTRATION CENTER

MAYSVILLE SCHOOL DISTRICT

3715 PANTHER DR.

Orientation:

☐

ZANESVILLE, OH 43701-7086

Protection:

☐

Test Due No Later than:

07/15/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1485

Backflow Prevention Assembly Test Report

MAYSVILLE SCHOOL DISTRICT

Location: MIDDLE/HIGH SCHOOL - BALLFIELD,(3725 PANTHER DR.)

3725 PANTHER DR.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

207728

☐

ZANESVILLE, OH 43702

Account #: MAYSVILLE-1

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

MAYSVILLE ADMINISTRATION CENTER

MAYSVILLE SCHOOL DISTRICT

3715 PANTHER DR.

Orientation:

☐

ZANESVILLE, OH 43701-7086

Protection:

☐

Test Due No Later than:

07/15/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1486

Backflow Prevention Assembly Test Report

MAYSVILLE SCHOOL DISTRICT

Location: ELEMENTARY SCHOOL - BALLFIELD (CONCESSION STAND)(3850 PANTHER DR.)

3850 PANTHER DR.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

181414

☐

ZANESVILLE, OH 43702

Account #: MAYSVILLE-4

Manufacturer:

WATTS

☐

Site Use: School

Model:

009

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

MAYSVILLE ADMINISTRATION CENTER

MAYSVILLE SCHOOL DISTRICT

3715 PANTHER DR.

Orientation:

☐

ZANESVILLE, OH 43701-7086

Protection:

☐

Test Due No Later than:

07/15/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1488

Backflow Prevention Assembly Test Report

MAYSVILLE SCHOOL DISTRICT

Location: BUS GARAGE - WATER SERVICE CONTAINMENT.

5500 MAYSVILLE PIKE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

40525

☐

ZANESVILLE, OH 43702

Account #: MAYSVILLE-3

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.50

☐

MAYSVILLE ADMINISTRATION CENTER
MAYSVILLE SCHOOL DISTRICT
3715 PANTHER DR.

Orientation:

☐

ZANESVILLE, OH 43701-7086

Protection:

☐

Test Due No Later than:

07/15/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2861

Backflow Prevention Assembly Test Report

MAYSVILLE SCHOOL DISTRICT

Location: WATER SERVICE TO BALLFIELD, SOCCER FIELD, & LAWN.

3850 PANTHER DR.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

257502

☐

ZANESVILLE, OH 43702

Account #: MAYSVILLE-4

Manufacturer:

WATTS

☐

Site Use: School

Model:

009

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

MAYSVILLE ADMINISTRATION CENTER

MAYSVILLE SCHOOL DISTRICT

3715 PANTHER DR.

Orientation:

☐

ZANESVILLE, OH 43701-7086

Protection:

☐

Test Due No Later than:

07/15/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3093

Backflow Prevention Assembly Test Report

MAYSVILLE SCHOOL DISTRICT

Location: ATHLETIC BUILDING,*IN MECH.RM.

3725 PANTHER DR.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

07783

☐

ZANESVILLE, OH 43702

Account #: MAYSVILLE-1

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

2.00

☐

MAYSVILLE ADMINISTRATION CENTER

MAYSVILLE SCHOOL DISTRICT

3715 PANTHER DR.

Orientation:

☐

ZANESVILLE, OH 43701-7086

Protection:

☐

Test Due No Later than:

07/15/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4415

Backflow Prevention Assembly Test Report

MAYSVILLE SCHOOL DISTRICT

Location: ELEMENTARY SCHOOL,(3850 PANTHER DR.)

3850 PANTHER DR.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

QH-0954

☐

ZANESVILLE, OH 43702

Account #: MAYSVILLE-4

Manufacturer:

WILKINS

☐

Site Use: School

Model:

975

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

4.00

☐

MAYSVILLE ADMINISTRATION CENTER

MAYSVILLE SCHOOL DISTRICT

3715 PANTHER DR.

Orientation:

☐

ZANESVILLE, OH 43701-7086

Protection:

☐

Test Due No Later than:

07/15/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4488

Backflow Prevention Assembly Test Report

MAYSVILLE SCHOOL DISTRICT

Location: MECH. ROOM.

3725 PANTHER DR.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

08570

☐

ZANESVILLE, OH 43702

Account #: MAYSVILLE-1

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

2.00

☐

MAYSVILLE ADMINISTRATION CENTER

MAYSVILLE SCHOOL DISTRICT

3715 PANTHER DR.

Orientation:

☐

ZANESVILLE, OH 43701-7086

Protection:

☐

Test Due No Later than:

07/15/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4749

Backflow Prevention Assembly Test Report

MAYSVILLE YOUTH LEAGUE BAL
AVONDALE BALL PARK - ROSEV

Location: BALL PARK CONCESSION STAND - WATER SERVICE CONTAINMENT.

ZANESVILLE, OH 43701

Meter#:

LID/Service:

Account #: AVONDALEBALLPARK

Serial #:

33694

Check if Correct

Corrections

☐

Manufacturer:

WATTS

☐

Model:

719

☐

Type:

DCVA

☐

Size:

0.75

☐

Orientation:

☐

Protection:

PAST DUE

☐

Test Due No Later than:

04/22/2020

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 246

Backflow Prevention Assembly Test Report

McCLELLAND TRAILER PARK

Location: PIT AT ENTRANCE TO TRAILER COURT

5495 MAYSVILLE PIKE

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

25428

Account #: MCCLELLANDTRAILER

Manufacturer:

WATTS

Site Use:

Hazard: CONTAINMENT COMM. MED.

Model:

007

Mailing Address

Type:

DCDA

JOYCE McCLELLAND

McCLELLAND TRAILER PARK

P.O.BOX 1739

Size:

2.00

Orientation:

ZANESVILLE, OH 43702-1739

Protection:

PAST DUE

Test Due No Later than:

05/31/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 247

Backflow Prevention Assembly Test Report

McCLELLAND TRAILER PARK

Location: DOMESTIC WATER SERVICE CONTAINMENT PIT AT ENTRANCE TO TRAILER CT

5495 MAYSVILLE PIKE

Meter#:

Serial #:

Check if Correct

Corrections

25309

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: CONTAINMENT COMM. MED.

Type:

DCDA

☐

Mailing Address

Size:

2.00

☐

JOYCE McCLELLAND

McCLELLAND TRAILER PARK

P.O.BOX 1739

Orientation:

☐

ZANESVILLE, OH 43702-1739

Protection:

PAST DUE

☐

Test Due No Later than:

05/31/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2200

Backflow Prevention Assembly Test Report

DRESDEN LAUNDROMAT**109 WEST 3RD STREET**

DRESDEN, OH 43821

Site Use: Laundromat

Hazard: CONTAINMENT COMM. MED.

Mailing Address

LEPI & ASSOC REALTY
McCOY CROSSING PARTNERSHIP
101 W.DAVE LONGABERGER AVE.

DRESDEN, OH 43821

Location: *MECH. ROOM.

Meter#:

LID/Service:

Account #: LEPI & ASSOC-109

Serial #:

01194

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

919

Type:

RPPA

Size:

2.00

Orientation:

Protection:

PAST DUE

Test Due No Later than:

12/20/2019

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1655

Backflow Prevention Assembly Test Report

SUBWAY - DRESDEN

Location: WATER SERVICE CONTAINMENT.

93 WEST 3RD STREET

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

01429

☐

DRESDEN, OH 43821

Account #: LEPI & ASSOC-93

Manufacturer:

WATTS

☐

Site Use: Fast Food

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

LEPI & ASSOCIATES

McCOY CROSSING PARTNERSHIP

101 W. DAVE LONGABERGER AVENUE

Orientation:

☐

DRESDEN, OH 43821

Protection:

PAST DUE

☐

Test Due No Later than:

12/20/2020

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2174

Backflow Prevention Assembly Test Report

DOLLAR GENERAL #0672

Location: WATER SERVICE CONTAINMENT.

103 W. DAVE LONGABERGER AV

Meter#:

Serial #:

Check if Correct

Corrections

DRESDEN, OH 43821

LID/Service:

06101

☐

Account #: LEPI & ASSOC-103

Manufacturer:

WATTS

☐

Site Use: Retail

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

LEPI & ASSOCIATES

McCOY CROSSING PARTNERSHIP

101 W.DAVE LONGABERGER AVE.

Orientation:

☐

DRESDEN, OH 43821

Protection:

PAST DUE

☐

Test Due No Later than:

01/17/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2201

Backflow Prevention Assembly Test Report

BROWN'S APPLIANCE

107 WEST 3RD STREET

DRESDEN, OH 43821

Site Use: REPAIR SHOP

Hazard: CONTAINMENT COMM.LOW

Mailing Address

LEPI & ASSOC
McCOY CROSSING PARTNERSHIP
101 W.DAVE LONGABERGER AVE

DRESDEN, OH 43821

Location: BY LAUNDRY BASKET, MECH. RM.

Meter#:

LID/Service:

Account #: LEPI & ASSOC-107

Serial #:

06878

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

01/10/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2172

Backflow Prevention Assembly Test Report

VACANT

102-D WEST 3RD STREET

DRESDEN, OH 43821

Site Use: Business Office

Hazard: CONTAINMENT COMM.LOW

Mailing Address

LEPI & ASSOC
McCOY CROSSING PARTNERSHIP
101 W.LONGABERGER AVENUE

DRESDEN, OH 43821

Location: WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: LEPI & ASSOC-101D

Serial #:

01798

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

01/10/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Submit completed
Test Report:

Fax:



Service Address

Hazard/CCID: 2169

Backflow Prevention Assembly Test Report

LEPI

Location: WATER SERVICE CONTAINMENT.

101 WEST 3RD STREET

Meter#:

Serial #: Check if Correct Corrections

DRESDEN, OH 43821

LID/Service:

06875

Account #: LEPI-101

Manufacturer:

WATTS

Site Use: Business Office

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

PAST DUE

McCOY CROSSING PARTNERSHIP
101 W. THIRD ST.

DRESDEN, OH 43821

Test Due No Later than:

12/20/2019

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2280

Backflow Prevention Assembly Test Report

McDONALD'S - MAPLE

2739 MAPLE AVENUE

ZANESVILLE, OH 43701

Site Use: Restaurant

Hazard: CONTAINMENT COMM.LOW

Mailing Address

MANAGER
McDONALD'S MAPLE
2739 MAPLE AVENUE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT. - LOCATED NEAR REAR.

Meter#:

LID/Service:

Account #: MCDONALDS-MAPLE

Serial #:

259272

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

2.00

Orientation:

Protection:

Test Due No Later than:

07/31/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2815

Backflow Prevention Assembly Test Report

McDONALD'S - MAPLE

Location: NEAR REAR OF BUILDING.IRRIGATION

2739 MAPLE AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

603920

☐

ZANESVILLE, OH 43701

Account #: MCDONALDS-MAPLE

Manufacturer:

WATTS

☐

Site Use: Restaurant

Model:

009

☐

Hazard: IRRIGATION MED-ISOLATION

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

MANAGER

McDONALD'S MAPLE

2739 MAPLE AVENUE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

07/31/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 253

Backflow Prevention Assembly Test Report

McDONALD'S

71 McCOY CROSSING RD.

DRESDEN, OH 43821

Site Use: Restaurant

Hazard: FIRE LINE CONNECTION-LOW

Mailing Address

McDONALD'S RESTAURANT
15 SANDALWOOD DR.

NEWARK, OH 43055-9232

Location: MECH ROOM - FIRE LINE

Meter#:

LID/Service:

Account #: MCDONALDSDRESDEN

Serial #:

463465

Check if Correct

Corrections

Manufacturer:

FEBCO

Model:

805Y

Type:

DC

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

06/04/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 254

Backflow Prevention Assembly Test Report

McDONALD'S

71 McCOY CROSSING RD.

DRESDEN, OH 43821

Site Use: Restaurant

Hazard: ISOLATION LOW

Mailing Address

McDONALD'S RESTAURANT
15 SANDALWOOD DR.

NEWARK, OH 43055-9232

Location: NEAR SERVICE DOOR AT REAR OF THE STORE.

Meter#:

LID/Service:

Account #: MCDONALDSDRESDEN

Serial #:

31061

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

06/04/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 255

Backflow Prevention Assembly Test Report

McDONALD'S

71 McCOY CROSSING RD.

DRESDEN, OH 43821

Site Use: Restaurant

Hazard: CONTAINMENT COMM.LOW

Mailing Address

McDONALD'S RESTAURANT
15 SANDALWOOD DR.

NEWARK, OH 43055-9232

Location: WATER SERVICE CONTAINMENT - DOMESTIC - REAR STOCKROOM

Meter#:

LID/Service:

Account #: MCDONALDSDRESDEN

Serial #:

248021

Manufacturer:

WATTS

Model:

909

Type:

RPPA

Size:

2.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

06/04/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3736

Backflow Prevention Assembly Test Report

MCDONALD'S RESTAURANT

Location: MECH. ROOM.

4995 EAST PIKE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

297330

Account #: MCDONALD'S

Manufacturer:

WATTS

Site Use: Restaurant

Model:

009

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

Mailing Address

Size:

2.00

Orientation:

Protection:

MCDONALD'S RESTAURANT
4995 EAST PIKE

ZANESVILLE, OH 43701

Test Due No Later than:

08/04/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3737

Backflow Prevention Assembly Test Report

MCDONALD'S RESTAURANT

Location: IN REAR MECH. ROOM. *LAWN SPRINKLER SYSTEM.

4995 EAST PIKE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

770871

☐

ZANESVILLE, OH 43701

Account #: MCDONALD'S

Manufacturer:

WATTS

☐

Site Use: Restaurant

Model:

800

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

1.00

☐

MCDONALD'S RESTAURANT

4995 EAST PIKE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

08/04/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3738

Backflow Prevention Assembly Test Report

MCDONALD'S RESTAURANT

Location: MECH. ROOM. *CARBONATED BEVERAGE.

4995 EAST PIKE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

331924

☐

ZANESVILLE, OH 43701

Account #: MCDONALD'S

Manufacturer:

WATTS

☐

Site Use: Restaurant

Model:

009

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

MCDONALD'S RESTAURANT

4995 EAST PIKE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

08/04/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3739

Backflow Prevention Assembly Test Report

MCDONALD'S RESTAURANT

Location: MECH. ROOM.

4995 EAST PIKE

Meter#:

Serial #:

Check if Correct

Corrections

LE2075

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

AMES

☐

Site Use: Restaurant

Model:

C500 COLT

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

2.50

☐

Orientation:

☐

Protection:

☐

MCDONALD'S RESTAURANT

4995 EAST PIKE

ZANESVILLE, OH 43701

Test Due No Later than:

08/04/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4442

Backflow Prevention Assembly Test Report

MCDONALD'S RESTAURANT

Location: MECH. ROOM.BYPASS READER FIRE LINE.

4995 EAST PIKE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

34389

☐

ZANESVILLE, OH 43701

Account #: MCDONALD'S

Manufacturer:

WATTS

☐

Site Use: Restaurant

Model:

919

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

MCDONALD'S RESTAURANT

4995 EAST PIKE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

08/04/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 257

Backflow Prevention Assembly Test Report

McDONALD'S

1638 MAYSVILLE AVE.

ZANESVILLE, OH 43701

Site Use: Fast Food

Hazard: CONTAINMENT COMM.LOW

Mailing Address

MANAGER
McDONALD'S
1638 MAYSVILLE AVE.

ZANESVILLE, OH 43701

Location: DOMESTIC WATER SERVICE CONTAINMENT.STORE ROOM REAR SERVICE DOOR

Meter#:

LID/Service:

Account #: MCDONALDSMAYSVILLE

Serial #:

140863

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

2.00

Orientation:

Protection:

Test Due No Later than:

07/28/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4642

Backflow Prevention Assembly Test Report

McDONALD'S

1638 MAYSVILLE AVE.

ZANESVILLE, OH 43701

Site Use: Fast Food

Hazard: FIRE LINE CONNECTION-MEDIUM

Mailing Address

MANAGER

McDONALD'S

1638 MAYSVILLE AVE.

ZANESVILLE, OH 43701

Location: FIRE IINE - STOCK ROOM NEAR BACK DOOR

Meter#:

LID/Service:

Account #: MCDONALDSMAYSVILLE

Serial #:

009462

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

LF009M2QT

Type:

RP

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

07/28/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1173

Backflow Prevention Assembly Test Report

McDONALD'S #10337

Location: MECH.ROOM.

2605 WEST PIKE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

09709

Account #: MCDONALDSWPIKE

Manufacturer:

WATTS

Site Use: Restaurant

Model:

009M2QT

Hazard: CONTAINMENT COMM.LOW

Mailing Address

Type:

RP

MANAGER

McDONALD'S

2605 WEST PIKE

Size:

1.50

Orientation:

ZANESVILLE, OH 43701

Protection:

Test Due No Later than:

04/24/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1174

Backflow Prevention Assembly Test Report

McDONALD'S #10337

Location: FIRE LINE - MECH ROOM

2605 WEST PIKE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

11779

☐

ZANESVILLE, OH 43701

Account #: MCDONALDSWPIKE

Manufacturer:

WATTS

☐

Site Use: Restaurant

Model:

007

☐

Hazard: FIRE LINE CONNECTION-LOW

Type:

DCVA

☐

Mailing Address

Size:

1.50

☐

Orientation:

☐

Protection:

☐

MANAGER

McDONALD'S

2605 WEST PIKE

ZANESVILLE, OH 43701

Test Due No Later than:

04/24/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4508

Backflow Prevention Assembly Test Report

McDONALD'S #10337

Location: MECH.ROOM.

2605 WEST PIKE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

368252

☐

ZANESVILLE, OH 43701

Account #: MCDONALDSWPIKE

Manufacturer:

WATTS

☐

Site Use: Restaurant

Model:

009QT

☐

Hazard: IRRIGATION MED-ISOLATION

Type:

RP

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

Protection:

☐

MANAGER

McDONALD'S

2605 WEST PIKE

ZANESVILLE, OH 43701

Test Due No Later than:

04/24/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5037

Backflow Prevention Assembly Test Report

MCHUGH DODGE & JEEP

3420 MAPLE AVE

ZANESVILLE, OH 43701

Site Use: AUTO SALES

Hazard: CONTAINMENT COMM.LOW

Mailing Address

MCHUGH DODGE & JEEP
3420 MAPLE AVE

ZANESVILLE, OH 43701

Location: MECH ROOM , CITY WATER.

Meter#:

LID/Service:

Account #: MCHUGH

Serial #:
18360Manufacturer:
WATTSModel:
719QTType:
DCSize:
1.00

Orientation:

Protection:

Check if Correct Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

09/13/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5038

Backflow Prevention Assembly Test Report

MCHUGH DODGE & JEEP

Location: INSIDE BACK WALL OF BLDG

3420 MAPLE AVE

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

53139

☐

Manufacturer:

WATTS

☐

Model:

919

☐

Type:

RPPA

☐

Size:

1.00

☐

Orientation:

☐

Protection:

☐

Site Use: AUTO SALES

Hazard: CONTAINMENT COMM. MED.

Mailing Address

MCHUGH DODGE & JEEP

3420 MAPLE AVE

ZANESVILLE, OH 43701

Test Due No Later than:

09/13/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3893

Backflow Prevention Assembly Test Report

MCKEE INSURANCE AGENCY INC

Location: IN BASEMENT, ENTRANCE OUTSIDE BACK OF BUILDING.

601 MARKET ST.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

31590

Account #: MCKEE INSUR.

Manufacturer:

WATTS

Site Use: Business Office

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

06/19/2020

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3438

Backflow Prevention Assembly Test Report

SOCIAL SECURITY ADMINISTRATION

Location: MECH. ROOM.

3823 JAMES COURT

Meter#:

Serial #:

Check if Correct

Corrections

A02386

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

MCLENDON-EDEN GROUP LTD.

3808 JAMES COURT

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

08/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3655

Backflow Prevention Assembly Test Report

MCLOUGHLIN'S AUTO SALES INC

Location: IN GARAGE, BACK RIGHT SIDE CORNER.

2623 MAPLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

31030

☐

ZANESVILLE, OH 43701

Account #: MCLOUGHLIN'S AUTO

Manufacturer:

WATTS

☐

Site Use: AUTO SALES

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

MCLOUGHLIN'S AUTO SALES INC.

2623 MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

07/26/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3814

Backflow Prevention Assembly Test Report

MCMILLEN TIRE SERVICE INC.

Location: MENS RESTROOM.

1143 BEVERLY AVE.

Meter#:

Serial #: 30206

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

Site Use: TIRE SERVICE

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

MCMILLEN TIRE SERVICE INC.

1143 BEVERLY AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

03/16/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1686

Backflow Prevention Assembly Test Report

MCWANE DUCTILE

2266 SOUTH 6TH STREET

COSHOCTON, OH 43812

Site Use: Factory

Hazard: ISOLATION MED.

Mailing Address

STEVE MEISEL
MCWANE DUCTILE
2266 SOUTH 6TH STREET

COSHOCTON, OH 43812

Location: HEATING SYSTEM-BOILER FEED.

Meter#:

LID/Service:

Account #: MCWANE DUCTILE

Serial #: Check if Correct Corrections

4907077

Manufacturer:

WILKINS

Model:

975XL2SEU

Type:

RP

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

07/07/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1687

Backflow Prevention Assembly Test Report

MCWANE DUCTILE

2266 SOUTH 6TH STREET

COSHOCTON, OH 43812

Site Use: Factory

Hazard: CONTAINMENT COMM.LOW

Mailing Address

STEVE MEISEL

MCWANE DUCTILE

2266 SOUTH 6TH STREET

COSHOCTON, OH 43812

Location: WATER SERVICE CONTAINMENT. * MECH ROOM.

Meter#:

LID/Service:

Account #: MCWANE DUCTILE

Serial #:

4874105

Manufacturer:

WILKINS

Model:

975XL

Type:

RP

Size:

2.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

07/07/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2339

Backflow Prevention Assembly Test Report

MCWANE DUCTILE

2266 SOUTH 6TH STREET

COSHOCOTON, OH 43812

Site Use: Factory

Hazard: FIRE LINE CONNECTION-MEDIUM

Mailing Address

STEVE MEISEL

MCWANE DUCTILE

2266 SOUTH 6TH STREET

COSHOCOTON, OH 43812

Location: FIRELINE, ON THE HILL BY OLD LAB BUILDING.

Meter#:

LID/Service:

Account #: MCWANE DUCTILE

Serial #:

138716

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

709

Type:

DC

Size:

8.00

Orientation:

Protection:

Test Due No Later than:

07/07/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2342

Backflow Prevention Assembly Test Report

MCWANE DUCTILE

Location: CEDAR ST. EAST, WATER SERVICE CONTAINMENT.

2266 SOUTH 6TH STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

SG1187

☐

COSHOCTON, OH 43812

Account #: MCWANE DUCTILE

Manufacturer:

WATTS

☐

Site Use: Factory

Model:

957

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

8.00

☐

STEVE MEISEL

MCWANE DUCTILE

2266 SOUTH 6TH STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/07/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2644

Backflow Prevention Assembly Test Report

MCWANE DUCTILE

2266 SOUTH 6TH STREET

COSHOCKTON, OH 43812

Site Use: Factory

Hazard: FIRE LINE BYPASS-LOW

Mailing Address

STEVE MEISEL

MCWANE DUCTILE

2266 SOUTH 6TH STREET

COSHOCKTON, OH 43812

Location: Up hill by old lab.*FIRE LINE BYPASS.

Meter#:

LID/Service:

Account #: MCWANE DUCTILE

Serial #:

A25142

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.50

Orientation:

Protection:

Test Due No Later than:

07/07/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2857

Backflow Prevention Assembly Test Report

MCWANE DUCTILE

2266 SOUTH 6TH STREET

COSHOCTON, OH 43812

Site Use: Factory

Hazard: CONTAINMENT COMM. MED.

Mailing Address

STEVE MEISEL

MCWANE DUCTILE

2266 SOUTH 6TH STREET

COSHOCTON, OH 43812

Location: MEZZANINE BEHIND CUPOLA,*WATER SERVICE.

Meter#:

LID/Service:

Account #: MCWANE DUCTILE

Serial #:

039750

Manufacturer:

WATTS

Model:

909

Type:

RP

Size:

6.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

07/07/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4666

Backflow Prevention Assembly Test Report

MCWANE DUCTILE

Location: 2ND FLR.LIMITED AREA SPRINKLER SYSTEM.IN 1ST FLR. CLOSET.

2266 SOUTH 6TH STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

12600

☐

COSHOCOTON, OH 43812

Account #: MCWANE DUCTILE

Manufacturer:

AMES

☐

Site Use: Factory

Model:

4000B

☐

Hazard: LIMITED AREA SPRINKLER

Type:

RP

☐

Mailing Address

Size:

2.00

☐

STEVE MEISEL

MCWANE DUCTILE

2266 SOUTH 6TH STREET

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

07/07/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4774

Backflow Prevention Assembly Test Report

MCWANE DUCTILE

Location: WAREHOUSE BLDG.-EAST WALL

2266 SOUTH 6TH STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

3768149

☐

COSHOCTON, OH 43812

Account #: MCWANE DUCTILE

Manufacturer:

WILKINS

☐

Site Use: Factory

Model:

975XL2

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

1.50

☐

STEVE MEISEL

MCWANE DUCTILE

2266 SOUTH 6TH STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/07/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4775

Backflow Prevention Assembly Test Report

MCWANE DUCTILE

Location: HOT BOX OUTSIDE BLDG.

2266 SOUTH 6TH STREET

Meter#:

Serial #:

Check if Correct

Corrections

328755

☐

COSHOCOTON, OH 43812

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Factory

Model:

709

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

DC

☐

Mailing Address

Size:

8.00

☐

STEVE MEISEL

MCWANE DUCTILE

2266 SOUTH 6TH STREET

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

07/07/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5422

Backflow Prevention Assembly Test Report

MCWANE DUCTILE

Location: CHEMICAL PUMP

2266 SOUTH 6TH STREET

Meter#:

Serial #:

Check if Correct

Corrections

68283

☐

COSHOCKTON, OH 43812

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Factory

Model:

919

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

STEVE MEISEL

MCWANE DUCTILE

2266 SOUTH 6TH STREET

Orientation:

☐

COSHOCKTON, OH 43812

Protection:

☐

Test Due No Later than:

07/07/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5423

Backflow Prevention Assembly Test Report

MCWANE DUCTILE

Location: CEDAR ST. WEST.

2266 SOUTH 6TH STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

OK-0919

☐

COSHOCOTON, OH 43812

Account #: MCWANE DUCTILE

Manufacturer:

WATTS

☐

Site Use: Factory

Model:

957

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

6.00

☐

STEVE MEISEL

MCWANE DUCTILE

2266 SOUTH 6TH STREET

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

07/07/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5201

Backflow Prevention Assembly Test Report

MEADOWS OF LIGHT

Location: MECH. ROOM.

24951 TOWNSHIP ROAD 192

Meter#:

Serial #: Check if Correct Corrections

905542

☐

COSHOCTON, OH 43812

LID/Service:

Account #: MEADOWS OF LIGHT

Manufacturer:

APOLLO/CONBRAC

☐

Site Use:

Hazard: CONTAINMENT COMM.LOW

Model:

DCLF4A

☐

Mailing Address

Type:

DC

☐

Size:

1.00

☐

Orientation:

☐

Protection:

☐

MEADOWS OF LIGHT

24951 TOWNSHIP ROAD 192

COSHOCTON, OH 43812

Test Due No Later than:

05/07/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 950

Backflow Prevention Assembly Test Report

MEDICAL DISTRIBUTION

2340 OLD ADAMSVILLE ROAD

ZANESVILLE, OH 43701

Site Use: AUTO BODY

Hazard: CONTAINMENT COMM.LOW

Mailing Address

MEDICAL DISTRIBUTION

2340 OLD ADAMSVILLE ROAD

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT. - MECH ROOM.

Meter#:

LID/Service:

Account #: MED. DISTRI.

Serial #:

01654

Check if Correct

Corrections

☐

Manufacturer:

WATTS

☐

Model:

719

☐

Type:

DCVA

☐

Size:

0.75

☐

Orientation:

☐

Protection:

PAST DUE

☐

Test Due No Later than:

08/16/2020

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐

Leaked

☐

Closed Tight

☐

Held at _____ PSID

Leaked

☐

Closed Tight

☐

Held at _____ PSID

Did not open

☐

Opened at _____ PSID

Did not open

☐

Opened Fully

☐

Yes

☐

No

☐

Opened at _____ PSID

Leaked

☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned

☐

Rubber Kit

☐

Rebuild

☐

Replaced

☐

Other

☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐

Closed Tight

☐

Held at _____ PSID

Closed Tight

☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully

☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1831

Backflow Prevention Assembly Test Report

MERKER DENTAL OFFICE

3950 FRAZYESBURG ROAD

ZANESVILLE, OH 43701

Site Use:

Hazard: ISOLATION MED.

Mailing Address

DAN MERKER
MERKER DENTAL OFFICE
3950 FRAZYESBURG ROAD

ZANESVILLE, OH 43701

Location: DENTAL EQUIPMENT - BASEMENT

Meter#:

LID/Service:

Account #: MERKERDENTALOFFICE

Serial #:

188581

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

02/09/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1832

Backflow Prevention Assembly Test Report

MERKER DENTAL OFFICE

Location: WATER SERVICE CONTAINMENT - BASEMENT

3950 FRAZYESBURG ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

06025

☐

ZANESVILLE, OH 43701

Account #: MERKERDENTALOFFICE

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

DAN MERKER

MERKER DENTAL OFFICE

3950 FRAZYESBURG ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

02/09/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5056

Backflow Prevention Assembly Test Report

MERKER DENTAL OFFICE

Location: BASEMENT

3950 FRAZYESBURG ROAD

Meter#:

Serial #:

Check if Correct

Corrections

08773

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: ISOLATION MED.

Type:

DCVA

☐

Mailing Address

Size:

0.50

☐

DAN MERKER

MERKER DENTAL OFFICE

3950 FRAZYESBURG ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

02/09/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4197

Backflow Prevention Assembly Test Report

MERRILL LYNCH

1100 A BRANDYWINE BLVD.

ZANESVILLE, OH 43701

Site Use: Business Office

Hazard: CONTAINMENT COMM.LOW

Mailing Address

MERRILL LYNCH

1100 A BRANDYWINE BLVD.

ZANESVILLE, OH 43701

Location: MECH. ROOM.

Meter#:

LID/Service:

Account #: MERRILL LYNCH-2

Serial #:

31578

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

08/13/2020

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2260

Backflow Prevention Assembly Test Report

MFM BUILDING PRODUCTS CORP

Location: MAIN OFFICE

525 ORANGE STREET

Meter#:

Serial #: Check if Correct Corrections

COSHOCOTON, OH 43812

LID/Service:

A08187

☐

Account #: MFM

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

Protection:

☐

ATTN: TONY WILLIAMS

MFM BUILDING PRODUCTS CORP.

525 ORANGE STREET

P.O. BOX 340

COSHOCOTON, OH 43812

Test Due No Later than:

11/07/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2844

Backflow Prevention Assembly Test Report

MFM BUILDING PRODUCTS CORP

Location: MANUFACTURING BLDG. - FIRE LINE.

525 ORANGE STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

JB-0521

☐

COSHOCOTON, OH 43812

Account #: MFM

Manufacturer:

AMES

☐

Site Use:

Model:

C500 COLT

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

6.00

☐

Orientation:

☐

Protection:

☐

ATTN: TONY WILLIAMS

MFM BUILDING PRODUCTS CORP.

525 ORANGE STREET

P.O. BOX 340

COSHOCOTON, OH 43812

Test Due No Later than:

02/25/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3056

Backflow Prevention Assembly Test Report

MFM BUILDING PRODUCTS CORP

Location: MANUFACTURING BLDG. - FIRE LINE BY-PASS

525 ORANGE STREET

Meter#:

Serial #:

Check if Correct

Corrections

21200

☐

COSHOCOTON, OH 43812

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

919

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

Protection:

☐

ATTN: TONY WILLIAMS

MFM BUILDING PRODUCTS CORP.

525 ORANGE STREET

P.O. BOX 340

COSHOCOTON, OH 43812

Test Due No Later than:

02/25/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5284

Backflow Prevention Assembly Test Report

MFM BUILDING PRODUCTS CORP

Location: EYE WASH, MOP SINK.

525 ORANGE STREET

Meter#:

Serial #: Check if Correct Corrections

79227A

☐

COSHOCOTON, OH 43812

LID/Service:

Manufacturer:

APOLLO/CONBRACO

☐

Site Use:

Model:

DCLF4A

☐

Hazard: ISOLATION LOW

Type:

DC

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

Protection:

☐

ATTN: TONY WILLIAMS

MFM BUILDING PRODUCTS CORP.

525 ORANGE STREET

P.O. BOX 340

COSHOCOTON, OH 43812

Test Due No Later than:

11/07/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5285

Backflow Prevention Assembly Test Report

MFM BUILDING PRODUCTS CORP

Location: BATHROOM.

525 ORANGE STREET

Meter#:

Serial #:

Check if Correct

Corrections

406465

☐

COSHOCOTON, OH 43812

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

007M3QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

Protection:

☐

ATTN: TONY WILLIAMS

MFM BUILDING PRODUCTS CORP.

525 ORANGE STREET

P.O. BOX 340

COSHOCOTON, OH 43812

Test Due No Later than:

11/07/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2532

Backflow Prevention Assembly Test Report

MFM BUILDING PRODUCTS CORP
525 ORANGE STREET

COSHOCTON, OH 43812

Site Use:

Hazard: **CONTAINMENT COMM. MED.**

Mailing Address

ATTN: TONY WILLIAMS
MFM BUILDING PRODUCTS CORP.
P.O. BOX 340

COSHOCTON, OH 43812

Location: **WEST WALL, END OF PRODUCTION.WATER SERVICE CONTAINMENT.**

Meter#:

LID/Service:

Account #: **MFM**

Serial #:

169853

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

2.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

11/07/2022Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4011

Backflow Prevention Assembly Test Report

MICHAEL SULENS DDS

Location: BASEMENT, MIDDLE ROOM.

750 PRINCETON AVE.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

44020

☐

ZANESVILLE, OH 43701

Account #: MICHAEL SULENS-1

Manufacturer:

WATTS

☐

Site Use: Dentist

Model:

919

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

MICHAEL SULENS DDS

750 PRINCETON AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

02/04/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3922

Backflow Prevention Assembly Test Report

MICHAEL WOODRUFF-RENTAL

Location: IN MEN'S REST ROOM.

43 BEAUMONT ST.

Meter#:

Serial #: 31521

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: M.WOODRUFF RENTAL

Manufacturer:

WATTS

Site Use: Retail

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

MICHAEL WOODRUFF
8807 LARCHMONT CIRCLE

PICKERINGTON, OH 43147

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4865

Backflow Prevention Assembly Test Report

MICHAEL WOODRUFF-RENTAL

Location: MECH.ROOM

43 BEAUMONT ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

172783

☐

ZANESVILLE, OH 43701

Account #: M.WOODRUFF RENTAL

Manufacturer:

AMES

☐

Site Use: Retail

Model:

2000SS

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

DC

☐

Mailing Address

Size:

4.00

☐

MICHAEL WOODRUFF

8807 LARCHMONT CIRCLE

Orientation:

☐

PICKERINGTON, OH 43147

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3937

Backflow Prevention Assembly Test Report

MICHELI, BALDWIN, NORTHRUP

Location: BASEMENT

1120 MAPLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

34853

☐

Account #: PRINCETONBELLCO

Manufacturer:

WATTS

☐

Site Use: Doctors Office

Model:

LF719QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

0.75

☐MICHELI BALDWIN NORTHRUP
3808 JAMES COURT-SUITE 2

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

10/25/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5444

Backflow Prevention Assembly Test Report

MICHELI,BALDWIN,NORTHRUP

Location: BASEMENT

1120 MAPLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

08960

☐

ZANESVILLE, OH 43701

Account #: PRINCETONBELLCO

Manufacturer:

WATTS

☐

Site Use: Doctors Office

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.50

☐MICHELI BALDWIN NORTHRUP
3808 JAMES COURT-SUITE 2

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

10/25/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3882

Backflow Prevention Assembly Test Report

MICHELI,BALDWIN,NORTHRUP L

Location: MECH. ROOM

3808 JAMES CT.

Meter#:

Serial #:

Check if Correct

Corrections

176885

☐

ZANESVILLE, OH 43701

LID/Service:

Account #: ATTORNEY'S MBN

Manufacturer:

WATTS

☐

Site Use: Business Office

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

STEVE BALDWIN

MICHELI,BALDWIN,NORTHRUP LLP

3808 JAMES CT.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

10/25/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4660

Backflow Prevention Assembly Test Report

MICHELI,BALDWIN,NORTHRUP L

Location: MECH. ROOM

3808 JAMES CT.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

03515

☐

ZANESVILLE, OH 43701

Account #: ATTORNEY'S MBN

Manufacturer:

AMES

☐

Site Use: Business Office

Model:

2000B

☐

Hazard: FIRE LINE CONNECTION-LOW

Type:

DC

☐

Mailing Address

Size:

1.50

☐

STEVE BALDWIN

MICHELI,BALDWIN,NORTHRUP LLP

3808 JAMES CT.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

10/25/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2268

Backflow Prevention Assembly Test Report

M C SPORTS-CLOSED

3885 GORSKY DRIVE,F9

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

ATTN: JERRY KLEIN
MICHIGAN SPORTING GOODS
3070 SHAFFER SE

GRAND RAPIDS, MI 49512

Location: MECH.RM. (WATER SERVICE CONTAINMENT.)

Meter#:

LID/Service:

Account #: ZAREMBA-MCSPORTS

Serial #:

131050

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

10/21/2014

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 427

Backflow Prevention Assembly Test Report

MID-EAST OHIO VOCATIONAL SC

Location: ADMN. BLDG. - BASEMENT MECH ROOM

400 RICHARDS ROAD

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

430409

☐

Account #: MEOVS

Manufacturer:

WATTS

☐

Site Use: School

Model:

909

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

Orientation:

☐

Protection:

☐

JEFF JONES

MID-EAST OHIO VOCATIONAL SCHOOL

400 RICHARDS ROAD

ZANESVILLE, OH 43701

Test Due No Later than:

05/29/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4462

Backflow Prevention Assembly Test Report

MID-EAST OHIO VOCATIONAL SC

Location: IN MAINTENANCE GARAGE WEST WALL.

400 RICHARDS ROAD

Meter#:

Serial #:

Check if Correct

Corrections

156805

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: School

Model:

009

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

1.50

☐

JEFF JONES

Orientation:

☐MID-EAST OHIO VOCATIONAL SCHOOL
400 RICHARDS ROAD

Protection:

PAST DUE

☐

ZANESVILLE, OH 43701

Test Due No Later than:

05/29/2021

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked

☐

Leaked

☐

Did not open

☐

Date _____

Closed Tight

☐

Closed Tight

☐

Did not open

☐

Opened Fully

☐

Time _____

Pass ☐ Fail ☐

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Leaked

☐

Held at _____ PSID

Repairs

Cleaned

☐

Rubber Kit

☐

Date _____

Rebuild

☐

Replaced

☐

Time _____

Other

☐

Final Test

Date _____

Closed Tight

☐

Closed Tight

☐

Opened Fully

☐

Time _____

Pass ☐ Fail ☐

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes

No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4463

Backflow Prevention Assembly Test Report

MID-EAST OHIO VOCATIONAL SC

Location: IN MECH ROOM.

400 RICHARDS ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

320557

☐

ZANESVILLE, OH 43701

Account #: MEOVS

Manufacturer:

WATTS

☐

Site Use: School

Model:

009

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

JEFF JONES

MID-EAST OHIO VOCATIONAL SCHOOL

400 RICHARDS ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

05/29/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4464

Backflow Prevention Assembly Test Report

MID-EAST OHIO VOCATIONAL SC

Location: IN MECH ROOM.

400 RICHARDS ROAD

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

11839

☐

Manufacturer:

AMES

☐

Model:

4000B

☐

Type:

RP

☐

Size:

0.75

☐

Orientation:

☐

Protection:

☐

Site Use: School

Hazard: FIRE LINE BYPASS-MEDIUM

Mailing Address

JEFF JONES

MID-EAST OHIO VOCATIONAL SCHOOL

400 RICHARDS ROAD

ZANESVILLE, OH 43701

Test Due No Later than:

05/29/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes No

☐ ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4465

Backflow Prevention Assembly Test Report

MID-EAST OHIO VOCATIONAL SC

Location: IN MECH ROOM.

400 RICHARDS ROAD

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

1057741211

Account #: MEOVS

Manufacturer:

AMES

Site Use: School

Model:

5000

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

Mailing Address

Size:

4.00

Orientation:

Protection:

JEFF JONES

MID-EAST OHIO VOCATIONAL SCHOOL

400 RICHARDS ROAD

ZANESVILLE, OH 43701

Test Due No Later than:

06/17/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4466

Backflow Prevention Assembly Test Report

MID-EAST OHIO VOCATIONAL SC

Location: IN MECH ROOM.

400 RICHARDS ROAD

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

MG0676

Manufacturer:

WATTS

Site Use: School

Model:

957

Hazard: CONTAINMENT COMM. MED.

Type:

RP

Mailing Address

Size:

3.00

Orientation:

Protection:

JEFF JONES

MID-EAST OHIO VOCATIONAL SCHOOL

400 RICHARDS ROAD

ZANESVILLE, OH 43701

Test Due No Later than:

05/29/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4467

Backflow Prevention Assembly Test Report

MID-EAST OHIO VOCATIONAL SC

Location: AUTO BODY, WEST. FIRE LINE.

400 RICHARDS ROAD

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

105913

☐

Manufacturer:

AMES

☐

Model:

5000

☐

Type:

RPDA

☐

Size:

6.00

☐

Orientation:

☐

Protection:

PAST DUE

☐

Site Use: School

Hazard: FIRE LINE CONNECTION-MEDIUM

Mailing Address

JEFF JONES

MID-EAST OHIO VOCATIONAL SCHOOL

400 RICHARDS ROAD

ZANESVILLE, OH 43701

Test Due No Later than:

05/29/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4468

Backflow Prevention Assembly Test Report

MID-EAST OHIO VOCATIONAL SC

Location: AUTO BODY ,WEST. FIRE BY-PASS.

400 RICHARDS ROAD

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

12298

☐

Manufacturer:

AMES

☐

Model:

4000B

☐

Type:

RP

☐

Size:

0.75

☐

Orientation:

☐

Protection:

PAST DUE

☐

Site Use: School

Hazard: FIRE LINE BYPASS-MEDIUM

Mailing Address

JEFF JONES

MID-EAST OHIO VOCATIONAL SCHOOL

400 RICHARDS ROAD

ZANESVILLE, OH 43701

Test Due No Later than:

05/29/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4593

Backflow Prevention Assembly Test Report

MID-EAST OHIO VOCATIONAL SC

Location: MECH. ROOM. OF BLDG.#5

400 RICHARDS ROAD

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

1059450912

Account #: MEOVS

Manufacturer:

AMES

Site Use: School

Model:

5000

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

Mailing Address

Size:

6.00

Orientation:

Protection:

JEFF JONES

MID-EAST OHIO VOCATIONAL SCHOOL

400 RICHARDS ROAD

ZANESVILLE, OH 43701

Test Due No Later than:

05/29/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

RV Exercised

#2 Shutoff Closed

Service Restored

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4594

Backflow Prevention Assembly Test Report

MID-EAST OHIO VOCATIONAL SC

Location: MECH.ROOM OF BLDG.#5.

400 RICHARDS ROAD

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

12320

Manufacturer:

AMES

Site Use: School

Model:

4000B

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

Mailing Address

Size:

0.75

Orientation:

Protection:

JEFF JONES

MID-EAST OHIO VOCATIONAL SCHOOL

400 RICHARDS ROAD

ZANESVILLE, OH 43701

Test Due No Later than:

05/29/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4595

Backflow Prevention Assembly Test Report

MID-EAST OHIO VOCATIONAL SC

Location: MECH.ROOM BLDG.#5

400 RICHARDS ROAD

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

MH0618

Manufacturer:

WATTS

Site Use: School

Model:

957

Hazard: CONTAINMENT COMM. MED.

Type:

RP

Mailing Address

Size:

3.00

Orientation:

Protection:

JEFF JONES

MID-EAST OHIO VOCATIONAL SCHOOL

400 RICHARDS ROAD

ZANESVILLE, OH 43701

Test Due No Later than:

05/29/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4596

Backflow Prevention Assembly Test Report

MID-EAST OHIO VOCATIONAL SC

Location: MECH.ROOM OF P.T. BLDG.

400 RICHARDS ROAD

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

14720

Account #: MEOVS

Manufacturer:

WATTS

Site Use: School

Model:

919

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

Mailing Address

Size:

1.50

Orientation:

Protection:

JEFF JONES

MID-EAST OHIO VOCATIONAL SCHOOL

400 RICHARDS ROAD

ZANESVILLE, OH 43701

Test Due No Later than:

05/29/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4733

Backflow Prevention Assembly Test Report

MID-EAST OHIO VOCATIONAL SC

Location: MECH.ROOM BLDG.#6.

400 RICHARDS ROAD

Meter#:

Serial #:

Check if Correct

Corrections

22552

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: School

Model:

919

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

JEFF JONES

MID-EAST OHIO VOCATIONAL SCHOOL

400 RICHARDS ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

05/29/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4734

Backflow Prevention Assembly Test Report

MID-EAST OHIO VOCATIONAL SC

Location: MECH.ROOM BLDG.#4.

400 RICHARDS ROAD

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

NH2300

☐

Manufacturer:

WATTS

☐

Model:

957

☐

Type:

RP

☐

Size:

3.00

☐

Orientation:

☐

Protection:

☐

Site Use: School

Hazard: CONTAINMENT COMM. MED.

Mailing Address

JEFF JONES

MID-EAST OHIO VOCATIONAL SCHOOL

400 RICHARDS ROAD

ZANESVILLE, OH 43701

Test Due No Later than:

05/29/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5459

Backflow Prevention Assembly Test Report

MID-EAST OHIO VOCATIONAL SC

Location: BASEMENT

400 RICHARDS ROAD

Meter#:

Serial #:

Check if Correct

Corrections

10617

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: School

Model:

LF719QT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

DC

☐

Mailing Address

Size:

2.00

☐

JEFF JONES

Orientation:

☐

MID-EAST OHIO VOCATIONAL SCHOOL

400 RICHARDS ROAD

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

05/29/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5460

Backflow Prevention Assembly Test Report

MID-EAST OHIO VOCATIONAL SC

Location: MECH ROOM

400 RICHARDS ROAD

Meter#:

Serial #:

Check if Correct

Corrections

1456805

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: School

Model:

009M2QT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

1.50

☐

JEFF JONES

MID-EAST OHIO VOCATIONAL SCHOOL

400 RICHARDS ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

05/29/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3041

Backflow Prevention Assembly Test Report

MIDTOWNE BAR & GRILL

Location: BY SINK IN KITCHEN, GROUND FLOOR.

64 N.MAIN ST.

Meter#:

Serial #: Check if Correct Corrections

ROSEVILLE, OH 43777

LID/Service:

14742

Account #: MIDTOWNE BAR&GRILL

Manufacturer:

WATTS

Site Use: Bar and Grill

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

AMY MOYER
MIDTOWNE BAR & GRILL
2300 CR 128 SE

JUNCTION CITY, OH 43748

Test Due No Later than:

01/14/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3621

Backflow Prevention Assembly Test Report

MIKE WARD MUSIC CENTER

Location: BACK WALL.

2103 MAPLE AVE.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

28569

Account #: J & CW ENTERPRISES

Manufacturer:

WATTS

Site Use:

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

J & CW ENTERPRISES
MIKE WARD MUSIC CENTER
2103 MAPLE AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

04/15/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3952

Backflow Prevention Assembly Test Report

MILITARY DRIVE THRU

Location: MECH.RM.

1104 MILITARY ROAD

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

28895

☐

Account #: MILITARYDRIVETHRU

Manufacturer:

WATTS

☐

Site Use: Retail

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

JIM PITCOCK

MILITARY DRIVE THRU

1104 MILITARY ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

12/12/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3521

Backflow Prevention Assembly Test Report

MILLER FUNERAL HOME

Location: BASEMENT

639 MAIN ST.

Meter#:

Serial #: Check if Correct Corrections

COSHOCTON, OHIO 43812

LID/Service:

23516

Account #: MILLERFUNERALHOME

Manufacturer:

WATTS

Site Use:

Model:

Hazard: CONTAINMENT COMM. MED.

719

Mailing Address

Type:

DCVA

MATT MILLER
MILLER FUNERAL HOME
639 MAIN ST.

Size:

0.75

Orientation:

COSHOCTON, OH 43812

Protection:

Test Due No Later than:

02/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3522

Backflow Prevention Assembly Test Report

MILLER FUNERAL HOME

Location: 1ST. FLOOR,PREP ROOM

639 MAIN ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

31198

☐

COSHOCOTON, OHIO 43812

Account #: MILLERFUNERALHOME

Manufacturer:

WATTS

☐

Site Use:

Model:

919

☐

Hazard: CONTAINMENT COMM. HIGH

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

MATT MILLER

MILLER FUNERAL HOME

639 MAIN ST.

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

02/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2812

Backflow Prevention Assembly Test Report

MISSIONARY MTCE. SERVICE, INC.

Location: WATER SERVICE CONTAINMENT.

24387 AIRPORT ROAD

Meter#:

Serial #: Check if Correct Corrections

COSHOCTON, OH 43812

LID/Service:

12284

Account #: MISSIONARYMTCESERV

Manufacturer:

WATTS

Site Use:

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

12/13/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 136

Backflow Prevention Assembly Test Report

MOCK WOODWORKING

Location: MECH ROOM - WATER SERVICE CONTAINMENT

4400 WEST PIKE

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

28397

☐

ZANESVILLE, OH 43701

Account #: MOCKWOODWORKING

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐JIM RADCLIFFE, PRODUCTION SUPER.
MOCK WOODWORKING
4400 WEST PIKE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

07/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 137

Backflow Prevention Assembly Test Report

MOCK WOODWORKING

Location: MECH ROOM - WATER SERVICE CONTAINMENT.

4400 WEST PIKE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

176584

☐

ZANESVILLE, OH 43701

Account #: MOCKWOODWORKING

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

JIM RADCLIFFE, PRODUCTION SUPER.

MOCK WOODWORKING

4400 WEST PIKE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

07/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3600

Backflow Prevention Assembly Test Report

MODERN GLASS PAINT & TILE CO

Location: Mech room.

933 LINDEN AVE.

Meter#:

Serial #: 29612

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

Site Use: Glass sales/service

Model:

719

Hazard: CONTAINMENT COMM.LOW

Mailing Address

Type:

DCVA

JOHN MELSHIMER

MODERN GLASS PAINT & TILE CO.

933 LINDEN AVE.

Size:

0.75

Orientation:

ZANESVILLE, OH 43701

Protection:

Test Due No Later than:

11/05/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3351

Backflow Prevention Assembly Test Report

FOUR STAR PIZZA

967 LINDEN AVE.

ZANESVILLE, OH 43701

Site Use: Restaurant

Hazard: CONTAINMENT COMM.LOW

Mailing Address

JOHN MELSHIMER
MODERN GLASS
933 LINDEN AVE.

ZANESVILLE, OH 43701

Location: Mech. room

Meter#:

LID/Service:

Account #: FOURSTARPIZZA

Serial #:

28466

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

11/07/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3606

Backflow Prevention Assembly Test Report

RIVERGATE MEDICAL LLC

Location: MECH. ROOM.

965 LINDEN AVE.

Meter#:

Serial #:

Check if Correct

Corrections

29409

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

JOHN MELSHIMER

MODERN GLASS

933 LINDEN AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

11/20/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3607

Backflow Prevention Assembly Test Report

DR. FREDERICK FROST O.D.

Location: UNDER SINK.

975 LINDEN AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

30247

☐

ZANESVILLE, OH 43701

Account #: M&S PARTNERSHIP

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

JOHN MELSHIMER

MODERN GLASS

933 LINDEN AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

11/05/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3640

Backflow Prevention Assembly Test Report

ORKIN PEST CONTROL

Location: IN KITCHEN

971 LINDEN AVE.

Meter#:

Serial #:

Check if Correct

Corrections

30381

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

JOHN MELSHIMER

MODERN GLASS

933 LINDEN AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

11/05/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3693

Backflow Prevention Assembly Test Report

SALT FLOAT THERAPY

973 LINDEN AVE.

ZANESVILLE, OH 43701

Site Use: Business Office

Hazard: CONTAINMENT COMM.LOW

Mailing Address

JOHN MELSHEIMER, OWNER
MODERN GLASS
933 LINDEN AVE.

ZANESVILLE, OH 43701

Location: REST ROOM BELOW SINK.

Meter#:

LID/Service:

Account #: SALT FLOAT THERAPY

Serial #:

29485

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

11/05/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3696

Backflow Prevention Assembly Test Report

SECOND ACT II

959 LINDEN AVE.

ZANESVILLE, OH 43701

Site Use: Retail

Hazard: CONTAINMENT COMM.LOW

Mailing Address

JOHN MELSHIMER
MODERN GLASS
933 LINDEN AVE.

ZANESVILLE, OH 43701

Location: IN BATH ROOM, WATER HEATER & EXPANSION TANK UNDER SINK.

Meter#:

LID/Service:

Account #: SECOND ACT II

Serial #:

27495

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

11/27/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1704

Backflow Prevention Assembly Test Report

INFINITE HAIR SALON

Location: WATER SERVICE CONTAINMENT.

963 LINDEN AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

171768

☐

ZANESVILLE, OH 43701

LID/Service:

Account #: INFINITEHAIRSALON

Manufacturer:

WATTS

☐

Site Use: Beauty Salon/Barber

Model:

709

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

JOHN MELSHIMER

MODERN GLASS

933 LINDEN AVENUE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

11/05/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 838

Backflow Prevention Assembly Test Report

MONEYGRAM

20 DOWNTOWNER PLAZA

COSHOCOTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

MONEYGRAM

20 DOWNTOWNER PLAZA

COSHOCOTON, OH 43812

Location: AT METER - RESTROOM

Meter#:

LID/Service:

Account #: COSH.ASSOC.LLC-02

Serial #:

1507083

Check if Correct

Corrections

Manufacturer:

WILKINS

Model:

975XL

Type:

RP

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

12/21/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2610

Backflow Prevention Assembly Test Report

MONRO MUFFLER #0855

Location: MECH.RM. - WATER SERVICE CONTAINMENT.

1307 MAPLE AVE.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

09938

☐

ZANESVILLE, OH 43701

Account #: MONROMUFFLER#0855

Manufacturer:

WATTS

☐

Site Use: REPAIR SHOP

Model:

919

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

1.25

☐

MANAGER

MONRO MUFFLER #0855

1307 MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

03/21/2018

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2662

Backflow Prevention Assembly Test Report

MONROE TOWNSHIP HALL

Location: MECH. RM. *PRIVATE WATER*

11760 NORTH STREET

Meter#:

Serial #: 10445

Check if Correct

Corrections

NEW CONCORD, OH 43762

LID/Service:

Account #: MONROE TWP.HALL

Manufacturer:

WATTS

Site Use:

Hazard: CONTAINMENT COMM.LOW

Model:

719

Mailing Address

Type:

DCVA

SANDY BABCOCK

MONROE TOWNSHIP HALL

9700 EDMOOR ROAD

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

06/14/2014

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 17

Backflow Prevention Assembly Test Report

PEEBLES DEPT.STORE

Location: BOILER ROOM NORTH WALL.*NEEDS CONTAINMENT DEVICE INSTALLED.

425 MAIN STREET

Meter#:

Serial #: Check if Correct Corrections

COSHOCTON, OH 43812

LID/Service:

32708

Account #: MOONRENTALTRUST02

Manufacturer:

WATTS

Site Use: RENTAL

Model:

009

Hazard: ISOLATION MED.

Type:

RPPA

Mailing Address

Size:

0.75

CHARLES MOON
MOON RENTAL TRUST
P.O. BOX 1177

Orientation:

WESTERVILLE, OH 43080

Protection:

PAST DUE

Test Due No Later than:

06/19/2015

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4761

Backflow Prevention Assembly Test Report

CHARLES MOON RESTORATION

Location: *BASEMENT, *WATER SERVICE CONTAINMENT.

123 NORTH 3RD STREET

Meter#:

Serial #: Check if Correct Corrections

COSHOCTON, OH 43812

LID/Service:

06995

Account #: MOONRENTALTRUST01

Manufacturer:

WATTS

Site Use: Retail

Model:

LF719AQT

Hazard: CONTAINMENT COMM.LOW

Type:

DC

Mailing Address

Size:

1.00

Orientation:

Protection:

PAST DUE

CHARLES MOON
MOON RENTAL TRUST
P.O. BOX 1177

WESTERVILLE, OH 43086-1177

Test Due No Later than:

05/15/2016

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2212

Backflow Prevention Assembly Test Report

SUPERIOR PIZZA & SUB SHOP

Location: WATER SERVICE CONTAINMENT - BASEMENT.

611 MAIN STREET

Meter#:

Serial #: Check if Correct Corrections

COSHOCTON, OH 43812

LID/Service:

67153

Account #: MOONRENTALTRUST05

Manufacturer:

WATTS

Site Use:

Model:

009

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

Mailing Address

Size:

0.75

ATTN: CHARLES MOON

MOON RESTORATION TRUST

P.O. BOX 1177

Orientation:

WESTERVILLE, OH 43086-1177

Protection:

PAST DUE

Test Due No Later than:

06/19/2015

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3231

Backflow Prevention Assembly Test Report

MOON RENTAL TRUST

Location: BASEMENT

528 MAIN STREET

Meter#:

Serial #:

Check if Correct

Corrections

24037

☐

COSHOCOTON, OH 43812

LID/Service:

Manufacturer:

WATTS

☐

Site Use: RENTAL

Model:

919

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

ATTN: CHARLES MOON

MOON RESTORATION TRUST

P.O. BOX 1177

WESTERVILLE, OH 43086-1177

Protection:

PAST DUE

☐

Test Due No Later than:

06/19/2015

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3249

Backflow Prevention Assembly Test Report

MOOSE LODGE #867

Location: MECH ROOM

3500 WEST PIKE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

19484

Account #: MOOSE LODGE #867

Manufacturer:

WATTS

Site Use:

Model:

919

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

Mailing Address

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

08/02/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2753

Backflow Prevention Assembly Test Report

GREAT CLIPS

151 N.MAYSVILLE PIKE

SOUTH ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

MORE CLIPS
293 WEST MAIN ST.

BYESVILLE, OH 43723

Location: WALL LEFT OF DOOR.

Meter#:

LID/Service:

Account #: SOUTHPOINTE-13

Serial #:

15340

Manufacturer:

WATTS

Model:

719QT

Type:

DC

Size:

1.00

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

04/10/2020

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1539

Backflow Prevention Assembly Test Report

MOTHER TUCKER'S CAR WASH

Location: WATER SERVICE CONTAINMENT.*MECH. RM.

1132 SHARON AVENUE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

97120

Account #: ZANESAUTOSPA-1

Manufacturer:

WATTS

Site Use: Convenience/gas

Model:

009

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

Mailing Address

Size:

2.00

Orientation:

Protection:

PAST DUE

Test Due No Later than:

02/08/2014

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3418

Backflow Prevention Assembly Test Report

MOTHER TUCKER'S DRIVE THRU

Location: BACK BY WATER HEATER.MECH. ROOM.

1132 SHARON AVENUE

Meter#:

Serial #: 21288

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: ZANESAUTOSPA

Manufacturer: WATTS

Site Use: Convenience/gas

Model:

Hazard: CONTAINMENT COMM.LOW

719

Mailing Address

Type:

DCVA

JIM & TOMMI PITCOCK

MOTHER TUCKER'S DRIVE THRU

1132 SHARON AVENUE

DRIVE THRU

ZANESVILLE, OH 43701

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

02/08/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3105

Backflow Prevention Assembly Test Report

CROWTOWN PIZZA

783 SOUTH 2ND STREET

COSHOCTON, OH 43812

Site Use: Restaurant

Hazard: CONTAINMENT COMM.LOW

Mailing Address

DAVID IANNIELLO
MOUNT VERNON FINANCE, LLC
121 SOUTH 3RD STREET

COSHOCTON, OH 43812

Location: WATER SERVICE CONTAINMENT - WEST WALL @ REAR OF BLDG.

Meter#:

LID/Service:

Account #: CROWTOWNPIZZA

Serial #:

A25343

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

1.50

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

07/07/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4706

Backflow Prevention Assembly Test Report

MP3 RENTALS

1373 MAYSVILLE PIKE

ZANESVILLE, OH 43701

Site Use: Apartments

Hazard: CONTAINMENT COMM.LOW

Mailing Address

MIKE HEAGAN
MP3 RENTALS
3035 ADAMSVILLE RD.

ZANESVILLE, OH 43701-8023

Location: BASEMENT

Meter#:

LID/Service:

Account #: HEAGAN RENTALS

Serial #:

31613

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

01/25/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Submit completed
Test Report:

Fax:



Service Address

Hazard/CCID: 810

Backflow Prevention Assembly Test Report

VACANT A-7

2850 MAYSVILLE PIKE A-7

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

MIDWEST RETAIL PROPERTIES LLC
MRP ZANESVILLE LLC
7777 BONHOMME AVE. SUITE 1700

SAINT LOUIS, MO 63105

Location: WATER SERVICE CONTAINMENT. - ABOVE BATH ROOM.

Meter#:

LID/Service:

Account #: MAYSVILLEMKT A-7

Serial #:

1459707

Manufacturer:

WILKINS

Model:

950XL

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

10/30/2019

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 813

Backflow Prevention Assembly Test Report

H & R BLOCK A-4, WILLIAMS

Location: ABOVE REST ROOM.

2850 MAYSVILLE PIKE A-4

Meter#:

Serial #:

Check if Correct

Corrections

1331839

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WILKINS

☐

Site Use: Business Office

Model:

950XL

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

C/O MIDWEST RETAIL PROPERTIES LLC

MRP ZANESVILLE LLC

7777 BONHOMME AVE. SUITE 1700

Orientation:

☐

SAINT LOUIS, MO 63105

Protection:

☐

Test Due No Later than:

06/30/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 814

Backflow Prevention Assembly Test Report

FAMOUS HAIR #113, A-5

Location: WATER SERVICE CONTAINMENT - ABOVE BATH ROOM

2850 MAYSVILLE PIKE A-5

Meter#:

Serial #:

Check if Correct

Corrections

142520

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Beauty Salon/Barber

Model:

009

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

Protection:

☐

MIDWEST RETAIL PROPERTIES LLC

MRP ZANESVILLE LLC

7777 BONHOMME AVE. SUITE 1700

SAINT LOUIS, MO 63105

Test Due No Later than:

06/30/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 785

Backflow Prevention Assembly Test Report

GOODWILL INDUSTRIES

2850 MAYSVILLE PIKE A-2

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

C/O MIDWEST RETAIL PROPERTIES LLC
MRP ZANESVILLE LLC
7777BONHOMME AVE. SUITE 1700

SAINT LOUIS, MO 63105

Location: WATER SERVICE CONTAINMENT - ABOVE REST ROOM

Meter#:

LID/Service:

Account #: MAYSVILLEMKT A-2

Serial #:

1486834

Check if Correct

Corrections

Manufacturer:

WILKINS

Model:

950XL

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

06/30/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4722

Backflow Prevention Assembly Test Report

MAIN FIRE, RISER ROOM

Location: **FIRE LINE** MECH.ROOM

2850 MAYSVILLE PIKE

Meter#:

Serial #:

Check if Correct

Corrections

M08441

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WILKINS

☐

Site Use: Retail

Model:

375DA

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

6.00

☐

Orientation:

☐

Protection:

☐

C/O MIDWEST RETAIL PROPERTIES LLC

MRP ZANESVILLE LLC

7777BONHOMME AVE. SUITE 1700

SAINT LOUIS, MO 63105

Test Due No Later than:

02/04/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1218

Backflow Prevention Assembly Test Report

MUDDY MISER'S

112 MUSKINGUM AVENUE

ZANESVILLE, OH 43701

Site Use: Restaurant

Hazard: CONTAINMENT COMM.LOW

Mailing Address

TRACY JOHNSON
MUDDY MISER'S
112 MUSKINGUM AVENUE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT - BASEMENT

Meter#:

LID/Service:

Account #: MUDDYMISERSCAFE

Serial #:

114056

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

09/12/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2222

Backflow Prevention Assembly Test Report

MURPHY USA

23739 AIRPORT ROAD

COSHOCTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

TINA BERGER
MURPHY USA
23739 AIRPORT ROAD

COSHOCTON, OH 43812

Location: WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: MURPHYUSACOSH

Serial #:

138999

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

05/10/2014

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4770

Backflow Prevention Assembly Test Report

MURPHY OIL USA

2856 MAYSVILLE PIKE

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

SMS ASSIST,LLC

MURPHY USA

875 N.MICHIGAN AVE.,SUITE 2800

CHICAGO, IL 60611-1819

Location: BACKFLOW IN STORAGE ROOM TO RIGHT REAR CORNER NEAR FLOOR.

Meter#:

LID/Service:

Account #: MURPHY-USA

Serial #:

33705

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719QT

Type:

DC

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

02/14/2016

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4643

Backflow Prevention Assembly Test Report

MUSK.CO. HEAD START ,ALPS SI

Location: MECH. ROOM.

1580 ADAMS LANE

Meter#:

Serial #:

Check if Correct

Corrections

32116

☐

ZANESVILLE, OH 43701

LID/Service:

Account #: ALPS CTR.III & IV

Manufacturer:

WATTS

☐

Site Use: Child/Day Care/Nursery

Model:

LF719QT

☐

Hazard: CONTAINMENT COMM.LOW

Mailing Address

Type:

DC

☐

Size:

1.00

☐

Orientation:

☐

Protection:

☐

MUSK.CO. HEAD START ,ALPS SITE

1580 ADAMS LANE

ZANESVILLE, OH 43701

Test Due No Later than:

06/05/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked

☐

Leaked

☐

Did not open

☐

Date _____

Closed Tight

☐

Closed Tight

☐

Did not open

☐

Opened Fully

Yes

☐

Leaked

☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned

☐

Rubber Kit

☐

Rebuild

☐

Replaced

☐

Other

☐

Final Test

Date _____

Closed Tight

☐

Closed Tight

☐

Opened Fully

☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes

No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 87

Backflow Prevention Assembly Test Report

MUSK.CO.FAIRGROUNDS

Location: WATER SERVICE CONTAINMENT.*FAIR BOARD OFFICE.

1300 PERSHING ROAD

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

11165

☐

ZANESVILLE, OH 43701

Account #: MUSKCOFAIRGROUNDS

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard:

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

GROUNDS SUPT
 MUSK.CO.FAIRGROUNDS
 1300 PERSHING ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

06/03/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2275

Backflow Prevention Assembly Test Report

MUSK.CO.FAIRGROUNDS

Location: WATER SERVICE CONTAINMENT

1300 PERSHING ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

06207

☐

ZANESVILLE, OH 43701

Account #: MUSKCOFAIRGROUNDS

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard:

Type:

DCVA

☐

Mailing Address

Size:

1.50

☐

GROUNDS SUPT

MUSK.CO.FAIRGROUNDS

1300 PERSHING ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

06/03/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2428

Backflow Prevention Assembly Test Report

MUSK.CO.FAIRGROUNDS

Location: WATER SERVICE CONTAINMENT.

1300 PERSHING ROAD

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

1014970205

Account #: MUSKCOFAIRGROUNDS

Manufacturer:

BADGER

Site Use:

Model:

DCA-01

Hazard:

Type:

RPZ

Mailing Address

Size:

8.00

Orientation:

Protection:

GROUNDS SUPT

MUSK.CO.FAIRGROUNDS

1300 PERSHING ROAD

ZANESVILLE, OH 43701

Test Due No Later than:

06/03/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

RV Exercised

#2 Shutoff Closed

Service Restored

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2429

Backflow Prevention Assembly Test Report

MUSK.CO.FAIRGROUNDS

Location: VETERANS BUILDING

1300 PERSHING ROAD

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

E8961

☐

Account #: MUSKCOFAIRGROUNDS

Manufacturer:
FLOMATIC☐

Site Use:

Model:

Hazard: FIRE LINE BYPASS-MEDIUM

RPZ

☐

Mailing Address

Type:

RP

☐

Size:

0.75

☐

Orientation:

☐

Protection:

☐

GROUNDS SUPT

MUSK.CO.FAIRGROUNDS

1300 PERSHING ROAD

ZANESVILLE, OH 43701

Test Due No Later than:

06/03/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2430

Backflow Prevention Assembly Test Report

MUSK.CO.FAIRGROUNDS

Location: VETERANS BUILDING

1300 PERSHING ROAD

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

FB0444

☐

Account #: MUSKCOFAIRGROUNDS

Manufacturer:

AMES

☐

Site Use:

Model:

C500 COLT

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

3.00

☐

Orientation:

☐

Protection:

☐

GROUNDS SUPT

MUSK.CO.FAIRGROUNDS

1300 PERSHING ROAD

ZANESVILLE, OH 43701

Test Due No Later than:

06/03/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3253

Backflow Prevention Assembly Test Report

MUSK.CO.HEAD START,ALPS SIT

Location: MECH. ROOM. CHILD RESOURCES /HEADSTART

1580 ADAMS LANE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

04228

Account #: ALPS I & II

Manufacturer:

WATTS

Site Use: Business Office

Model:

007

Hazard: CONTAINMENT COMM.LOW

Mailing Address

Type:

DCVA

Size:

1.00

Orientation:

Protection:

MUSK.CO.HEAD START,ALPS SITE

1580 ADAMS LANE

ZANESVILLE, OH 43701

Test Due No Later than:

06/05/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2319

Backflow Prevention Assembly Test Report

MUSKINGUM COUNTY/RURAL SE

Location: EAST ELECTRIC ROOM.

225 UNDERWOOD ST.

Meter#:

Serial #:

Check if Correct

Corrections

257498

☐

ZANESVILLE, OH 43701

LID/Service:

Account #: MUSK,CO./RURALSER.

Manufacturer:

WATTS

☐

Site Use: Business Office

Model:

009

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

GEORGE ADAMS, MTCE.MGR.
MUSK.COUNTY COURT HOUSE
401 MAIN ST.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

08/10/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked

☐

Leaked

☐

Did not open

☐

Date _____

Closed Tight

☐

Closed Tight

☐

Did not open

☐

Opened Fully

Yes

☐

Leaked

☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned

☐

Rubber Kit

☐

Rebuild

☐

Replaced

☐

Other

☐

Final Test

Date _____

Closed Tight

☐

Closed Tight

☐

Opened Fully

☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes

No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3564

Backflow Prevention Assembly Test Report

MUSK.CO. JOB SERVICES

445 WOODLAWN AVE.

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

GEORGE ADAMS MTCE.
MUSK.COUNTY
401 MAIN STREET

ZANESVILLE, OH 43701

Location: _____

Meter#:

LID/Service:

Account #: MUSK.CO.JOB SER.

Serial #:

08481

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

2.00

Orientation:

Protection:

☐☐☐☐☐☐☐

Test Due No Later than:

07/16/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐

Leaked

☐

Closed Tight

☐

Held at _____ PSID

Leaked

☐

Closed Tight

☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open

☐

Opened Fully

Yes ☐No ☐

Opened at _____ PSID

Leaked

☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned

☐

Rubber Kit

☐

Rebuild

☐

Replaced

☐

Other

☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐

Closed Tight

☐

Held at _____ PSID

Closed Tight

☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully

☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 319

Backflow Prevention Assembly Test Report

MUSKIES CUT & STYLE

34 EAST MAIN STREET

NEW CONCORD, OH 43762

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

SHARON L. SHEGOG, OWNER
MUSKIES CUT & STYLE
34 EAST MAIN STREET

NEW CONCORD, OH 43762

Location: WATER SERVICE CONTAINMENT - BASEMENT

Meter#:

LID/Service:

Account #: MUSKIESCUT&STYLE

Serial #:

36858

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

04/04/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3196

Backflow Prevention Assembly Test Report

MUSKINGUM ARC HOUSING, INC.

Location: WATER SERVICE CONTAINMENT.MECH. ROOM.

440 PARK AVENUE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

20757

Account #: MUSKARCHOUSING

Manufacturer:

WATTS

Site Use: CLUB HOUSE

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

MUSKINGUM ARC HOUSING, INC.

440 PARK AVENUE

ZANESVILLE, OH 43701

Test Due No Later than:

11/06/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 93

Backflow Prevention Assembly Test Report

MUSKINGUM BEHAVIOR HEALTH

Location: BASEMENT, NORTHEAST WALL.

1127 WEST MAIN STREET

Meter#:

Serial #: 07805

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

Site Use:

Model:

719QT

Hazard: CONTAINMENT COMM.LOW

Type:

DC

Mailing Address

Size:

0.75

Orientation:

Protection:

MUSKINGUM BEHAVIOR HEALTH
1127 WEST MAIN ST.

ZANESVILLE, OH 43701

Test Due No Later than:

12/10/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 260

Backflow Prevention Assembly Test Report

ANIMAL SHELTER SOCIETY, INC.

Location: MECH ROOM - DOMESTIC WATER SERVICE CONTAINMENT

1430 NEWARK RD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

314823

☐

ZANESVILLE, OH 43701

Account #: MUSKCOANIMALSHELT

Manufacturer:

WATTS

☐

Site Use:

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

1.50

☐

MUSKINGUM CO. ANIMAL SHELTER

1430 NEWARK RD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

06/15/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 261

Backflow Prevention Assembly Test Report

ANIMAL SHELTER SOCIETY, INC.

Location: MEZZANINE ABOVE OFFICES - KENNEL WATER

1430 NEWARK RD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

118070

☐

ZANESVILLE, OH 43701

Account #: MUSKCOANIMALSHELT

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: ISOLATION LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

MUSKINGUM CO. ANIMAL SHELTER

Orientation:

☐

1430 NEWARK RD

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

06/15/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 262

Backflow Prevention Assembly Test Report

ANIMAL SHELTER SOCIETY, INC.

Location: *KENNEL WATER

1430 NEWARK RD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

118121

☐

ZANESVILLE, OH 43701

Account #: MUSKCOANIMALSHELT

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: ISOLATION LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

MUSKINGUM CO. ANIMAL SHELTER

1430 NEWARK RD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

06/15/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3022

Backflow Prevention Assembly Test Report

MUSKINGUM CO. RECYCLING CEI

Location: WATER SERVICE CONTAINMENT.

2215 OLD ADAMSVILLE ROAD

Meter#:

Serial #: 13812

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: RECYCLNGCENTER

Manufacturer:

WATTS

Site Use:

Hazard: CONTAINMENT COMM. LOW

Model:

719

Mailing Address

Type:

DCVA

GEORGE ADAMS

MUSKINGUM CO. MAINTENANCE

401 MAIN STREET, RM D

Size:

0.75

Orientation:

ZANESVILLE, OH 43701

Protection:

Test Due No Later than:

04/06/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1260

Backflow Prevention Assembly Test Report

MUSKINGUM COUNTY OFFICE BLDG

Location: ** FIRE LINE, HEALTH DEPT SIDE.

205 NORTH 7TH STREET

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

1213260409

Account #: MUSKCOFFICEBLDG

Manufacturer:

AMES

Site Use: Offices

Model:

4000 SILVER

Hazard: FIRE LINE CONNECTION-MEDIUM

Mailing Address

Type:

RPPA

GEORGE ADAMS, MTCE. MGR.

MUSKINGUM CO. OFFICE BUILDING

401 MAIN ST.

Size:

4.00

Orientation:

ZANESVILLE, OH 43701

Protection:

Test Due No Later than:

07/28/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1261

Backflow Prevention Assembly Test Report

MUSKINGUM COUNTY OFFICE BL

Location: ** FIRE LINE - MECH ROOM, BOARD OF ELECTION SIDE.

205 NORTH 7TH STREET

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

3JL0235

Account #: MUSKCOFFICEBLDG

Manufacturer:

AMES

Site Use: Offices

Model:

3000 SILVER

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

DCDA

Mailing Address

Size:

4.00

Orientation:

Protection:

GEORGE ADAMS, MTCE. MGR.
MUSKINGUM CO. OFFICE BUILDING
401 MAIN ST.

ZANESVILLE, OH 43701

Test Due No Later than:

07/28/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1262

Backflow Prevention Assembly Test Report

MUSKINGUM COUNTY OFFICE BL

Location: **FIRE LINE BY-PASS - NEW MECH ROOM

205 NORTH 7TH STREET

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

93522

☐

Account #: MUSKCOFFICEBLDG

Manufacturer:

WATTS

☐

Site Use: Offices

Model:

007

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

Protection:

☐

GEORGE ADAMS, MTCE. MGR.
MUSKINGUM CO. OFFICE BUILDING
401 MAIN ST.

ZANESVILLE, OH 43701

Test Due No Later than:

07/28/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1265

Backflow Prevention Assembly Test Report

MUSKINGUM COUNTY OFFICE BL

Location: WATER SERVICE CONTAINMENT - MECH ROOM

205 NORTH 7TH STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

43939

☐

ZANESVILLE, OH 43701

Account #: MUSKCOFFICEBLDG

Manufacturer:

WATTS

☐

Site Use: Offices

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

2.00

☐

GEORGE ADAMS, MTCE. MGR.

MUSKINGUM CO. OFFICE BUILDING

401 MAIN ST.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

07/28/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1266

Backflow Prevention Assembly Test Report

MUSKINGUM COUNTY OFFICE BLDG

Location: BOILER - MECH ROOM

205 NORTH 7TH STREET

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

158317

☐

Account #: MUSKCOFFICEBLDG

Manufacturer:

WATTS

☐

Site Use: Offices

Model:

009

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

Protection:

☐

GEORGE ADAMS, MTCE. MGR.
MUSKINGUM CO. OFFICE BUILDING
401 MAIN ST.

ZANESVILLE, OH 43701

Test Due No Later than:

07/28/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2440

Backflow Prevention Assembly Test Report

MUSKINGUM COUNTY OFFICE BL

Location: MECH. RM. , CHILLER FEED

205 NORTH 7TH STREET

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

A04257

Account #: MUSKCOFFICEBLDG

Manufacturer:

WATTS

Site Use: Offices

Model:

009

Hazard: ISOLATION MED.

Type:

RPPA

Mailing Address

Size:

0.75

Orientation:

Protection:

GEORGE ADAMS, MTCE. MGR.
MUSKINGUM CO. OFFICE BUILDING
401 MAIN ST.

ZANESVILLE, OH 43701

Test Due No Later than:

07/28/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1651

Backflow Prevention Assembly Test Report

MUSKINGUM COUNTY GARAGE-(

Location: WATER SERVICE CONTAINMENT - MECH ROOM

8610 CHANDLERSVILLE ROAD

Meter#:

Serial #:
01139

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: MUSKCOGARAGECHAND

Manufacturer:
WATTS

Site Use:

Hazard: CONTAINMENT COMM.LOW

Model:

719

Mailing Address

Type:

DCVA

Size:

0.75

Orientation:

Protection:

MUSKINGUM CO.GARAGE-CHANDLERSVIL
155 REHL ROAD

ZANESVILLE, OH 43701

Test Due No Later than:

06/11/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 152

Backflow Prevention Assembly Test Report

MUSKINGUM COUNTY COURT HC

Location: MECH ROOM - BASEMENT - BOILER

401 MAIN STREET

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

72411

Account #: MUSKCOCOURTHOUSE

Manufacturer:

WATTS

Site Use:

Hazard: ISOLATION MED.

Model:

009

Mailing Address

Type:

RPPA

GEORGE ADAMS, MTCE.

MUSKINGUM COUNTY COURT HOUSE

401 MAIN STREET

Size:

0.75

Orientation:

ZANESVILLE, OH 43701

Protection:

Test Due No Later than:

07/13/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 153

Backflow Prevention Assembly Test Report

MUSKINGUM COUNTY COURT HC

Location: BASEMENT, ISOLATION.

401 MAIN STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

89701

☐

ZANESVILLE, OH 43701

Account #: MUSKCOCOURTHOUSE

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

GEORGE ADAMS, MTCE.

MUSKINGUM COUNTY COURT HOUSE

401 MAIN STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

07/13/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 154

Backflow Prevention Assembly Test Report

MUSKINGUM COUNTY COURT HC

Location: MECH ROOM - WATER SERVICE CONTAINMENT.

401 MAIN STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

280335

☐

ZANESVILLE, OH 43701

Account #: MUSKCOCOURTHOUSE

Manufacturer:

WATTS

☐

Site Use:

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

GEORGE ADAMS, MTCE.

MUSKINGUM COUNTY COURT HOUSE

401 MAIN STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

07/13/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1089

Backflow Prevention Assembly Test Report

MUSKINGUM COUNTY CVB

Location: FIRE LINE

205 NORTH 5TH STREET

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

4KJ1104

Account #: MUSKCOCVB

Manufacturer:

AMES

Site Use:

Model:

Hazard: FIRE LINE CONNECTION-MEDIUM

4000 SILVER

Mailing Address

Type:

RPPA

CAROLYN BUCHANAN, EXEC. ASST.

Size:

4.00

MUSKINGUM COUNTY CVB

Orientation:

205 NORTH 5TH STREET

ZANESVILLE, OH 43701

Protection:

Test Due No Later than:

07/30/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1090

Backflow Prevention Assembly Test Report

MUSKINGUM COUNTY CVB

Location: WATER SERVICE CONTAINMENT

205 NORTH 5TH STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

05058

☐

ZANESVILLE, OH 43701

Account #: MUSKCOCVB

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.50

☐

CAROLYN BUCHANAN, EXEC. ASST.

MUSKINGUM COUNTY CVB

205 NORTH 5TH STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

07/30/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3812

Backflow Prevention Assembly Test Report

MUSKINGUM COUNTY DOG POUND

Location: OFFICE AREA.

1500 NEWARK RD.

Meter#:

Serial #: 30681

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: MUSK.CO.DOG POUND

Manufacturer:

WATTS

Site Use: DOG POUND

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

MUSKINGUM COUNTY DOG POUND
1500 NEWARK RD.

ZANESVILLE, OH 43701

Test Due No Later than:

03/15/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3899

Backflow Prevention Assembly Test Report

MUSKINGUM COUNTY FARM BUF
1625-A SHARON AVE.

ZANESVILLE, OH 43701

Site Use: **Business Office**Hazard: **CONTAINMENT COMM.LOW**

Mailing Address

MUSKINGUM COUNTY FARM BUREAU
1625-A SHARON AVE.

ZANESVILLE, OH 43701

Location: **BASEMENT.**

Meter#:

LID/Service:

Account #: **MUSK.CO.FARM BUR.**

Serial #:

31174

Check if Correct

Corrections

☐

Manufacturer:

WATTS☐

Model:

719☐

Type:

DCVA☐

Size:

0.75☐

Orientation:

☐

Protection:

☐

Test Due No Later than:

08/12/2022Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐

Leaked

☐

Closed Tight

☐

Held at _____ PSID

Leaked

☐

Closed Tight

☐

Held at _____ PSID

Did not open

☐

Opened at _____ PSID

Did not open

☐

Opened Fully

☐

Yes

☐

No

☐

Opened at _____ PSID

Leaked

☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned

☐

Rubber Kit

☐

Rebuild

☐

Replaced

☐

Other

☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐

Closed Tight

☐

Held at _____ PSID

Closed Tight

☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully

☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Submit completed
Test Report:

Fax:



Service Address

Hazard/CCID: 147

Backflow Prevention Assembly Test Report

MUSKINGUM COUNTY JAIL

Location: MECH ROOM - BASEMENT - WATER SERVICE CONTAINMENT

28 NORTH 4TH STREET

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

170297

Account #: MUSKCOUNTYJAIL

Manufacturer:

WATTS

Site Use:

Model:

Hazard: CONTAINMENT COMM. MED.

909

Mailing Address

Type:

RP

MUSKINGUM COUNTY COMMISSIONERS

Size:

3.00

MUSKINGUM COUNTY JAIL

Orientation:

28 NORTH 4TH STREET

Protection:

ZANESVILLE, OH 43701

Test Due No Later than:

07/13/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 148

Backflow Prevention Assembly Test Report

MUSKINGUM COUNTY JAIL

Location: MECH. ROOM - BOILER

28 NORTH 4TH STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

38354

☐

ZANESVILLE, OH 43701

Account #: MUSKCOUNTYJAIL

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

MUSKINGUM COUNTY COMMISSIONERS

MUSKINGUM COUNTY JAIL

28 NORTH 4TH STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

07/13/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 150

Backflow Prevention Assembly Test Report

MUSKINGUM COUNTY JAIL

Location: BASEMENT - WATER SERVICE CONTAINMENT.

28 NORTH 4TH STREET

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

10994

☐

Account #: MUSKCOUNTYJAIL

Manufacturer:

WILKINS

☐

Site Use:

Model:

375

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

3.00

☐

MUSKINGUM COUNTY COMMISSIONERS

MUSKINGUM COUNTY JAIL

28 NORTH 4TH STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

07/13/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2772

Backflow Prevention Assembly Test Report

MUSKINGUM COUNTY JAIL

Location: BASEMENT, MAIN FIRE LINE. A.S.S.E.#1047.

28 NORTH 4TH STREET

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

041491007

Account #: MUSKCOUNTYJAIL

Manufacturer:

AMES

Site Use:

Model:

5000

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

Mailing Address

Size:

6.00

Orientation:

Protection:

MUSKINGUM COUNTY COMMISSIONERS

MUSKINGUM COUNTY JAIL

28 NORTH 4TH STREET

ZANESVILLE, OH 43701

Test Due No Later than:

07/13/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2773

Backflow Prevention Assembly Test Report

MUSKINGUM COUNTY JAIL

Location: BASEMENT, FIRE READER LINE.

28 NORTH 4TH STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

09312

☐

ZANESVILLE, OH 43701

Account #: MUSKCOUNTYJAIL

Manufacturer:

AMES

☐

Site Use:

Model:

4000B

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐

MUSKINGUM COUNTY COMMISSIONERS

MUSKINGUM COUNTY JAIL

28 NORTH 4TH STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

07/13/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1163

Backflow Prevention Assembly Test Report

MUSKINGUM COUNTY RECORDS

22 NORTH 5TH STREET

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

GEORGE ADAMS
MUSKINGUM COUNTY RECORDS STORAGE
401 MAIN STREET

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT - BASEMENT MECH ROOM

Meter#:

LID/Service:

Account #: MUSKCORECORDSSTORE

Serial #:

375777

Manufacturer:

WATTS

Model:

909

Type:

RPPA

Size:

2.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

07/28/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1164

Backflow Prevention Assembly Test Report

MUSKINGUM COUNTY RECORDS

Location: BOILER - BASEMENT MECH ROOM

22 NORTH 5TH STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

86375

☐

ZANESVILLE, OH 43701

Account #: MUSKCORECORDSSTORE

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

GEORGE ADAMS

MUSKINGUM COUNTY RECORDS STORAGE

401 MAIN STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

07/28/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1165

Backflow Prevention Assembly Test Report

MUSKINGUM COUNTY RECORDS

22 NORTH 5TH STREET

ZANESVILLE, OH 43701

Site Use:

Hazard: FIRE LINE BYPASS-MEDIUM

Mailing Address

GEORGE ADAMS

MUSKINGUM COUNTY RECORDS STORAGE
401 MAIN STREET

ZANESVILLE, OH 43701

Location: FIRE LINE - BASEMENT

Meter#:

LID/Service:

Account #: MUSKCORECORDSSTORE

Serial #:

00D26069

Check if Correct

Corrections

Manufacturer:

AMES

Model:

4000B

Type:

RP

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

07/28/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1166

Backflow Prevention Assembly Test Report

MUSKINGUM COUNTY RECORDS

Location: FIRE LINE - BASEMENT

22 NORTH 5TH STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

10107005

☐

ZANESVILLE, OH 43701

Account #: MUSKCORECORDSSTORE

Manufacturer:

AMES

☐

Site Use:

Model:

5000

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

6.00

☐

GEORGE ADAMS

MUSKINGUM COUNTY RECORDS STORAGE

401 MAIN STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

07/28/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3594

Backflow Prevention Assembly Test Report

MUSKINGUM COUNTY SENIOR CI

Location: BASEMENT.

1118 W.MAIN ST.

Meter#:

Serial #:
10818

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: MUSK.CO.SENIOR

Manufacturer:
WATTS

Site Use: Recreation Center\Club Ho

Model:

Hazard: CONTAINMENT COMM.LOW

719

Mailing Address

Type:

DCVA

ATTN.CHRIS

MUSKINGUM COUNTY SENIOR CENTER

1118 W.MAIN ST.

Size:

1.00

Orientation:

ZANESVILLE, OH 43701

Protection:

Test Due No Later than:

10/26/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 478

Backflow Prevention Assembly Test Report

MUSKINGUM COUNTY SHERIFF'S

Location: WATER SERVICE CONTAINMENT

155 REHL ROAD

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

92658

Account #: MUSKCOSHERIFFGARAG

Manufacturer:

WATTS

Site Use:

Model:

Hazard: CONTAINMENT COMM.LOW

007

Mailing Address

Type:

DCVA

TOM LANDERS

Size:

0.75

MUSKINGUM COUNTY SHERIFF'S GARAGE

Orientation:

155 REHL ROAD

ZANESVILLE, OH 43701

Protection:

Test Due No Later than:

07/07/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3256

Backflow Prevention Assembly Test Report

MUSKINGUM COUNTY SPEEDWAY

Location: Rest room off well tank.

7985 FRAZEYSBURG ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

27044

☐

DRESDEN, OH 43821

Account #: MUSK.CO.SPEEDWAY

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM. MED.

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐MUSKINGUM COUNTY SPEEDWAY
7985 FRAZEYSBURG RD.

Orientation:

☐

DRESDEN, OH 43821

Protection:

PAST DUE

☐

Test Due No Later than:

04/15/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3903

Backflow Prevention Assembly Test Report

MUSKINGUM COUNTY UTILITIES

Location: IN WALL BEHIND PANEL.

375 RICHARDS RD.

Meter#:

Serial #:

Check if Correct

Corrections

45081

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

719QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

0.75

☐

DON MADDEN

MUSKINGUM COUNTY UTILITIES

375 RICHARDS RD.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

10/21/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 369

Backflow Prevention Assembly Test Report

MUSKINGUM COUNTY WATER DEPT
3830 WAYNE RIDGE RD

ZANESVILLE, OH 43701

Site Use: Water Plant

Hazard: CONTAINMENT COMM. MED.

Mailing Address

DEBBIE RALPH
MUSKINGUM COUNTY WATER DEPT.
375 RICHARDS ROAD

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT - MECH ROOM IN BASEMENT

Meter#:

LID/Service:

Account #: MUSK.CO.WATER-01

Serial #:
01196Manufacturer:
WATTSModel:
719Type:
DCVASize:
1.50

Orientation:

Protection:
PAST DUE

Check if Correct Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

01/02/2021

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 370

Backflow Prevention Assembly Test Report

MUSKINGUM COUNTY WATER DEPT

Location: WATER SERVICE CONTAINMENT - REAR MECH ROOM NEAR STAIRS

3830 WAYNE RIDGE RD

Meter#:

Serial #:

Check if Correct

Corrections

18188

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Water Plant

Model:

009

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

1.50

☐

DEBBIE RALPH

MUSKINGUM COUNTY WATER DEPT.

375 RICHARDS ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

01/02/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 658

Backflow Prevention Assembly Test Report

MUSKINGUM FAMILY Y

Location: OLD ARMCO PARK - WOMEN'S RESTROOM WATER SERVICE CONTAINMENT.

1861 ADAMS LANE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

289532

Account #: MUSKINGUMFAMILY Y

Manufacturer:

WATTS

Site Use:

Model:

007

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

1.00

Orientation:

Protection:

PAST DUE

MUSKINGUM FAMILY Y

1861 ADAMS LANE

ZANESVILLE, OH 43702-8108

Test Due No Later than:

04/24/2020

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3404

Backflow Prevention Assembly Test Report

MUSKINGUM FAMILY Y

Location: IN PIT BY FRONT GATE. *ENTIRE PARK.

1861 ADAMS LANE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

08096

☐

ZANESVILLE, OH 43701

Account #: MUSKINGUMFAMILY Y

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM. MED.

Type:

DCVA

☐

Mailing Address

Size:

2.00

☐

MUSKINGUM FAMILY Y

1861 ADAMS LANE

Orientation:

☐

ZANESVILLE, OH 43702-8108

Protection:

PAST DUE

☐

Test Due No Later than:

04/24/2020

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5076

Backflow Prevention Assembly Test Report

MUSKINGUM GRINDING & MACHI

Location: NORTH/WALL EAST PORTION.

405 N.4TH.ST.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

187028540

☐

COSHOCTON, OH 43812

Account #: MUSKGRINDING&MACH

Manufacturer:

HERSEY

☐

Site Use:

Model:

2

☐

Hazard: CONTAINMENT COMM. MED.

Type:

DC

☐

Mailing Address

Size:

6.00

☐

MUSKINGUM GRINDING & MACHINE CO.INC.

405 N.4TH.ST.

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

02/19/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3396

Backflow Prevention Assembly Test Report

MUSKINGUM IRON & METAL CO.

Location: MAIN OFFICE.MECH. ROOM NEAREST FRONT OFFICE.

345 ARTHUR ST.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43702-4616

LID/Service:

29177

Account #: MUSK.IRON & METAL

Manufacturer:

WATTS

Site Use: SCRAPE YARD

Model:

719

Hazard: CONTAINMENT COMM. MED.

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

06/14/2020

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4437

Backflow Prevention Assembly Test Report

MUSKINGUM IRON & METAL CO.

Location: RESTROOM UNDER SINK.

345 ARTHUR ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

29424

☐

ZANESVILLE, OH 43702-4616

Account #: MUSK.IRON & METAL

Manufacturer:

WATTS

☐

Site Use: SCRAPE YARD

Model:

719

☐

Hazard: CONTAINMENT COMM. MED.

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

JOSH JOSEPH V.P.

MUSKINGUM IRON & METAL CO.

P.O.BOX 815

Orientation:

☐

ZANESVILLE, OH 43702-0815

Protection:

PAST DUE

☐

Test Due No Later than:

06/14/2020

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1387

Backflow Prevention Assembly Test Report

MUSKINGUM PEDIATRICS**3814 JAMES COURT**

ZANESVILLE, OH 43701

Site Use:

Hazard: **CONTAINMENT COMM. MED.**

Mailing Address

DR. OTHELLO REPUYAN
MUSKINGUM PEDIATRICS
3814 JAMES COURT

ZANESVILLE, OH 43701

Location: **WATER SERVICE CONTAINMENT. - BASEMENT.**

Meter#:

LID/Service:

Account #: **MUSKINGUMPEDIATRIC**

Serial #:

197454

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

2.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

04/13/2022Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1388

Backflow Prevention Assembly Test Report

MUSKINGUM PEDIATRICS

3814 JAMES COURT

ZANESVILLE, OH 43701

Site Use:

Hazard: FIRE LINE CONNECTION-LOW

Mailing Address

DR. OTHELLO REPuyan
MUSKINGUM PEDIATRICS
3814 JAMES COURT

ZANESVILLE, OH 43701

Location: FIRE LINE - BASEMENT

Meter#:

LID/Service:

Account #: MUSKINGUMPEDIATRIC

Serial #:

274427

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

04/13/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

	Yes	No
Proper Installation	<input type="checkbox"/>	<input type="checkbox"/>
RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>
#2 Shutoff Closed	<input type="checkbox"/>	<input type="checkbox"/>
Service Restored	<input type="checkbox"/>	<input type="checkbox"/>

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 248

Backflow Prevention Assembly Test Report

MUSKINGUM TIRE & LUBE

758 PUTNAM AVENUE

ZANESVILLE, OH 43701

Site Use: REPAIR SHOP

Hazard: CONTAINMENT COMM. MED.

Mailing Address

JOHN TODD
MUSKINGUM TIRE & LUBE
758 PUTNAM AVENUE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT. - RESTROOM BELOW WATER HEATER.

Meter#:

LID/Service:

Account #: MUSK.TIRE & LUBE

Serial #:
67199Manufacturer:
WATTSModel:
009Type:
RPPASize:
0.75

Orientation:

Protection:
PAST DUE

Check if Correct Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

06/11/2013

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2816

Backflow Prevention Assembly Test Report

MUSKINGUM TOWNSHIP FIREHO
7005 FRAZEYSBURG ROAD

ZANESVILLE, OH 43701

Site Use: FIREHOUSE

Hazard: CONTAINMENT COMM.LOW

Mailing Address

MUSKINGUM TOWNSHIP FIREHOUSE
P.O. BOX 2940

ZANESVILLE, OH 43702-2940

Location: MECH. ROOM,*WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: MUSK.TWP.FIREHOUSE

Serial #:

11398

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

01/31/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3426

Backflow Prevention Assembly Test Report

MUSKINGUM UNIVERSITY FRATE

Location: MECH. RM. BASEMENT ,RM. #4.

240 CIRCLE DR.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

12625

☐

NEW CONCORD, OH 43762

Account #: MUSKINGUM U-04

Manufacturer:

WATTS

☐

Site Use:

Model:

919

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

LEE RHODES

MUSKINGUM UNIVERSITY FRATERNITY

163 STOREMONT ST.

Orientation:

☐

NEW CONCORD, OH 43762

Protection:

☐

Test Due No Later than:

07/13/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3427

Backflow Prevention Assembly Test Report

MUSKINGUM UNIVERSITY, WALTER HALL
61 COLLEGE DR.

NEW CONCORD, OH 43762

Site Use:

Hazard: ISOLATION MED.

Mailing Address

LEE RHODES
 MUSKINGUM UNIVERSITY, WALTER HALL
 61 COLLEGE DR.
 WALTER HALL
 NEW CONCORD, OH 43762

Location: BASEMENT, MECH. ROOM. WEST HEATING MAKEUP WATER.

Meter#:

LID/Service:

Account #: MUSKINGUM U-05

Serial #:

11710

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

919

Type:

RPPA

Size:

1.50

Orientation:

Protection:

Test Due No Later than:

07/13/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____



Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3428

Backflow Prevention Assembly Test Report

MUSKINGUM UNIVERSITY, WALTER

Location: BASEMENT, MECH. RM. FIRELINE BYPASS.

61 COLLEGE DR.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

10886

☐

NEW CONCORD, OH 43762

Account #: MUSKINGUM U-05

Manufacturer:

AMES

☐

Site Use:

Model:

400B

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

Protection:

☐

LEE RHODES

MUSKINGUM UNIVERSITY, WALTER HALL

61 COLLEGE DR.

WALTER HALL

NEW CONCORD, OH 43762

Test Due No Later than:

07/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3429

Backflow Prevention Assembly Test Report

MUSKINGUM UNIVERSITY, WALTER

Location: BASEMENT, MECH. RM. FIRE MAIN.

61 COLLEGE DR.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

105110

☐

NEW CONCORD, OH 43762

Account #: MUSKINGUM U-05

Manufacturer:

AMES

☐

Site Use:

Model:

5000

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

4.00

☐

Orientation:

☐

Protection:

☐

LEE RHODES

MUSKINGUM UNIVERSITY, WALTER HALL

61 COLLEGE DR.

WALTER HALL

NEW CONCORD, OH 43762

Test Due No Later than:

07/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3430

Backflow Prevention Assembly Test Report

MUSKINGUM UNIVERSITY, WALTER

Location: BASEMENT MECH. RM.

61 COLLEGE DR.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

13204

☐

NEW CONCORD, OH 43762

Account #: MUSKINGUM U-05

Manufacturer:

WATTS

☐

Site Use:

Model:

919

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

LEE RHODES

MUSKINGUM UNIVERSITY, WALTER HALL

61 COLLEGE DR.

WALTER HALL

NEW CONCORD, OH 43762

Orientation:

☐

Protection:

☐

Test Due No Later than:

07/13/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3431

Backflow Prevention Assembly Test Report

MUSKINGUM UNIVERSITY, WALTER

Location: BASEMENT MECH. RM.*MAKEUP WATER EAST CHILLER.

61 COLLEGE DR.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

11714

☐

NEW CONCORD, OH 43762

Account #: MUSKINGUM U-05

Manufacturer:

WATTS

☐

Site Use:

Model:

919

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

1.50

☐

Orientation:

☐

Protection:

☐

LEE RHODES

MUSKINGUM UNIVERSITY, WALTER HALL

61 COLLEGE DR.

WALTER HALL

NEW CONCORD, OH 43762

Test Due No Later than:

07/13/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 599

Backflow Prevention Assembly Test Report

MUSKINGUM UNIVERSITY

Location: COMMUNICATION ARTS COMPLEX-CALDWELL

163 STORMONT STREET

Meter#:

Serial #: Check if Correct Corrections

NEW CONCORD, OH 43762

LID/Service:

536580

Account #: MUSKINGUM U-01

Manufacturer:

WATTS

Site Use:

Model:

Hazard: ISOLATION MED.

909

Mailing Address

Type:

RPPA

LEE RHODES

Size:

1.00

MUSKINGUM UNIVERSITY

Orientation:

163 STORMONT STREET

Protection:

PAST DUE

NEW CONCORD, OH 43762

Test Due No Later than:

07/12/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 600

Backflow Prevention Assembly Test Report

MUSKINGUM UNIVERSITY

Location: COMMUNICATIONS ARTS COMPLEX - CALDWELL BUILDING

163 STORMONT STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

205900

☐

NEW CONCORD, OH 43762

Account #: MUSKINGUM U-01

Manufacturer:

WATTS

☐

Site Use:

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

4.00

☐

LEE RHODES

MUSKINGUM UNIVERSITY

163 STORMONT STREET

Orientation:

☐

NEW CONCORD, OH 43762

Protection:

☐

Test Due No Later than:

07/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 602

Backflow Prevention Assembly Test Report

MUSKINGUM UNIVERSITY

Location: MOORE MEMORIAL

163 STORMONT STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

103387

☐

NEW CONCORD, OH 43762

Account #: MUSKINGUM U-01

Manufacturer:

WATTS

☐

Site Use:

Model:

709

☐

Hazard: FIRE LINE CONNECTION-LOW

Type:

DC

☐

Mailing Address

Size:

2.50

☐

LEE RHODES

MUSKINGUM UNIVERSITY

163 STORMONT STREET

Orientation:

☐

NEW CONCORD, OH 43762

Protection:

☐

Test Due No Later than:

07/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 604

Backflow Prevention Assembly Test Report

MUSKINGUM UNIVERSITY

Location: PATTON HALL.

163 STORMONT STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

256088

☐

NEW CONCORD, OH 43762

Account #: MUSKINGUM U-01

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

LEE RHODES

MUSKINGUM UNIVERSITY

163 STORMONT STREET

Orientation:

☐

NEW CONCORD, OH 43762

Protection:

☐

Test Due No Later than:

07/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 605

Backflow Prevention Assembly Test Report

MUSKINGUM UNIVERSITY

Location: MONTGOMERY HALL TUNNEL.

163 STORMONT STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

172627

☐

NEW CONCORD, OH 43762

Account #: MUSKINGUM U-01

Manufacturer:

WATTS

☐

Site Use:

Model:

709

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

4.00

☐

LEE RHODES

MUSKINGUM UNIVERSITY

163 STORMONT STREET

Orientation:

☐

NEW CONCORD, OH 43762

Protection:

☐

Test Due No Later than:

07/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 608

Backflow Prevention Assembly Test Report

MUSKINGUM UNIVERSITY

Location: PHI TAU

163 STORMONT STREET

Meter#:

Serial #:

Check if Correct

Corrections

174278

☐

NEW CONCORD, OH 43762

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

LEE RHODES

MUSKINGUM UNIVERSITY

163 STORMONT STREET

Orientation:

☐

NEW CONCORD, OH 43762

Protection:

☐

Test Due No Later than:

07/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 614

Backflow Prevention Assembly Test Report

MUSKINGUM UNIVERSITY

163 STORMONT STREET

NEW CONCORD, OH 43762

Site Use:

Hazard: FIRE LINE CONNECTION-LOW

Mailing Address

LEE RHODES

MUSKINGUM UNIVERSITY

163 STORMONT STREET

NEW CONCORD, OH 43762

Location: LOCKER ROOM NEXT TO WEIGHT ROOM.

Meter#:

LID/Service:

Account #: MUSKINGUM U-01

Serial #:

692797

Check if Correct

Corrections

Manufacturer:

WILKINS

Model:

950XL

Type:

DC

Size:

2.00

Orientation:

Protection:

Test Due No Later than:

07/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 615

Backflow Prevention Assembly Test Report

MUSKINGUM UNIVERSITY

Location: TOWNHOUSE B.

163 STORMONT STREET

Meter#:

Serial #:

Check if Correct

Corrections

37911

☐

NEW CONCORD, OH 43762

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCDA

☐

Mailing Address

Size:

2.00

☐

LEE RHODES

MUSKINGUM UNIVERSITY

163 STORMONT STREET

Orientation:

☐

NEW CONCORD, OH 43762

Protection:

PAST DUE

☐

Test Due No Later than:

07/12/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 617

Backflow Prevention Assembly Test Report

MUSKINGUM UNIVERSITY

Location: MOORE MEMORIAL.

163 STORMONT STREET

Meter#:

Serial #:

Check if Correct

Corrections

NEW CONCORD, OH 43762

LID/Service:

126988

☐

Account #: MUSKINGUM U-01

Manufacturer:

WATTS

☐

Site Use:

Model:

709

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

3.00

☐

LEE RHODES

MUSKINGUM UNIVERSITY

163 STORMONT STREET

Orientation:

☐

NEW CONCORD, OH 43762

Protection:

PAST DUE

☐

Test Due No Later than:

07/12/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 619

Backflow Prevention Assembly Test Report

MUSKINGUM UNIVERSITY

Location: TOWNHOUSE A.

163 STORMONT STREET

Meter#:

Serial #:

Check if Correct

Corrections

53484

☐

NEW CONCORD, OH 43762

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

2.00

☐

LEE RHODES

MUSKINGUM UNIVERSITY

163 STORMONT STREET

Orientation:

☐

NEW CONCORD, OH 43762

Protection:

☐

Test Due No Later than:

07/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 620

Backflow Prevention Assembly Test Report

MUSKINGUM UNIVERSITY

Location: PATTON HALL

163 STORMONT STREET

Meter#:

Serial #:

Check if Correct

Corrections

173389

☐

NEW CONCORD, OH 43762

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

709

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

4.00

☐

LEE RHODES

MUSKINGUM UNIVERSITY

163 STORMONT STREET

Orientation:

☐

NEW CONCORD, OH 43762

Protection:

☐

Test Due No Later than:

07/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 622

Backflow Prevention Assembly Test Report

MUSKINGUM UNIVERSITY

Location: WELLNESS CENTER

163 STORMONT STREET

Meter#:

Serial #:

Check if Correct

Corrections

252152

☐

NEW CONCORD, OH 43762

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: CONTAINMENT COMM. MED.

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

LEE RHODES

MUSKINGUM UNIVERSITY

163 STORMONT STREET

Orientation:

☐

NEW CONCORD, OH 43762

Protection:

☐

Test Due No Later than:

07/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 623

Backflow Prevention Assembly Test Report

MUSKINGUM UNIVERSITY

Location: PATTON HALL - 154 LAKESIDE DR.

163 STORMONT STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

249249

☐

NEW CONCORD, OH 43762

Account #: MUSKINGUM U-01

Manufacturer:

WATTS

☐

Site Use:

Model:

709

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

DC

☐

Mailing Address

Size:

6.00

☐

LEE RHODES

MUSKINGUM UNIVERSITY

163 STORMONT STREET

Orientation:

☐

NEW CONCORD, OH 43762

Protection:

☐

Test Due No Later than:

07/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2427

Backflow Prevention Assembly Test Report

MUSKINGUM UNIVERSITY

Location: RECREATION CENTER

163 STORMONT STREET

Meter#:

Serial #:

Check if Correct

Corrections

88996

☐

NEW CONCORD, OH 43762

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

LF919AQT

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

0.75

☐

LEE RHODES

MUSKINGUM UNIVERSITY

163 STORMONT STREET

Orientation:

☐

NEW CONCORD, OH 43762

Protection:

☐

Test Due No Later than:

07/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2957

Backflow Prevention Assembly Test Report

MUSKINGUM UNIVERSITY

163 STORMONT STREET

NEW CONCORD, OH 43762

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

LEE RHODES

MUSKINGUM UNIVERSITY

163 STORMONT STREET

NEW CONCORD, OH 43762

Location: MECH. RM.*WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: MUSKINGUM U-01

Serial #:

13697

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

07/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2963

Backflow Prevention Assembly Test Report

MUSKINGUM UNIVERSITY

Location: WATER SERVICE CONTAINMENT, BASEMENT MECH ROOM.

163 STORMONT STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

439342

☐

NEW CONCORD, OH 43762

Account #: MUSKINGUM U-01

Manufacturer:

WATTS

☐

Site Use:

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

LEE RHODES

MUSKINGUM UNIVERSITY

163 STORMONT STREET

Orientation:

☐

NEW CONCORD, OH 43762

Protection:

☐

Test Due No Later than:

07/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2964

Backflow Prevention Assembly Test Report

MUSKINGUM UNIVERSITY

163 STORMONT STREET

NEW CONCORD, OH 43762

Site Use:

Hazard: FIRE LINE BYPASS-MEDIUM

Mailing Address

LEE RHODES

MUSKINGUM UNIVERSITY

163 STORMONT STREET

NEW CONCORD, OH 43762

Location: FIRE LINE BYPASS.- BASEMENT. 154 LAKESIDE DR.

Meter#:

LID/Service:

Account #: MUSKINGUM U-01

Serial #:

A76438

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

07/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2965

Backflow Prevention Assembly Test Report

MUSKINGUM UNIVERSITY

Location: BASEMENT MECHANICAL ROOM. 154 LAKESIDE DR.

163 STORMONT STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

118704

☐

NEW CONCORD, OH 43762

Account #: MUSKINGUM U-01

Manufacturer:

AMES

☐

Site Use:

Model:

5000

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

3.00

☐

LEE RHODES

MUSKINGUM UNIVERSITY

163 STORMONT STREET

Orientation:

☐

NEW CONCORD, OH 43762

Protection:

☐

Test Due No Later than:

07/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4107

Backflow Prevention Assembly Test Report

MUSKINGUM UNIVERSITY

Location: CALDWELL HALL -150 STORMONT DR.

163 STORMONT STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

J010138

☐

NEW CONCORD, OH 43762

Account #: MUSKINGUM U-01

Manufacturer:

FEBCO

☐

Site Use:

Model:

LF825Y

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐

LEE RHODES

MUSKINGUM UNIVERSITY

163 STORMONT STREET

Orientation:

☐

NEW CONCORD, OH 43762

Protection:

☐

Test Due No Later than:

07/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4108

Backflow Prevention Assembly Test Report

MUSKINGUM UNIVERSITY

Location: CALDWELL HALL - 150 STORMONT ST.

163 STORMONT STREET

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

N1108051107

NEW CONCORD, OH 43762

Account #: MUSKINGUM U-01

Manufacturer:

FEBCO

Site Use:

Model:

826YD

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

Mailing Address

Size:

4.00

Orientation:

Protection:

Test Due No Later than:

07/12/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4377

Backflow Prevention Assembly Test Report

MUSKINGUM UNIVERSITY

163 STORMONT STREET

NEW CONCORD, OH 43762

Site Use:

Hazard:

Mailing Address

LEE RHODES

MUSKINGUM UNIVERSITY

163 STORMONT STREET

NEW CONCORD, OH 43762

Location: MECH. RM.*WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: MUSKINGUM U-01

Serial #:

28792

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

07/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4584

Backflow Prevention Assembly Test Report

MUSKINGUM UNIVERSITY

163 STORMONT STREET

NEW CONCORD, OH 43762

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

LEE RHODES

MUSKINGUM UNIVERSITY

163 STORMONT STREET

NEW CONCORD, OH 43762

Location: MECH. RM.*WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: MUSKINGUM U-01

Serial #:

3730732

Check if Correct

Corrections

Manufacturer:

WILKINS

Model:

975XLBMS

Type:

RP

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

07/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4698

Backflow Prevention Assembly Test Report

MUSKINGUM UNIVERSITY

Location: STAG HOUSE, BASEMENT.

163 STORMONT STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

397736

☐

NEW CONCORD, OH 43762

Account #: MUSKINGUM U-01

Manufacturer:

WATTS

☐

Site Use:

Model:

009QT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

1.00

☐

LEE RHODES

MUSKINGUM UNIVERSITY

163 STORMONT STREET

Orientation:

☐

NEW CONCORD, OH 43762

Protection:

☐

Test Due No Later than:

07/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5313

Backflow Prevention Assembly Test Report

MUSKINGUM UNIVERSITY

Location: STADIUM HEIGHTS - CONTAINMENT

163 STORMONT STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

11436

☐

NEW CONCORD, OH 43762

Account #: MUSKINGUM U-01

Manufacturer:

WATTS

☐

Site Use:

Model:

719QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

2.00

☐

LEE RHODES

MUSKINGUM UNIVERSITY

163 STORMONT STREET

Orientation:

☐

NEW CONCORD, OH 43762

Protection:

☐

Test Due No Later than:

07/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5314

Backflow Prevention Assembly Test Report

MUSKINGUM UNIVERSITY

Location: BASEMENT-STORAGE ROOM UNDER NEW ADDITION

163 STORMONT STREET

Meter#:

Serial #: Check if Correct Corrections

NEW CONCORD, OH 43762

LID/Service:

A06710

Account #: MUSKINGUM U-01

Manufacturer:

WILKINS

Site Use:

Model:

950

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

DC

Mailing Address

Size:

2.50

Orientation:

Protection:

LEE RHODES

MUSKINGUM UNIVERSITY

163 STORMONT STREET

NEW CONCORD, OH 43762

Test Due No Later than:

07/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5315

Backflow Prevention Assembly Test Report

MUSKINGUM UNIVERSITY

Location: BASEMENT - FIRE MAIN - CONTAINMENT

163 STORMONT STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

OK-0862

☐

NEW CONCORD, OH 43762

Account #: MUSKINGUM U-01

Manufacturer:

WATTS

☐

Site Use:

Model:

957

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

3.00

☐

LEE RHODES

MUSKINGUM UNIVERSITY

163 STORMONT STREET

Orientation:

☐

NEW CONCORD, OH 43762

Protection:

☐

Test Due No Later than:

07/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5316

Backflow Prevention Assembly Test Report

MUSKINGUM UNIVERSITY

Location: MECH ROOM

163 STORMONT STREET

Meter#:

Serial #:

Check if Correct

Corrections

63301

☐

NEW CONCORD, OH 43762

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

LF919QT

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

0.75

☐

LEE RHODES

MUSKINGUM UNIVERSITY

163 STORMONT STREET

Orientation:

☐

NEW CONCORD, OH 43762

Protection:

☐

Test Due No Later than:

07/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5317

Backflow Prevention Assembly Test Report

MUSKINGUM UNIVERSITY

Location: MECH ROOM

163 STORMONT STREET

Meter#:

Serial #:

Check if Correct

Corrections

56110

☐

NEW CONCORD, OH 43762

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

LF919QT

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RP

☐

Mailing Address

Size:

1.00

☐

LEE RHODES

MUSKINGUM UNIVERSITY

163 STORMONT STREET

Orientation:

☐

NEW CONCORD, OH 43762

Protection:

☐

Test Due No Later than:

07/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5318

Backflow Prevention Assembly Test Report

MUSKINGUM UNIVERSITY

Location: MECH ROOM - BASEMENT

163 STORMONT STREET

Meter#:

Serial #:

Check if Correct

Corrections

30212

☐

NEW CONCORD, OH 43762

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

LF919QT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

2.00

☐

LEE RHODES

MUSKINGUM UNIVERSITY

163 STORMONT STREET

Orientation:

☐

NEW CONCORD, OH 43762

Protection:

☐

Test Due No Later than:

07/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5319

Backflow Prevention Assembly Test Report

MUSKINGUM UNIVERSITY

Location: MECH ROOM - RISER ROOM - BASEMENT

163 STORMONT STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

3965249

☐

NEW CONCORD, OH 43762

Account #: MUSKINGUM U-01

Manufacturer:

WILKINS

☐

Site Use:

Model:

975XL

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐

LEE RHODES

MUSKINGUM UNIVERSITY

163 STORMONT STREET

Orientation:

☐

NEW CONCORD, OH 43762

Protection:

☐

Test Due No Later than:

07/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5320

Backflow Prevention Assembly Test Report

MUSKINGUM UNIVERSITY

Location: MECH ROOM - BASEMENT - RISER ROOM

163 STORMONT STREET

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

Y10199

☐

NEW CONCORD, OH 43762

Account #: MUSKINGUM U-01

Manufacturer:

WILKINS

☐

Site Use:

Model:

375ADA

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

6.00

☐

LEE RHODES

MUSKINGUM UNIVERSITY

163 STORMONT STREET

Orientation:

☐

NEW CONCORD, OH 43762

Protection:

☐

Test Due No Later than:

07/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5321

Backflow Prevention Assembly Test Report

MUSKINGUM UNIVERSITY

Location: LIBRARY

163 STORMONT STREET

Meter#:

Serial #:

Check if Correct

Corrections

64357

☐

NEW CONCORD, OH 43762

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

LF919QT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

0.75

☐

LEE RHODES

MUSKINGUM UNIVERSITY

163 STORMONT STREET

Orientation:

☐

NEW CONCORD, OH 43762

Protection:

☐

Test Due No Later than:

07/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5322

Backflow Prevention Assembly Test Report

MUSKINGUM UNIVERSITY

Location: LIBRARY

163 STORMONT STREET

Meter#:

Serial #:

Check if Correct

Corrections

1288C

☐

NEW CONCORD, OH 43762

LID/Service:

Manufacturer:

WILKINS

☐

Site Use:

Model:

375ASTDA

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPDA

☐

Mailing Address

Size:

3.00

☐

LEE RHODES

MUSKINGUM UNIVERSITY

163 STORMONT STREET

Orientation:

☐

NEW CONCORD, OH 43762

Protection:

☐

Test Due No Later than:

07/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Date _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Time _____

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5323

Backflow Prevention Assembly Test Report

MUSKINGUM UNIVERSITY

163 STORMONT STREET

NEW CONCORD, OH 43762

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

LEE RHODES

MUSKINGUM UNIVERSITY

163 STORMONT STREET

NEW CONCORD, OH 43762

Location: BASEMENT - WATER FOUNTAIN FEED

Meter#:

LID/Service:

Account #: MUSKINGUM U-01

Serial #:

3956738

Check if Correct

Corrections

Manufacturer:

WILKINS

Model:

975XLBMS

Type:

RP

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

07/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5324

Backflow Prevention Assembly Test Report

MUSKINGUM UNIVERSITY

Location: MECH ROOM - ISOLATION

163 STORMONT STREET

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

052838

☐

NEW CONCORD, OH 43762

Account #: MUSKINGUM U-01

Manufacturer:

WATTS

☐

Site Use:

Model:

LF009M2QT

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

1.00

☐

LEE RHODES

MUSKINGUM UNIVERSITY

163 STORMONT STREET

Orientation:

☐

NEW CONCORD, OH 43762

Protection:

☐

Test Due No Later than:

07/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5327

Backflow Prevention Assembly Test Report

MUSKINGUM UNIVERSITY

Location: POOL

163 STORMONT STREET

Meter#:

Serial #:

Check if Correct

Corrections

115350

☐

NEW CONCORD, OH 43762

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

LF009M2QT

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

2.00

☐

LEE RHODES

MUSKINGUM UNIVERSITY

163 STORMONT STREET

Orientation:

☐

NEW CONCORD, OH 43762

Protection:

☐

Test Due No Later than:

07/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5345

Backflow Prevention Assembly Test Report

MUSKINGUM UNIVERSITY

Location: MECH. ROOM.

163 STORMONT STREET

Meter#:

Serial #:

Check if Correct

Corrections

NEW CONCORD, OH 43762

LID/Service:

157751

☐

Manufacturer:

WATTS

☐

Model:

LF007M3QT

☐

Type:

DC

☐

Size:

0.75

☐

Orientation:

☐

Protection:

☐

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

LEE RHODES

MUSKINGUM UNIVERSITY

163 STORMONT STREET

NEW CONCORD, OH 43762

Test Due No Later than:

07/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3152

Backflow Prevention Assembly Test Report

MUSKINGUM UNIVERSITY-SUBW

Location: *SUBWAY BLDG.

13 WEST MAIN STREET

Meter#:

Serial #:

Check if Correct

Corrections

NEW CONCORD, OH 43762

LID/Service:

H62932

☐

Account #: MUSKINGUM U-03

Manufacturer:

FEBCO

☐

Site Use:

Model:

825Y

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RP

☐

Mailing Address

Size:

1.00

☐LEE RHODES, ASST. DIR. PHYSICAL PLANT
MUSKINGUM UNIVERSITY
163 STORMONT

Orientation:

☐

NEW CONCORD, OH 43762

Protection:

PAST DUE

☐

Test Due No Later than:

07/14/2016

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4773

Backflow Prevention Assembly Test Report

MUSKINGUM VALLEY BOATING /
2400 BOAT DOCK ROAD

ZANESVILLE, OH 43702

Site Use:

Hazard: **CONTAINMENT COMM.LOW**

Mailing Address

MUSKINGUM VALLEY BOATING ASSN.
P.O. BOX 621

ZANESVILLE, OH 43702

Location: **WATER SERVICE CONTAINMENT.**

Meter#:

LID/Service:

Account #: **MUSKVALLEYBOATASSN**

Serial #:

35031

Manufacturer:

WATTS

Model:

LF719QT

Type:

DC

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

04/27/2022Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4221

Backflow Prevention Assembly Test Report

MUSKINGUM VALLEY BSA COUN

Location: MECH. ROOM.

734 MOOREHEAD AVE.

Meter#:

Serial #:
31423

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: M.V.BSA COUNCIL

Manufacturer:
WATTS

Site Use: Business Office

Model:

Hazard: CONTAINMENT COMM.LOW

719

Mailing Address

Type:

DCVA

Size:

0.75

Orientation:

Protection:

MUSKINGUM VALLEY BSA COUNCIL
734 MOOREHEAD AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

04/23/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 142

Backflow Prevention Assembly Test Report

MUSKINGUM VALLEY HEALTH CI

Location: MECH ROOM - WATER SERVICE CONTAINMENT.

440 BROWN'S LANE

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

303231

☐

COSHOCTON, OH 43812

Account #: MVHC-C

Manufacturer:

WATTS

☐

Site Use: Doctors Office

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

MUSKINGUM VALLEY HEALTH CENTER

440 BROWN'S LANE

Orientation:

☐

COSHOCTON, OH 43812

Protection:

PAST DUE

☐

Test Due No Later than:

08/23/2020

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3734

Backflow Prevention Assembly Test Report

MUSKINGUM VALLEY HEALTH CI

Location: MECH.RM.

716 ADAIR AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

M07041

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WILKINS

☐

Site Use: Clinic

Model:

375

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

2.50

☐

MIKE SWANK

MUSKINGUM VALLEY HEALTH CENTER

716 ADAIR AVENUE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

07/28/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3735

Backflow Prevention Assembly Test Report

MUSKINGUM VALLEY HEALTH CI

Location: MECH.RM.

716 ADAIR AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

3460329

Manufacturer:

WILKINS

Site Use: Clinic

Model:

975XL

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

Mailing Address

Size:

0.75

Orientation:

Protection:

MIKE SWANK

MUSKINGUM VALLEY HEALTH CENTER

716 ADAIR AVENUE

ZANESVILLE, OH 43701

Test Due No Later than:

07/28/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3968

Backflow Prevention Assembly Test Report

MUSKINGUM VALLEY HEALTH CI
716 ADAIR AVENUE

Location: MECH.RM.

ZANESVILLE, OH 43701

Meter#:

LID/Service:

Account #: MVHC-1

Serial #:

191117

Check if Correct

Corrections

☐

Manufacturer:

WATTS

☐

Model:

909

☐

Type:

RP

☐

Size:

3.00

☐

Orientation:

☐

Protection:

☐

Site Use: Clinic

Hazard: CONTAINMENT COMM. MED.

Mailing Address

MIKE SWANK

MUSKINGUM VALLEY HEALTH CENTER
 716 ADAIR AVENUE

ZANESVILLE, OH 43701

Test Due No Later than:

07/28/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3971

Backflow Prevention Assembly Test Report

MUSKINGUM VALLEY HEALTH CI

Location: MAKE-UP -GEO THERMAL HEAT PUMPS

716 ADAIR AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

A17981

Manufacturer:

WATTS

Site Use: Clinic

Model:

009

Hazard: ISOLATION MED.

Type:

RPPA

Mailing Address

Size:

1.25

Orientation:

Protection:

MIKE SWANK

MUSKINGUM VALLEY HEALTH CENTER

716 ADAIR AVENUE

ZANESVILLE, OH 43701

Test Due No Later than:

07/28/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5200

Backflow Prevention Assembly Test Report

MUSKINGUM VALLEY HEALTH CENTER
915 PUTNAM AVE.

ZANESVILLE, OH 43701

Site Use: Medical

Hazard: CONTAINMENT COMM. MED.

Mailing Address

MUSKINGUM VALLEY HEALTH CENTER
915 PUTNAM AVE.

ZANESVILLE, OH 43701

Location: MECH. ROOM

Meter#:

LID/Service:

Account #: MVHC

Serial #:

37605

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

919QT

Type:

RP

Size:

2.00

Orientation:

Protection:

Test Due No Later than:

04/05/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4565

Backflow Prevention Assembly Test Report

MUSKINGUM VALLEY MIRACLE L
1410 RIVERVIEW DR.

ZANESVILLE, OH 43701

Site Use:

Hazard: **CONTAINMENT COMM.LOW**

Mailing Address

BILL HILL
MUSKINGUM VALLEY MIRACLE LEAGUE
P.O. BOX 185

ZANESVILLE, OH. 43701-0185

Location: **CONSESSION STAND.BALLFIELD**

Meter#:

LID/Service:

Account #: **STAR LIGHT**

Serial #:

11592

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

1.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

04/18/2023Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3464

Backflow Prevention Assembly Test Report

MUSKINGUM VALLEY PARK DIST

Location: MECH.ROOM

496 PITMAN ST.

Meter#:

Serial #:
23580

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: MUSK.VALLEY PARK

Manufacturer:
WATTS

Site Use: Landscape Nurseries

Hazard: CONTAINMENT COMM.LOW

Model:
719

Mailing Address

Type:
DCVASize:
0.75

Orientation:

Protection:

MUSKINGUM VALLEY PARK DISTRICT
1720 EUCLID AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

06/28/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4222

Backflow Prevention Assembly Test Report

MUSKINGUM VALLEY PARK DIST

Location: BASEMENT.

1720 EUCLID AVE.

Meter#:

Serial #:

Check if Correct

Corrections

30529

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Business Office

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

MUSKINGUM VALLEY PARK DISTRICT

1720 EUCLID AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

06/01/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4768

Backflow Prevention Assembly Test Report

MISSION OAKS GARDENS

Location: MECH ROOM.

425 HUNTER STREET

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

19676

☐

Account #: MISSION OAKS GARDE

Manufacturer:

WATTS

☐

Site Use:

Model:

LF009M3QT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

0.75

☐MUSKINGUM VALLEY PARK DISTRICT
1720 EUCLID AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

06/01/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2386

Backflow Prevention Assembly Test Report

MUSKINGUM VALLEY VINEYARD

Location: MECH. RM. CONTAINMENT.

299 PUTNAM AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

08203

☐

Account #: M.V.V. CHURCH

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐MUSKINGUM VALLEY VINEYARD CHURCH
299 PUTNAM AVENUE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

01/23/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4769

Backflow Prevention Assembly Test Report

PARLOR'S LOCK/Brew Baker Caf

Location: Basement by meter.

1119 Maple Ave.

Meter#:

Serial #: 34480

Check if Correct

Corrections

Zanesville, OH 43701

LID/Service:

Manufacturer:

WATTS

Site Use: Beauty Salon/Barber

Model:

LF719QT

Hazard: CONTAINMENT COMM.LOW

Mailing Address

Type:

DC

Size:

0.75

Orientation:

Protection:

MY TURN LLC

2000 MAPLE BROOK RD.

New Concord, OH 43762-9666

Test Due No Later than:

05/23/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1219

Backflow Prevention Assembly Test Report

MYER'S MOTOR SPORTS

5685 EAST PIKE

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

LORI A. RIFFEE-OWNER
MYER'S MOTOR SPORTS
5685 EAST PIKE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT. - MECH ROOM.

Meter#:

LID/Service:

Account #: MYERSMOTORSPORTS

Serial #:

35659

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

02/21/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3079

Backflow Prevention Assembly Test Report

DR. IJAZ

Location: BASEMENT MECH. ROOM

2315 MAPLE AVENUE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

380260

Account #: DR. IJAZ

Manufacturer:

WATTS

Site Use: Doctors Office

Model:

009M2-FP

Hazard: CONTAINMENT COMM. MED.

Type:

RP

Mailing Address

Size:

1.00

Orientation:

Protection:

PAST DUE

SUE MOORE
NAI OHIO EQUITY
2315 MAPLE AVENUE

ZANESVILLE, OH 43701

Test Due No Later than:

08/23/2015

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2111

Backflow Prevention Assembly Test Report

NAILS 3000

3295 MAPLE AVENUE

ZANESVILLE, OH 43701

Site Use: Clinic

Hazard: CONTAINMENT COMM.LOW

Mailing Address

MR.CHEN
NAILS 3000
3295 MAPLE AVENUE

ZANESVILLE, OH 43701

Location: IN MECH ROOM IN OLD BW3. (3295)

Meter#:

LID/Service:

Account #: NAILS 3000

Serial #:

118676

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

11/12/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5193

Backflow Prevention Assembly Test Report

NATIONAL ROAD CAMPGROUND

Location: MECH. ROOM.

2850 SOUTH PLEASANT GROVE I

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

42658

☐

Account #: NAT.RD.CAMPGRND.

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

NATIONAL ROAD CAMPGROUND

2850 SOUTH PLEASANT GROVE RD.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

05/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5194

Backflow Prevention Assembly Test Report

NATIONAL ROAD CAMPGROUND

Location: MECH. ROOM.

2850 SOUTH PLEASANT GROVE I

Meter#:

Serial #:

Check if Correct

Corrections

182163

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Hazard: CONTAINMENT COMM.LOW

Model:

009QT

☐

Mailing Address

Type:

RP

☐

Size:

0.75

☐

Orientation:

☐

Protection:

☐

NATIONAL ROAD CAMPGROUND

2850 SOUTH PLEASANT GROVE RD.

ZANESVILLE, OH 43701

Test Due No Later than:

05/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3095

Backflow Prevention Assembly Test Report

NATIONAL ROAD ZANE GREY ML

Location: MECH.RM.-BOILER FEED.

8850 EAST PIKE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

B01475

☐

NORWICH, OH 43767

Account #: NATLRDZANEGREYMUS

Manufacturer:

WATTS

☐

Site Use: MUSEUM

Model:

009

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

ALAN D. KING

NATIONAL ROAD ZANE GREY MUSEUM

8850 EAST PIKE

Orientation:

☐

NORWICH, OH 43767

Protection:

☐

Test Due No Later than:

05/24/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5217

Backflow Prevention Assembly Test Report

NATIONAL ROAD ZANE GREY ML

Location: MECH. ROOM WEST SIDE

8850 EAST PIKE

Meter#:

Serial #:

Check if Correct

Corrections

10726

☐

NORWICH, OH 43767

LID/Service:

Manufacturer:

WATTS

☐

Site Use: HISTORICAL BUILDING

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

2.00

☐

ALAN D. KING

NATIONAL ROAD ZANE GREY MUSEUM

8850 EAST PIKE

Orientation:

☐

NORWICH, OH 43767

Protection:

☐

Test Due No Later than:

05/24/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5219

Backflow Prevention Assembly Test Report

NATIONAL ROAD ZANE GREY ML

Location: MECH. ROOM WEST SIDE

8850 EAST PIKE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

10456

☐

NORWICH, OH 43767

Account #: NATLRDZANEGREYMUS

Manufacturer:

WATTS

☐

Site Use: MUSEUM

Model:

719

☐

Hazard: ISOLATION MED.

Type:

DCVA

☐

Mailing Address

Size:

2.00

☐

ALAN D. KING

NATIONAL ROAD ZANE GREY MUSEUM

8850 EAST PIKE

Orientation:

☐

NORWICH, OH 43767

Protection:

☐

Test Due No Later than:

05/27/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1288

Backflow Prevention Assembly Test Report

NATIONAL TIRE & BATTERY #539

Location: WATER SERVICE CONTAINMENT.

1327 BRANDYWINE BLVD.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

01782

☐

ZANESVILLE, OH 43701

Account #: NATIONALTIRE&BATTE

Manufacturer:

WATTS

☐

Site Use: REPAIR SHOP

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐NATIONAL TIRE & BATTERY
1327 BRANDYWINE BLVD.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/10/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1901

Backflow Prevention Assembly Test Report

NATIONWIDE HEALTH PROPERTY

Location: BASEMENT S.W. CORNER. *(NEED B/F ON FIRE LINE.)

1246 ASHLAND AVE.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

207354

☐

ZANESVILLE, OH 43701

Account #: LILLIBRIDGE-3

Manufacturer:

WATTS

☐

Site Use: Doctors Office

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

TOMARA HOWARD

NATIONWIDE HEALTH PROPERTIES

751 FOREST AVE. SUITE 304

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

05/17/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3950

Backflow Prevention Assembly Test Report

NATIONWIDE HEALTH PROPERTI

Location: NORTHWEST CORNER. MECH.ROOM

1246 ASHLAND AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

158175

☐

ZANESVILLE, OH 43701

Account #: LILLIBRIDGE-3

Manufacturer:

WATTS

☐

Site Use: Doctors Office

Model:

009M2QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RP

☐

Mailing Address

Size:

1.50

☐

TOMARA HOWARD

NATIONWIDE HEALTH PROPERTIES

751 FOREST AVE. SUITE 304

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

02/02/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1151

Backflow Prevention Assembly Test Report

NATIONWIDE INSURANCE

225 CHESTNUT STREET

COSHOCTON, OH 43812

Site Use: Business Office

Hazard: CONTAINMENT COMM.LOW

Mailing Address

SCOTT BOYER, OWNER/PRESIDENT
NATIONWIDE INSURANCE
225 CHESTNUT STREET

COSHOCTON, OH 43812

Location: WATER SERVICE CONTAINMENT. - HALL, BACK ROOM.

Meter#:

LID/Service:

Account #: NATIONWIDEINSCOSH

Serial #:

74480

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

09/13/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1296

Backflow Prevention Assembly Test Report

NEFF TRUCKING, MECHANIC'S GARAGE

Location: WATER SERVICE CONTAINMENT. - TRUCK GARAGE.

132 SHAWNEE AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

30669

☐

Account #: NEFFTRUCKINGGARAGE

Manufacturer:

WATTS

☐

Site Use: TRUCKING

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

2.00

☐

Orientation:

☐

Protection:

☐

BOBBY CREEKS, SECY.

NEFF TRUCKING - MECHANIC'S GARAGE

132 SHAWNEE AVENUE

ZANESVILLE, OH 43701

Test Due No Later than:

12/10/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2979

Backflow Prevention Assembly Test Report

NELSON GANT FOUNDATON

1845 WEST MAIN STREET

ZANESVILLE, OH 43701

Site Use: HISTORICAL BUILDING

Hazard: CONTAINMENT COMM.LOW

Mailing Address

JERRY JACKSON
NELSON GANT FOUNDATON
P.O.BOX 3183

ZANESVILLE, OH 43702

Location: WATER SERVICE CONTAINMENT. - BASEMENT.

Meter#:

LID/Service:

Account #: NELSONTGANTFOUND

Serial #:

11476

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

11/20/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2980

Backflow Prevention Assembly Test Report

NEPHROLOGY ASSOCIATES

Location: WATER SERVICE CONTAINMENT - MECH ROOM.(DOCTOR OFFICE.)

3237 MAPLE AVENUE

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

2793207

☐

ZANESVILLE, OH 43701

Account #: NEPHROLOGYASSOC

Manufacturer:

WILKINS

☐

Site Use:

Model:

975XL

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

1.00

☐CLINT MITCHELL
NEPHROLOGY ASSOCIATES
3239 MAPLE AVENUE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

08/13/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 520

Backflow Prevention Assembly Test Report

NESTLE PURINA

5 NORTH 2ND. ST.

ZANESVILLE, OH 43701

Site Use: Factory

Hazard: ISOLATION MED.

Mailing Address

MAINTENANCE
NESTLE PURINA
7 MAIN ST.

ZANESVILLE, OH 43701

Location: BOILER FEED.

Meter#:

LID/Service:

Account #: NESTLE PURINA

Serial #:

300308

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

909

Type:

RPPA

Size:

2.00

Orientation:

Protection:

Test Due No Later than:

05/16/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 522

Backflow Prevention Assembly Test Report

NESTLE PURINA

5 NORTH 2ND. ST.

ZANESVILLE, OH 43701

Site Use: Factory

Hazard: FIRE LINE CONNECTION-MEDIUM

Mailing Address

MAINTENANCE
NESTLE PURINA
7 MAIN ST.

ZANESVILLE, OH 43701

Location: FIRE LINE - BASEMENT

Meter#:

LID/Service:

Account #: NESTLE PURINA

Serial #:

114439

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

709

Type:

DCDA

Size:

6.00

Orientation:

Protection:

Test Due No Later than:

05/16/2022

 Existing ☐
 New ☐

 Removed ☐
 Replaced ☐

 Commercial ☐
 Industrial ☐

 Residential ☐
 Construction ☐

 Domestic ☐
 Irrigation ☐

 Fire ☐
 Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐
 Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 523

Backflow Prevention Assembly Test Report

NESTLE PURINA

5 NORTH 2ND. ST.

ZANESVILLE, OH 43701

Site Use: Factory

Hazard: FIRE LINE BYPASS-MEDIUM

Mailing Address

MAINTENANCE
NESTLE PURINA
7 MAIN ST.

ZANESVILLE, OH 43701

Location: FIRE LINE - CHEATER LINE - BASEMENT

Meter#:

LID/Service:

Account #: NESTLE PURINA

Serial #:

29785

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

05/16/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 524

Backflow Prevention Assembly Test Report

NESTLE PURINA

5 NORTH 2ND. ST.

ZANESVILLE, OH 43701

Site Use: Factory

Hazard: FIRE LINE CONNECTION-MEDIUM

Mailing Address

MAINTENANCE
NESTLE PURINA
7 MAIN ST.

ZANESVILLE, OH 43701

Location: FIRE LINE- MECH ROOM

Meter#:

LID/Service:

Account #: NESTLE PURINA

Serial #:

101069050

Check if Correct

Corrections

Manufacturer:

AMES

Model:

5000

Type:

RPDA

Size:

8.00

Orientation:

Protection:

Test Due No Later than:

05/16/2022

Existing ☐
New ☐

Removed ☐
Replaced ☐

Commercial ☐
Industrial ☐

Residential ☐

Construction ☐

Domestic ☐

Irrigation ☐

Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 525

Backflow Prevention Assembly Test Report

NESTLE PURINA

5 NORTH 2ND. ST.

ZANESVILLE, OH 43701

Site Use: Factory

Hazard: FIRE LINE BYPASS-MEDIUM

Mailing Address

MAINTENANCE
NESTLE PURINA
7 MAIN ST.

ZANESVILLE, OH 43701

Location: (FIRE LINE CHEATER LINE - WAREHOUSE MECH ROOM.)

Meter#:

LID/Service:

Account #: NESTLE PURINA

Serial #:

LW-677

Check if Correct

Corrections

Manufacturer:

CONBRACO

Model:

40-204-A2

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

05/16/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 530

Backflow Prevention Assembly Test Report

NESTLE PURINA

5 NORTH 2ND. ST.

ZANESVILLE, OH 43701

Site Use: Factory

Hazard: FIRE LINE CONNECTION-MEDIUM

Mailing Address

MAINTENANCE
NESTLE PURINA
7 MAIN ST.

ZANESVILLE, OH 43701

Location: FIRE LINE - MECH ROOM

Meter#:

LID/Service:

Account #: NESTLE PURINA

Serial #:

100298

Check if Correct

Corrections

Manufacturer:

AMES

Model:

5000

Type:

RPDA

Size:

6.00

Orientation:

Protection:

Test Due No Later than:

05/16/2022

Existing ☐
New ☐

Removed ☐
Replaced ☐

Commercial ☐
Industrial ☐

Residential ☐

Construction ☐

Domestic ☐

Irrigation ☐

Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3538

Backflow Prevention Assembly Test Report

NESTLE PURINA

5 NORTH 2ND. ST.

ZANESVILLE, OH 43701

Site Use: Factory

Hazard: FIRE LINE BYPASS-MEDIUM

Mailing Address

MAINTENANCE
NESTLE PURINA
7 MAIN ST.

ZANESVILLE, OH 43701

Location: FIRE LINE CHEATER LINE - MECH ROOM - BACK SIDE EAST END

Meter#:

LID/Service:

Account #: NESTLE PURINA

Serial #:

295594

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

05/16/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4486

Backflow Prevention Assembly Test Report

NESTLE PURINA

5 NORTH 2ND. ST.

ZANESVILLE, OH 43701

Site Use: Factory

Hazard: CONTAINMENT COMM.LOW

Mailing Address

MAINTENANCE
NESTLE PURINA
7 MAIN ST.

ZANESVILLE, OH 43701

Location: MECH ROOM,METER ROOM.CENTER OF BUILDING.

Meter#:

LID/Service:

Account #: NESTLE PURINA

Serial #:

09135

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

2.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

05/16/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5254

Backflow Prevention Assembly Test Report

NESTLE PURINA

5 NORTH 2ND. ST.

ZANESVILLE, OH 43701

Site Use: Factory

Hazard: ISOLATION MED.

Mailing Address

MAINTENANCE
NESTLE PURINA
7 MAIN ST.

ZANESVILLE, OH 43701

Location: MECH. ROOM

Meter#:

LID/Service:

Account #: NESTLE PURINA

Serial #:

288392

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

909

Type:

RPZA

Size:

2.00

Orientation:

Protection:

Test Due No Later than:

05/16/2022

Existing ☐
New ☐

Removed ☐
Replaced ☐

Commercial ☐
Industrial ☐

Residential ☐

Construction ☐

Domestic ☐

Irrigation ☐

Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5473

Backflow Prevention Assembly Test Report

NESTLE PURINA

5 NORTH 2ND. ST.

ZANESVILLE, OH 43701

Site Use: Factory

Hazard: ISOLATION MED.

Mailing Address

MAINTENANCE
NESTLE PURINA
7 MAIN ST.

ZANESVILLE, OH 43701

Location: WAREHOUSE BATH ROOM.

Meter#:

LID/Service:

Account #: NESTLE PURINA

Serial #:

171255

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007M3QT

Type:

DC

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

11/24/2022

Existing ☐
New ☐

Removed ☐
Replaced ☐

Commercial ☐
Industrial ☐

Residential ☐

Construction ☐

Domestic ☐

Irrigation ☐

Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5123

Backflow Prevention Assembly Test Report

NEW BEDFORD ENGINE & SUPPL

Location: IN GARAGE

33758 CO. RD. 10

Meter#:

Serial #: Check if Correct Corrections

NEW BEDFORD, OH 43804

LID/Service:

A3B0308

☐

Account #: NEW BEDFORD ENG.

Manufacturer:

WILKINS

☐

Site Use:

Model:

375XL

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

0.75

☐

NEW BEDFORD ENGINE & SUPPLY

33758 CO. RD. 10

Orientation:

☐

NEW BEDFORD, OH 43804

Protection:

☐

Test Due No Later than:

03/25/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5206

Backflow Prevention Assembly Test Report

NEW BEDFORD FEED

Location: MECH. ROOM.

33906 STATE ROUTE 643

Meter#:

Serial #: Check if Correct Corrections

B317968

☐

NEW BEDFORD, OH. 43824

LID/Service:

Manufacturer:

WILKINS

☐

Site Use:

Model:

375XL

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

1.00

☐

NEW BEDFORD FEED

33906 OH-693

Orientation:

☐

BAL TIC, OH 43804

Protection:

☐

Test Due No Later than:

04/22/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 710

Backflow Prevention Assembly Test Report

NEW CONCORD CHURCH OF CHRIST

Location: MECH. ROOM.

13333 MAPLE LANE

Meter#:

Serial #:

Check if Correct

Corrections

77923

☐

NEW CONCORD, OH 43762

LID/Service:

Account #: CHURCHOFCHRISTNC

Manufacturer:

watts

☐

Site Use: Church

Model:

LF919QT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

1.00

☐

DICK HARRIS, EVANGELIST

NEW CONCORD CHURCH OF CHRIST

P.O. BOX 65

Orientation:

☐

NEW CONCORD, OH 43762

Protection:

☐

Test Due No Later than:

03/16/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5208

Backflow Prevention Assembly Test Report

NEW CONCORD FAMILY DENTAL

Location: MECH. ROOM.

114 W. MAIN ST.

Meter#:

Serial #: Check if Correct Corrections

NEW CONCORD, OH 43762

LID/Service:

61995

Account #: N.C.FAMILY DENTAL

Manufacturer:

WATTS

Site Use:

Model:

Hazard: CONTAINMENT COMM. MED.

LF919QT

Mailing Address

Type:

RP

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

04/29/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4615

Backflow Prevention Assembly Test Report

NEW CONCORD POST OFFICE

Location: BASEMENT MECHANICAL ROOM

61 W.MAIN ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

404421

☐

NEW CONCORD, OH 43762

Account #: NEW CONCORD POST O

Manufacturer:

WATTS

☐

Site Use: Business Office

Model:

909

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

☐

Mailing Address

Size:

1.50

☐

NEW CONCORD POST OFFICE

61 W.MAIN ST.

Orientation:

☐

NEW CONCORD, OH 43762

Protection:

☐

Test Due No Later than:

09/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4616

Backflow Prevention Assembly Test Report

NEW CONCORD POST OFFICE

Location: BASEMENT MECHANICAL ROOM

61 W.MAIN ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

638048

☐

NEW CONCORD, OH 43762

Account #: NEW CONCORD POST O

Manufacturer:

WATTS

☐

Site Use: Business Office

Model:

909QT

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

0.75

☐

NEW CONCORD POST OFFICE

61 W.MAIN ST.

Orientation:

☐

NEW CONCORD, OH 43762

Protection:

☐

Test Due No Later than:

09/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3750

Backflow Prevention Assembly Test Report

NEW HOPE FULL GOSPEL CHURCH
3550 EAST PIKE

ZANESVILLE, OH 43701

Site Use: Church

Hazard: CONTAINMENT COMM.LOW

Mailing Address

TERESA M.ROSSER,SECRETARY
 NEW HOPE FULL GOSPEL CHURCH
 3550 EAST PIKE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT. - MECH.RM. ON WEST END.

Meter#:

LID/Service:

Account #: NEWHOPEFULLGOSPEL

Serial #:

10545

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

08/25/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3374

Backflow Prevention Assembly Test Report

NEW PARK DRILLING FLUID

Location: AT SERVICE LINE CONNECTION, BY METER PIT ON GROUND.

9350 EAST PIKE

Meter#:

Serial #: Check if Correct Corrections

NORWICH, OH 43767

LID/Service:

Account #: NEW PARK DRILLING

Manufacturer:

WATTS

Site Use:

Hazard: CONTAINMENT COMM. HIGH

Model:

009

Mailing Address

Type:

RPPA

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5155

Backflow Prevention Assembly Test Report

NEW POINTE CHURCH

Location: ?

23753 CR 621

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

B407566

☐

COSHOCTON, OH 43812

Account #: NEWPOINTECHURCH

Manufacturer:

ZURN

☐

Site Use: Church

Model:

375 XL

☐

Hazard: CONTAINMENT COMM. MED.

Type:

1013

☐

Mailing Address

Size:

2.00

☐

NEW POINTE CHURCH

23753 CR 621

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

02/26/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2270

Backflow Prevention Assembly Test Report

NEW SERVICE CONCEPT

Location: BY BOILERS

705 KEEN STREET

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

091507

Account #: NEW SERVICE CON.

Manufacturer:

WATTS

Site Use: Laundromat

Model:

009QT

Hazard: CONTAINMENT COMM. MED.

Type:

RP

Mailing Address

Size:

2.00

Orientation:

Protection:

NEW SERVICE CONCEPT
705 KEEN STREET

ZANESVILLE, OH 43701

Test Due No Later than:

02/19/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5195

Backflow Prevention Assembly Test Report

NEW SERVICE CONCEPT

Location: MECH.ROOM.

705 KEEN STREET

Meter#:

Serial #:

Check if Correct

Corrections

04929

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Laundromat

Model:

719

☐

Hazard: ISOLATION LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

NEW SERVICE CONCEPT

Orientation:

705 KEEN STREET

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

02/19/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1315

Backflow Prevention Assembly Test Report

NEWTON FIRE DEPARTMENT

Location: BOILER FEED - MECH ROOM, SOUTH SIDE OF BLDG.

5490 MAYSVILLE PIKE

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

33618

☐

ZANESVILLE, OH 43701

Account #: NEWTONFIREDEPT

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐NEWTON FIRE DEPARTMENT
P.O. BOX 181

Orientation:

☐

WHITE COTTAGE, OH 43791

Protection:

☐

Test Due No Later than:

04/27/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1316

Backflow Prevention Assembly Test Report

NEWTON FIRE DEPARTMENT

Location: WATER SERVICE CONTAINMENT. MAIN BLDG.

5490 MAYSVILLE PIKE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

39562

☐

ZANESVILLE, OH 43701

Account #: NEWTONFIREDEPT

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.50

☐NEWTON FIRE DEPARTMENT
P.O. BOX 181

Orientation:

☐

WHITE COTTAGE, OH 43791

Protection:

☐

Test Due No Later than:

04/27/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 402

Backflow Prevention Assembly Test Report

NFI NATIONAL DISTRIBUTION CE

Location: FIRE LINE - HOT BOX- * new water service 09/04/18

35 RIX MILLS ROAD

Meter#:

Serial #: Check if Correct Corrections

NEW CONCORD, OH 43762

LID/Service:

00818219

Account #: NFI-NDC

Manufacturer:

FEBCO

Site Use: Warehouse

Model:

880

Hazard: FIRE LINE CONNECTION-MEDIUM

Mailing Address

Type:

RP

GARY WALLACE, FACILITY MANAGER
NFI NATIONAL DISTRIBUTION CENTER
35 RIX MILLS ROAD

Size:

10.00

Orientation:

NEW CONCORD, OH 43762

Protection:

Test Due No Later than:

02/22/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 404

Backflow Prevention Assembly Test Report

NFI NATIONAL DISTRIBUTION CE

Location: WATER SERVICE CONTAINMENT. - PIT. **replacing water service

35 RIX MILLS ROAD

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

0008091207

☐

NEW CONCORD, OH 43762

Account #: NFI-NDC

Manufacturer:

FEBCO

☐

Site Use: Warehouse

Model:

850

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

4.00

☐

GARY WALLACE, FACILITY MANAGER
NFI NATIONAL DISTRIBUTION CENTER
35 RIX MILLS ROAD

Orientation:

☐

NEW CONCORD, OH 43762

Protection:

☐

Test Due No Later than:

02/22/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3261

Backflow Prevention Assembly Test Report

NICKLES BAKERY THRIFT STORE

Location: WEST WALL IN GARAGE.

1147 NEWARK RD.

Meter#:

Serial #: 31571

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

Site Use: Warehouse

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

NICKLES BAKERY THRIFT STORE
1147 NEWARK RD.

ZANESVILLE, OH 43701

Test Due No Later than:

12/03/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2652

Backflow Prevention Assembly Test Report

NICOLE'S

532 MAIN ST.

ZANESVILLE, OH 43701

Site Use: Beauty Salon/Barber

Hazard: CONTAINMENT COMM.LOW

Mailing Address

NICOLE'S

532 MAIN ST.

ZANESVILLE, OH 43701

Location: *BASEMENT. WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: NATE JONES

Serial #:

09692

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

05/29/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 207

Backflow Prevention Assembly Test Report

NIKKO'S ONE HOUR CLEANING C

Location: MECH ROOM - WATER SERVICE CONTAINMENT.

630 S. 7TH STREET

Meter#:

Serial #: Check if Correct Corrections

COSHOCTON, OH 43812

LID/Service:

WQ99996

Account #: NIKKOSONEHRCOSHOC

Manufacturer:

WILKINS

Site Use: Laundromat

Model:

975XL

Hazard: CONTAINMENT COMM. MED.

Type:

RP

Mailing Address

Size:

2.00

Orientation:

Protection:

NICK VALAHOS, OWNER

NIKKO'S ONE HOUR CLEANING CENTER

630 S. 7TH STREET

COSHOCTON, OH 43812

Test Due No Later than:

04/21/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3180

Backflow Prevention Assembly Test Report

NONNA'S QUILTING NOOK

1004 BEVERLY AVENUE

ZANESVILLE, OH 43701

Site Use: Retail

Hazard: CONTAINMENT COMM.LOW

Mailing Address

RITA LAWRENCE
NONNA'S QUILTING NOOK
1004 BEVERLY AVENUE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT - BASEMENT

Meter#:

LID/Service:

Account #: NONNAS QUILTING

Serial #:

18762

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

09/24/2012

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4392

Backflow Prevention Assembly Test Report

NORTH STAR PIZZA & ICE CREAM

Location: MECH. RM., WATER SERVICE CONTAINMENT.

8755 SOUTH RIVER RD.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

29003

☐

BLUE ROCK, OH 43720

Account #: NSTARPIZZA&ICECREM

Manufacturer:

WATTS

☐

Site Use: Fast Food

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

BEV JOHNSON

NORTH STAR PIZZA & ICE CREAM

8755 SOUTH RIVER RD.

Orientation:

☐

BLUE ROCK, OH 43720

Protection:

☐

Test Due No Later than:

05/26/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4987

Backflow Prevention Assembly Test Report

NORTH TERRACE CHURCH OF CHRIST
1569 BOWERS LN.

ZANESVILLE, OH 43701

Site Use: Church

Hazard: CONTAINMENT COMM.LOW

Mailing Address

NORTH TERRACE CHURCH OF CHRIST
1569 BOWERS LN.

ZANESVILLE, OH 43701

Location: MECH. ROOM

Meter#:

LID/Service:

Account #: NORTHERRACE

Serial #:

11190

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719QT

Type:

DC

Size:

2.00

Orientation:

Protection:

Test Due No Later than:

09/29/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Submit completed
Test Report:

Fax:



Service Address

Hazard/CCID: 5018

Backflow Prevention Assembly Test Report

NORTH TERRACE CHURCH OF CHRIST
1569 BOWERS LN.

Location: MECH ROOM.

ZANESVILLE, OH 43701

Meter#:

LID/Service:

Account #: NORTHTERRACE

Serial #:

4605667

Check if Correct

Corrections

☐

Manufacturer:

WILKINS

☐

Model:

975XLD

☐

Type:

RP

☐

Size:

0.75

☐

Orientation:

☐

Protection:

☐

Site Use: Church

Hazard: CONTAINMENT COMM.LOW

Mailing Address

NORTH TERRACE CHURCH OF CHRIST
1569 BOWERS LN.

ZANESVILLE, OH 43701

Test Due No Later than:

09/29/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5019

Backflow Prevention Assembly Test Report

NORTH TERRACE CHURCH OF CHRIST
1569 BOWERS LN.

Location: MECH. ROOM.

ZANESVILLE, OH 43701

Meter#:

LID/Service:

Account #: NORTHTERRACE

Serial #:

3263D

Check if Correct

Corrections

Manufacturer:

WILKINS

Model:

375AST

Type:

RP

Size:

6.00

Orientation:

Protection:

Site Use: Church

Hazard: FIRE LINE CONNECTION-MEDIUM

Mailing Address

NORTH TERRACE CHURCH OF CHRIST
1569 BOWERS LN.

ZANESVILLE, OH 43701

Test Due No Later than:

09/29/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 14

Backflow Prevention Assembly Test Report

NORTH VALLEY BANK

2775 MAYSVILLE PIKE

ZANESVILLE, OH 43701

Site Use: Bank

Hazard: CONTAINMENT COMM.LOW

Mailing Address

MINDY SMALLWOOD
NORTH VALLEY BANK
2775 MAYSVILLE PIKE

ZANESVILLE, OH 43701

Location: POTABLE WATER LINE.

Meter#:

LID/Service:

Account #: NORTHVALLEYBANK-1

Serial #:

45951

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

1.50

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

05/11/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 15

Backflow Prevention Assembly Test Report

NORTH VALLEY BANK

Location: FIRE LINE

2775 MAYSVILLE PIKE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

1020100403

Account #: NORTHVALLEYBANK-1

Manufacturer:

AMES

Site Use: Bank

Model:

5000

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

Mailing Address

Size:

4.00

Orientation:

Protection:

MINDY SMALLWOOD
NORTH VALLEY BANK
2775 MAYSVILLE PIKE

ZANESVILLE, OH 43701

Test Due No Later than:

05/11/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐ ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 16

Backflow Prevention Assembly Test Report

NORTH VALLEY BANK

2775 MAYSVILLE PIKE

ZANESVILLE, OH 43701

Site Use: Bank

Hazard: FIRE LINE BYPASS-MEDIUM

Mailing Address

MINDY SMALLWOOD
NORTH VALLEY BANK
2775 MAYSVILLE PIKE

ZANESVILLE, OH 43701

Location: FIRE LINE.

Meter#:

LID/Service:

Account #: NORTHVALLEYBANK-1

Serial #:

04840

Check if Correct

Corrections

Manufacturer:

AMES

Model:

4000B

Type:

RP

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

05/11/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4399

Backflow Prevention Assembly Test Report

NORTH ZANE APARTMENTS

1825 ADAMS LANE

ZANESVILLE, OH 43701

Site Use: Apartments

Hazard: CONTAINMENT COMM.LOW

Mailing Address

RYAN DAVIS
NORTH ZANE APARTMENTS
P.O. BOX 857

NEWARK, OH 43058

Location: CLOSET FIRST FLOOR BY WATER HEATER

Meter#:

LID/Service:

Account #: NORTH ZANE APTS.

Serial #:

3461471

Check if Correct

Corrections

Manufacturer:

WILKINS

Model:

950XL

Type:

DC

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

06/17/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4400

Backflow Prevention Assembly Test Report

NORTH ZANE APARTMENTS

Location: CLOSET FIRST FLOOR BY WATER HEATER

1825 ADAMS LANE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

3505531

☐

ZANESVILLE, OH 43701

Account #: NORTH ZANE APTS.

Manufacturer:

WILKINS

☐

Site Use: Apartments

Model:

950XL

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

1.00

☐

RYAN DAVIS

Orientation:

☐

NORTH ZANE APARTMENTS

P.O. BOX 857

Protection:

☐

NEWARK, OH 43058

Test Due No Later than:

06/17/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4402

Backflow Prevention Assembly Test Report

NORTH ZANE APARTMENTS

Location: CLOSET FIRST FLOOR BY WATER HEATER.

1825 ADAMS LANE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

3474396

☐

ZANESVILLE, OH 43701

Account #: NORTH ZANE APTS.

Manufacturer:

WILKINS

☐

Site Use: Apartments

Model:

950XL

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

1.00

☐

Orientation:

☐

Protection:

☐

RYAN DAVIS

NORTH ZANE APARTMENTS

P.O. BOX 857

NEWARK, OH 43058

Test Due No Later than:

06/17/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4403

Backflow Prevention Assembly Test Report

NORTH ZANE APARTMENTS

Location: CLOSET FIRST FLOOR BY WATER HEATER

1825 ADAMS LANE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

3505532

☐

ZANESVILLE, OH 43701

Account #: NORTH ZANE APTS.

Manufacturer:

WILKINS

☐

Site Use: Apartments

Model:

950XL

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

1.00

☐

Orientation:

☐

Protection:

☐

RYAN DAVIS

NORTH ZANE APARTMENTS

P.O. BOX 857

NEWARK, OH 43058

Test Due No Later than:

06/17/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4404

Backflow Prevention Assembly Test Report

NORTH ZANE APARTMENTS

Location: CLOSET FIRST FLOOR BY WATER HEATER

1825 ADAMS LANE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

3453655

☐

ZANESVILLE, OH 43701

Account #: NORTH ZANE APTS.

Manufacturer:

WILKINS

☐

Site Use: Apartments

Model:

950XL

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

1.00

☐

Orientation:

☐

Protection:

☐

RYAN DAVIS

NORTH ZANE APARTMENTS

P.O. BOX 857

NEWARK, OH 43058

Test Due No Later than:

06/17/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4416

Backflow Prevention Assembly Test Report

NORTH ZANE APARTMENTS

Location: CLOSET FIRST FLOOR BY WATER HEATER

1825 ADAMS LANE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

3501745

☐

ZANESVILLE, OH 43701

Account #: NORTH ZANE APTS.

Manufacturer:

WILKINS

☐

Site Use: Apartments

Model:

950XL

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

1.00

☐

Orientation:

☐

Protection:

☐

RYAN DAVIS

NORTH ZANE APARTMENTS

P.O. BOX 857

NEWARK, OH 43058

Test Due No Later than:

06/17/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4417

Backflow Prevention Assembly Test Report

NORTH ZANE APARTMENTS

Location: CLOSET FIRST FLOOR BY WATER HEATER

1825 ADAMS LANE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

323-3857

☐

ZANESVILLE, OH 43701

Account #: NORTH ZANE APTS.

Manufacturer:

WILKINS

☐

Site Use: Apartments

Model:

950XL

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

1.00

☐

Orientation:

☐

Protection:

☐

RYAN DAVIS

NORTH ZANE APARTMENTS

P.O. BOX 857

NEWARK, OH 43058

Test Due No Later than:

06/17/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4418

Backflow Prevention Assembly Test Report

NORTH ZANE APARTMENTS

Location: CLOSET FIRST FLOOR BY WATER HEATER

1825 ADAMS LANE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

3453659

☐

ZANESVILLE, OH 43701

Account #: NORTH ZANE APTS.

Manufacturer:

WILKINS

☐

Site Use: Apartments

Model:

950XL

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

1.00

☐

Orientation:

☐

Protection:

☐

RYAN DAVIS

NORTH ZANE APARTMENTS

P.O. BOX 857

NEWARK, OH 43058

Test Due No Later than:

06/17/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4419

Backflow Prevention Assembly Test Report

NORTH ZANE APARTMENTS

Location: CLOSET FIRST FLOOR BY WATER HEATER

1825 ADAMS LANE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

3501740

☐

ZANESVILLE, OH 43701

Account #: NORTH ZANE APTS.

Manufacturer:

WILKINS

☐

Site Use: Apartments

Model:

950XL

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

1.00

☐

Orientation:

☐

Protection:

☐

RYAN DAVIS

NORTH ZANE APARTMENTS

P.O. BOX 857

NEWARK, OH 43058

Test Due No Later than:

06/17/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4420

Backflow Prevention Assembly Test Report

NORTH ZANE APARTMENTS

Location: CLOSET FIRST FLOOR BY WATER HEATER

1825 ADAMS LANE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

3505537

☐

ZANESVILLE, OH 43701

Account #: NORTH ZANE APTS.

Manufacturer:

WILKINS

☐

Site Use: Apartments

Model:

950XL

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

1.00

☐

Orientation:

☐

Protection:

☐

RYAN DAVIS

NORTH ZANE APARTMENTS

P.O. BOX 857

NEWARK, OH 43058

Test Due No Later than:

06/17/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4421

Backflow Prevention Assembly Test Report

NORTH ZANE APARTMENTS

Location: CLOSET FIRST FLOOR BY WATER HEATER

1825 ADAMS LANE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

3453669

☐

ZANESVILLE, OH 43701

Account #: NORTH ZANE APTS.

Manufacturer:

WILKINS

☐

Site Use: Apartments

Model:

950XL

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

1.00

☐

Orientation:

☐

Protection:

☐

RYAN DAVIS

NORTH ZANE APARTMENTS

P.O. BOX 857

NEWARK, OH 43058

Test Due No Later than:

06/17/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2487

Backflow Prevention Assembly Test Report

NORTHERN LIGHTS IMAGING

3287 MAPLE AVE.

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

DON MCCLAIN
NORTHERN LIGHTS IMAGING
3287 MAPLE AVE.

ZANESVILLE, OH 43701

Location: MECH. RM. (WATER SERVICE CONTAINMENT)

Meter#:

LID/Service:

Account #: N.LIGHTSIMAGING

Serial #:

06658

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

03/20/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2307

Backflow Prevention Assembly Test Report

NORTHGATE OPEN BIBLE CHURCH
10516 FRAZEYSBURG ROAD

DRESDEN, OH 43821

Site Use: Church

Hazard: CONTAINMENT COMM.LOW

Mailing Address

PASTOR; MIKE FOSTER
NORTHGATE OPEN BIBLE CHURCH
10516 FRAZEYSBURG RD.

DRESDEN, OH 43821

Location: CONTAINMENT, PRIVATE WELL.

Meter#:

LID/Service:

Account #: JUBLREVIVALCENTER

Serial #:

08219

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

04/23/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5150

Backflow Prevention Assembly Test Report

NORTHPOINTE SURGICAL SUITE

Location: MECH. ROOM.

3250 NORTHPOINTE DR.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

4186476

☐

ZANESVILLE, OH 43701

Account #: NORTHPOINTE SURGIC

Manufacturer:

WILKINS

☐

Site Use:

Model:

975XLD

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐

NORTHPOINTE SURGICAL SUITES

3250 NORTHPOINTE DR.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/01/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5151

Backflow Prevention Assembly Test Report

NORTHPOINTE SURGICAL SUITE

Location: MECH. ROOM. FIRE MAIN.

3250 NORTHPOINTE DR.

Meter#:

Serial #:

Check if Correct

Corrections

1242D

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WILKINS

☐

Site Use:

Model:

375ASTDA

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

3.00

☐

NORTHPOINTE SURGICAL SUITES

3250 NORTHPOINTE DR.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/01/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5152

Backflow Prevention Assembly Test Report

NORTHPOINTE SURGICAL SUITE

Location: DOMESTIC- MECH. ROOM

3250 NORTHPOINTE DR.

Meter#:

Serial #:

Check if Correct

Corrections

010077

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

909M1QT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

2.00

☐

NORTHPOINTE SURGICAL SUITES

3250 NORTHPOINTE DR.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/01/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5153

Backflow Prevention Assembly Test Report

NORTHPOINTE SURGICAL SUITE

Location: MECH. ROOM. IRRIGATION

3250 NORTHPOINTE DR.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

54846

☐

ZANESVILLE, OH 43701

Account #: NORTHPOINTE SURGIC

Manufacturer:

WATTS

☐

Site Use:

Model:

919

☐

Hazard: IRRIGATION MED-ISOLATION

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

NORTHPOINTE SURGICAL SUITES

3250 NORTHPOINTE DR.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/01/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2138

Backflow Prevention Assembly Test Report

NORTHPOINTE WEALTH MNGT

1380 BRANDYWINE BLVD.

ZANESVILLE, OH 43701

Site Use: Business Office

Hazard: LIMITED AREA SPRINKLER

Mailing Address

NORTHPOINTE WEALTH MNGT
1380 BRANDYWINE BLVD.

ZANESVILLE, OH 43701

Location: FIRE LINE.*MECH ROOM.

Meter#:

LID/Service:

Account #: WACOVNIASECURITIES

Serial #:

06010

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

09/09/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2139

Backflow Prevention Assembly Test Report

NORTHPOINTE WEALTH MNGT

Location: WATER SERVICE CONTAINMENT. * MECH ROOM.

1380 BRANDYWINE BLVD.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

06166

☐

ZANESVILLE, OH 43701

Account #: WACOVNIASECURITIES

Manufacturer:

WATTS

☐

Site Use: Business Office

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

NORTHPOINTE WEALTH MNGT

1380 BRANDYWINE BLVD.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

09/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 47

Backflow Prevention Assembly Test Report

NORTHSIDE CHURCH OF THE NA
739 FRANCIS STREET

ZANESVILLE, OH 43701

Site Use: Church

Hazard: CONTAINMENT COMM.LOW

Mailing Address

NORTHSIDE CHURCH OF THE NAZARINE
739 FRANCIS STREET

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: NORTHSIDENAZARINE

Serial #:

61289

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

06/03/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4234

Backflow Prevention Assembly Test Report

NORVELIS HEARING AID CENTER
735 PRINCETON AVE.

ZANESVILLE, OH 43701

Site Use: HEARING CENTER

Hazard: CONTAINMENT COMM.LOW

Mailing Address

BRADLEY NORVELL
NORVELIS HEARING AID CENTER
735 PRINCETON AVE.

ZANESVILLE, OH 43701

Location: BASEMENT BATHROOM.

Meter#:

LID/Service:

Account #: NORVELIS HEARING

Serial #:

30274

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

06/25/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5445

Backflow Prevention Assembly Test Report

NORWICH BP STATION

Location: IN OFFICE.

8490 EAST PIKE

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

43385

☐

NORWICH, OH 43767

Account #: NORWICH BP

Manufacturer:

WATTS

☐

Site Use:

Model:

LF719QT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

DC

☐

Mailing Address

Size:

0.75

☐

NORWICH BP STATION

8490 EAST PIKE

Orientation:

☐

NORWICH, OH 43767

Protection:

☐

Test Due No Later than:

06/16/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2360

Backflow Prevention Assembly Test Report

NORWICH VALLEY GOLF COURSE

Location: WATER SERVICE CONTAINMENT, MECH. RM.

515 NORWICH VALLEY RD.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

08281

☐

NORWICH, OH 43767

Account #: NOR,VAL,GOLFCOURSE

Manufacturer:

WATTS

☐

Site Use: CLUB HOUSE

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

GREGG CONNELL

NORWICH VALLEY GOLF COURSE

515 NORWICH VALLEY RD.

Orientation:

☐

NORWICH, OH 43767

Protection:

PAST DUE

☐

Test Due No Later than:

04/19/2008

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1176

Backflow Prevention Assembly Test Report

OUZ-ZANE STATE COLLEGE

Location: COLLEGE HALL,OUZ CAMPUS.

1425 NEWARK RD.

Meter#:

Serial #:

Check if Correct

Corrections

132105

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

709

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCDA

☐

Mailing Address

Size:

3.00

☐

TODD THACKER

O.U.Z. CAMPUS

1425 NEWARK ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/06/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1178

Backflow Prevention Assembly Test Report

OUZ-ZANE STATE COLLEGE

Location: COLLEGE HALL, O.U.Z. CAMPUS.

1425 NEWARK RD.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

175412

☐

ZANESVILLE, OH 43701

Account #: OUZ CAMPUS

Manufacturer:

FEBCO

☐

Site Use:

Model:

825Y

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

0.75

☐

TODD THACKER

O.U.Z. CAMPUS

1425 NEWARK ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/06/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1187

Backflow Prevention Assembly Test Report

OUZ-ZANE STATE COLLEGE

Location: LITTICK HALL - 453-0762, O.U.Z.

1425 NEWARK RD.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

61513

☐

ZANESVILLE, OH 43701

Account #: OUZ CAMPUS

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

ROD DARNER

O.U.Z. CAMPUS

1425 NEWARK ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/06/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1188

Backflow Prevention Assembly Test Report

OUZ-ZANE STATE COLLEGE

Location: ELSON HALL - 453-0762, O.U.Z.

1425 NEWARK RD.

Meter#:

Serial #:

Check if Correct

Corrections

114766

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

TODD THACKER

O.U.Z. CAMPUS

1425 NEWARK ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/06/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1189

Backflow Prevention Assembly Test Report

OUZ-ZANE STATE COLLEGE

Location: ELSON HALL - 453-0762 O.U.Z.

1425 NEWARK RD.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

159051

☐

ZANESVILLE, OH 43701

Account #: OUZ CAMPUS

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

TODD THACKER

O.U.Z. CAMPUS

1425 NEWARK ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/06/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1190

Backflow Prevention Assembly Test Report

OUZ-ZANE STATE COLLEGE

Location: ELSON HALL - 453-0762, O.U.Z.

1425 NEWARK RD.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

10718

☐

ZANESVILLE, OH 43701

Account #: OUZ CAMPUS

Manufacturer:

WATTS

☐

Site Use:

Model:

919

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

1.25

☐

TODD THACKER

O.U.Z. CAMPUS

1425 NEWARK ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/06/2024

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2443

Backflow Prevention Assembly Test Report

OUZ-ZANE STATE COLLEGE

Location: MECH RM. BOILER. OUZ, SCIENCE HALL.

1425 NEWARK RD.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

A04178

☐

ZANESVILLE, OH 43701

Account #: OUZ CAMPUS

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

TODD THACKER

O.U.Z. CAMPUS

1425 NEWARK ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/06/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2444

Backflow Prevention Assembly Test Report

OUZ-ZANE STATE COLLEGE

Location: MECH RM. FIRE LINE ,OUZ,CAMPUS CENTER.

1425 NEWARK RD.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

03340406

☐

ZANESVILLE, OH 43701

Account #: OUZ CAMPUS

Manufacturer:

AMES

☐

Site Use:

Model:

5000

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

4.00

☐

TODD THACKER

O.U.Z. CAMPUS

1425 NEWARK ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/06/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2445

Backflow Prevention Assembly Test Report

OUZ-ZANE STATE COLLEGE

Location: MECH. RM. CHILLER FEED.OUZ,CAMPUS CENTER.

1425 NEWARK RD.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

127244

☐

ZANESVILLE, OH 43701

Account #: OUZ CAMPUS

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

1.50

☐

TODD THACKER

O.U.Z. CAMPUS

1425 NEWARK ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/06/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2446

Backflow Prevention Assembly Test Report

OUZ-ZANE STATE COLLEGE

Location: MECH RM., CHILLER,OUZ,SCIENCE HALL.

1425 NEWARK RD.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

A04230

☐

ZANESVILLE, OH 43701

Account #: OUZ CAMPUS

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

TODD THACKER

O.U.Z. CAMPUS

1425 NEWARK ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/06/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2568

Backflow Prevention Assembly Test Report

OUZ-ZANE STATE COLLEGE

Location: CAMPUS CENTER, *WATER SERVICE CONTAINMENT.

1425 NEWARK RD.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

170580

☐

ZANESVILLE, OH 43701

Account #: OUZ CAMPUS

Manufacturer:

WATTS

☐

Site Use:

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

3.00

☐

TODD THACKER

O.U.Z. CAMPUS

1425 NEWARK ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/06/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2569

Backflow Prevention Assembly Test Report

OUZ-ZANE STATE COLLEGE

Location: MECH.RM .FIRE LINE READER, CAMPUS CENTER.

1425 NEWARK RD.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

08053

☐

ZANESVILLE, OH 43701

Account #: OUZ CAMPUS

Manufacturer:

AMES

☐

Site Use:

Model:

4000B

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

Protection:

☐

TODD THACKER

O.U.Z. CAMPUS

1425 NEWARK ROAD

ZANESVILLE, OH 43701

Test Due No Later than:

04/06/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3045

Backflow Prevention Assembly Test Report

OUZ-ZANE STATE COLLEGE

Location: WATER SERVICE CONTAINMENT - MECH. ROOM

1425 NEWARK RD.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

37800

☐

ZANESVILLE, OH 43701

Account #: OUZ CAMPUS

Manufacturer:

WILKINS

☐

Site Use:

Model:

375

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPDA

☐

Mailing Address

Size:

2.50

☐

TODD THACKER

O.U.Z. CAMPUS

1425 NEWARK ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/06/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3530

Backflow Prevention Assembly Test Report

OUZ-ZANE STATE COLLEGE

Location: ELSON HALL - 453-0762, O.U.Z.

1425 NEWARK RD.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

20675

☐

ZANESVILLE, OH 43701

Account #: OUZ CAMPUS

Manufacturer:

WATTS

☐

Site Use:

Model:

919

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

TODD THACKER

O.U.Z. CAMPUS

1425 NEWARK ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/06/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4714

Backflow Prevention Assembly Test Report

OUZ-ZANE STATE COLLEGE

Location: MECH. ROOM, BOILER MAKEUP LINE.

1425 NEWARK RD.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

47663

☐

ZANESVILLE, OH 43701

Account #: OUZ CAMPUS

Manufacturer:

WATTS

☐

Site Use:

Model:

919

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

TODD THACKER

O.U.Z. CAMPUS

1425 NEWARK ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/06/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4715

Backflow Prevention Assembly Test Report

OUZ-ZANE STATE COLLEGE

Location: MECH. ROOM

1425 NEWARK RD.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

227575

☐

ZANESVILLE, OH 43701

Account #: OUZ CAMPUS

Manufacturer:

WATTS

☐

Site Use:

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

4.00

☐

TODD THACKER

O.U.Z. CAMPUS

1425 NEWARK ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/06/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4972

Backflow Prevention Assembly Test Report

OUZ-ZANE STATE COLLEGE

1425 NEWARK RD.

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

TODD THACKER

O.U.Z. CAMPUS

1425 NEWARK ROAD

ZANESVILLE, OH 43701

Location: _____

Meter#:

LID/Service:

Account #: OUZ CAMPUS

Serial #:

Y04745

Check if Correct

Corrections

☐

Manufacturer:

WILKINS

☐

Model:

475

☐

Type:

RPDA

☐

Size:

4.00

☐

Orientation:

☐

Protection:

☐

Test Due No Later than:

04/06/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4973

Backflow Prevention Assembly Test Report

OUZ-ZANE STATE COLLEGE

1425 NEWARK RD.

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

TODD THACKER

O.U.Z. CAMPUS

1425 NEWARK ROAD

ZANESVILLE, OH 43701

Location: _____

Meter#:

LID/Service:

Account #: OUZ CAMPUS

Serial #:

3018321

Check if Correct

Corrections

Manufacturer:

WILKINS

Model:

375XL

Type:

RP

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

04/06/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4974

Backflow Prevention Assembly Test Report

OUZ-ZANE STATE COLLEGE

1425 NEWARK RD.

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

TODD THACKER

O.U.Z. CAMPUS

1425 NEWARK ROAD

ZANESVILLE, OH 43701

Location: _____

Meter#:

LID/Service:

Account #: OUZ CAMPUS

Serial #:

T1-1089

Check if Correct

Corrections

Manufacturer:

AMES

Model:

COLT 200

Type:

DC

Size:

6.00

Orientation:

Protection:

Test Due No Later than:

04/06/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5007

Backflow Prevention Assembly Test Report

OAK RIDGE AMISH SCHOOL

Location: MECH. ROOM.

8235 BELL RD.

Meter#:

Serial #: Check if Correct Corrections

ADAMSVILLE, OH 43802

LID/Service:

3959001

☐

Account #: OAK RIDGE SCHL.

Manufacturer:

WILKINS

☐

Site Use: School

Model:

975XL

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RP

☐

Mailing Address

Size:

1.00

☐

Orientation:

☐

Protection:

PAST DUE

☐

Test Due No Later than:

12/17/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2383

Backflow Prevention Assembly Test Report

OHIO DEPARTMENT OF TRANSPORTATION

Location: MAIN OFFICE BUILDING , MENS RESTROOM/LOCKER ROOM.

3399 EAST PIKE

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

ODOT

233 RIVERCREST DR.

COSHOCTON, OH 43821

Meter#:

LID/Service:

Account #: ODOT

Serial #:

02520

Check if Correct

Corrections

☐

Manufacturer:

WATTS

☐

Model:

719

☐

Type:

DCVA

☐

Size:

1.50

☐

Orientation:

☐

Protection:

☐

Test Due No Later than:

03/25/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4542

Backflow Prevention Assembly Test Report

OHIO DEPARTMENT OF TRANSPORTATION

Location: WASH BAY, MECHANICAL ROOM.

3399 EAST PIKE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

18268

☐

ZANESVILLE, OH 43701

Account #: ODOT

Manufacturer:

WATTS

☐

Site Use:

Model:

919

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

ODOT

Orientation:

☐

233 RIVERCREST DR.

Protection:

☐

COSHOCTON, OH 43821

Test Due No Later than:

03/25/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5127

Backflow Prevention Assembly Test Report

OHIO DEPARTMENT OF TRANSPORTATION

Location: _____

3399 EAST PIKE

Meter#: _____

Serial #: _____ Check if Correct _____ Corrections _____

ZANESVILLE, OH 43701

LID/Service: _____

079087

Manufacturer: _____

WATTS

Model: _____

LF009M2QT

Type: _____

RP

Size: _____

1.50

Orientation: _____

Protection: _____

Site Use: _____

Hazard: CONTAINMENT COMM. MED.

Mailing Address _____

ODOT

233 RIVERCREST DR.

COSHOCTON, OH 43821

Test Due No Later than:

03/25/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5295

Backflow Prevention Assembly Test Report

ODOT

233 RIVERCREST DR

COSHOCTON, OH 43812

Site Use:

Hazard: FIRE LINE CONNECTION-LOW

Mailing Address

PAUL WIEBER
ODOT
233 RIVERCREST DR

COSHOCTON, OH 43812

Location: FIRE LINE

Meter#:

LID/Service:

Account #: COSH ODOT

Serial #:

10373B

Check if Correct

Corrections

Manufacturer:

WILKINS

Model:

350ASTDA

Type:

DCDA

Size:

4.00

Orientation:

Protection:

Test Due No Later than:

07/08/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5296

Backflow Prevention Assembly Test Report

ODOT

233 RIVERCREST DR

COSHOCOTON, OH 43812

Site Use:

Hazard: FIRE LINE CONNECTION-LOW

Mailing Address

ODOT

233 RIVERCREST DR

COSHOCOTON, OH 43812

Location: FIRE LINE

Meter#:

LID/Service:

Account #: COSH ODOT

Serial #:

H014346

Check if Correct

Corrections

Manufacturer:

WILKINS

Model:

950XLD

Type:

DC

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

07/08/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5297

Backflow Prevention Assembly Test Report

ODOT

233 RIVERCREST DR

COSHOCOTON, OH 43812

Site Use:

Hazard: FIRE LINE CONNECTION-LOW

Mailing Address

ODOT

233 RIVERCREST DR

COSHOCOTON, OH 43812

Location: WATER SERVICE CONTAINMENT

Meter#:

LID/Service:

Account #: COSH ODOT

Serial #:

12897C

Check if Correct

Corrections

Manufacturer:

WILKINS

Model:

375ASTDA

Type:

RPDA

Size:

3.00

Orientation:

Protection:

Test Due No Later than:

07/08/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5298

Backflow Prevention Assembly Test Report

ODOT

Location: PROTECTING: BRINE SYSTEM

233 RIVERCREST DR

Meter#:

Serial #: Check if Correct Corrections

COSHOCOTON, OH 43812

LID/Service:

B162310

☐

Account #: COSH ODOT

Manufacturer:

WILKINS

☐

Site Use:

Model:

375ASTR

☐

Hazard: FIRE LINE CONNECTION-LOW

Type:

RP

☐

Mailing Address

Size:

3.00

☐

ODOT

Orientation:

233 RIVERCREST DR

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

07/08/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5299

Backflow Prevention Assembly Test Report

ODOT

233 RIVERCREST DR

COSHOCKTON, OH 43812

Site Use:

Hazard: FIRE LINE CONNECTION-LOW

Mailing Address

ODOT

233 RIVERCREST DR

COSHOCKTON, OH 43812

Location: PROTECTING: BIOLER FEED

Meter#:

LID/Service:

Account #: COSH ODOT

Serial #:

B176484

Check if Correct

Corrections

Manufacturer:

WILKINS

Model:

375

Type:

RP

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

07/08/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5024

Backflow Prevention Assembly Test Report

ODOT

10040 NORTHPOINTE DR.

DRESDEN, OH 43821

Site Use:

Hazard: ISOLATION MED.

Mailing Address

ODOT-DISTRICT 5
9600 JACKSONTOWN RD.

JACKSONTOWN, OH 43030

Location: MECH. ROOM (IN CAGE)

Meter#:

LID/Service:

Account #: DRES. ODOT

Serial #:

00739

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

LF909M1QT

Type:

RP

Size:

1.50

Orientation:

Protection:

Test Due No Later than:

08/17/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Submit completed
Test Report:

Fax:



Service Address

Hazard/CCID: 5025

Backflow Prevention Assembly Test Report

ODOT

Location: MECH. ROOM (IN CAGE)

10040 NORTHPOINTE DR.

Meter#:

Serial #:

Check if Correct

Corrections

DRESDEN, OH 43821

LID/Service:

12792

☐

Account #: DRES. ODOT

Manufacturer:

AMES

☐

Site Use:

Model:

4000B

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

Protection:

☐

ODOT-DISTRICT 5

9600 JACKSONTOWN RD.

JACKSONTOWN, OH 43030

Test Due No Later than:

08/17/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5026

Backflow Prevention Assembly Test Report

ODOT

10040 NORTHPOINTE DR.

DRESDEN, OH 43821

Site Use:

Hazard: ISOLATION MED.

Mailing Address

ODOT-DISTRICT 5
9600 JACKSONTOWN RD.

JACKSONTOWN, OH 43030

Location: MECH. ROOM.WASH BAY WATER.

Meter#:

LID/Service:

Account #: DRES. ODOT

Serial #:

000757

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

909

Type:

RPZA

Size:

2.00

Orientation:

Protection:

Test Due No Later than:

08/17/2022

Existing ☐
New ☐

Removed ☐
Replaced ☐

Commercial ☐
Industrial ☐

Residential ☐

Construction ☐

Domestic ☐

Irrigation ☐

Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5027

Backflow Prevention Assembly Test Report

ODOT

Location: MECH. ROOM (IN CAGE)

10040 NORTHPOINTE DR.

Meter#:

Serial #: Check if Correct Corrections

DRESDEN, OH 43821

LID/Service:

1061390713

Account #: DRES. ODOT

Manufacturer:

AMES

Site Use:

Model:

5000

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

Mailing Address

Size:

4.00

Orientation:

Protection:

ODOT-DISTRICT 5

9600 JACKSONTOWN RD.

JACKSONTOWN, OH 43030

Test Due No Later than:

08/17/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 857

Backflow Prevention Assembly Test Report

DEAN ORTHODONTICS

Location: WATER SERVICE CONTAINMENT - MECH ROOM - *GET KEY AT OFFICE.

419 SOUTH WHITEWOMAN STREI

Meter#:

Serial #:

Check if Correct

Corrections

68598

☐

COSHOCTON, OH 43812

LID/Service:

Account #: DEAN ORTHODONTICS

Manufacturer:

WATTS

☐

Site Use:

Hazard: CONTAINMENT COMM.LOW

Model:

009

☐

Mailing Address

Type:

RPPA

☐

Size:

0.75

☐

Orientation:

☐

Protection:

☐JARED DEAN, OWNER
OEEAA HOLDINGS, LLC
61121 SOUTHGATE ROAD

CAMBRIDGE, OH 43725

Test Due No Later than:

03/21/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐

Leaked

☐

Closed Tight

☐

Held at _____ PSID

Leaked

☐

Closed Tight

☐

Held at _____ PSID

Did not open

☐

Opened at _____ PSID

Did not open

☐

Opened Fully

Yes ☐No ☐

Opened at _____ PSID

Leaked

☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned

☐

Rubber Kit

☐

Rebuild

☐

Replaced

☐

Other

☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐

Closed Tight

☐

Held at _____ PSID

Closed Tight

☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully

☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4236

Backflow Prevention Assembly Test Report

OFFINGER MANAGEMENT CO.

Location: BASEMENT MECH. ROOM.

1100 H BRANDYWINE BLVD.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

11714

Account #: OFFINGERMANAGECO.

Manufacturer:

WATTS

Site Use: Business Office

Model:

719

Hazard: CONTAINMENT COMM.LOW

Mailing Address

Type:

DCVA

WALTER OFFINGER
OFFINGER MANAGEMENT CO.
1100 H BRANDYWINE BLVD.

Size:

1.00

Orientation:

ZANESVILLE, OH 43701

Protection:

PAST DUE

Test Due No Later than:

07/08/2013

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1568

Backflow Prevention Assembly Test Report

OHIO BATH SOLUTIONS - BATH F
878 DRYDEN ROAD

ZANESVILLE, OH 43701

Site Use: Business Office

Hazard: CONTAINMENT COMM.LOW

Mailing Address

OHIO BATH SOLUTIONS - BATH FITTERS
878 DRYDEN ROAD

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT. * WAREHOUSE.

Meter#:

LID/Service:

Account #: BATHFITTERS

Serial #:

02058

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

01/15/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 64

Backflow Prevention Assembly Test Report

OHIO CAT

3415 EAST PIKE

ZANESVILLE, OH 43701

Site Use: SALES / SERVICE

Hazard: FIRE LINE CONNECTION-LOW

Mailing Address

OHIO CAT

3415 EAST PIKE

ZANESVILLE, OH 43701

Location: BACK CORNER OF SHOP, N.E. CORNER.FIRE LINE

Meter#:

LID/Service:

Account #: OHIO CAT

Serial #: Check if Correct Corrections

2EKO490

Manufacturer:

AMES

Model:

2000 SILVER

Type:

DCVA

Size:

6.00

Orientation:

Protection:

Test Due No Later than:

06/03/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3514

Backflow Prevention Assembly Test Report

OHIO CAT

3415 EAST PIKE

ZANESVILLE, OH 43701

Site Use: SALES / SERVICE

Hazard: CONTAINMENT COMM. MED.

Mailing Address

OHIO CAT

3415 EAST PIKE

ZANESVILLE, OH 43701

Location: POTABLE WATER *CONTAINMENT*

Meter#:

LID/Service:

Account #: OHIO CAT

Serial #:

A60787

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009M2QT

Type:

RP

Size:

2.00

Orientation:

Protection:

Test Due No Later than:

06/03/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1585

Backflow Prevention Assembly Test Report

OHIO FABRICATORS

111 NORTH 14TH STREET

COSHOCTON, OH 43812

Site Use:

Hazard: ISOLATION HIGH

Mailing Address

GREG COX, MTCE. SUPT.
OHIO FABRICATORS
111 NORTH 14TH STREET

COSHOCTON, OH 43812

Location: OVER DEGREASER COOLING WATER.

Meter#:

LID/Service:

Account #: OHIOFABRICATORS

Serial #:

155707

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

1.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

03/13/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2862

Backflow Prevention Assembly Test Report

OHIO FABRICATORS

111 NORTH 14TH STREET

COSHOCOTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

GREG COX, MTCE. SUPT.

OHIO FABRICATORS

111 NORTH 14TH STREET

COSHOCOTON, OH 43812

Location: BOILER ROOM.

Meter#:

LID/Service:

Account #: OHIOFABRICATORS

Serial #:

08452

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

03/13/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 490

Backflow Prevention Assembly Test Report

OHIO NATURAL GAS SERVICES

Location: WATER SERVICE CONTAINMENT.- MECH ROOM.

5600 EAST PIKE

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

01486

☐

ZANESVILLE, OH 43701

Account #: OHIONATURALGASSERV

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

JOHN DOSCH

OHIO NATURAL GAS SERVICES

5600 EAST PIKE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

08/10/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4517

Backflow Prevention Assembly Test Report

OHIO RURAL WATER ASSOCIATION

Location: MECH ROOM

55 WHITES RD.

Meter#:

Serial #:

Check if Correct

Corrections

09305

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

2.00

☐

OHIO RURAL WATER ASSOCIATION

55 WHITES RD.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/06/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1103

Backflow Prevention Assembly Test Report

OHIO TEXTILE SERVICE

Location: CONTAINMENT FOR BLDG. IN BOILER ROOM.

2270 FAIRVIEW RD.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

156887

Account #: OHIOTEXTILES

Manufacturer:

WATTS

Site Use: LINEN SERVICE

Model:

909

Hazard: CONTAINMENT COMM. MED.

Type:

RP

Mailing Address

Size:

3.00

Orientation:

Protection:

MANAGER

OHIO TEXTILE SERVICE

P.O. BOX 8048

ZANESVILLE, OH 43702-8048

Test Due No Later than:

11/15/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1106

Backflow Prevention Assembly Test Report

OHIO TEXTILE SERVICE

Location: SOFT WATER BOILER ROOM.FEED TO BOILERS.

2270 FAIRVIEW RD.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

185709

☐

ZANESVILLE, OH 43701

Account #: OHIOTEXTILES

Manufacturer:

WATTS

☐

Site Use: LINEN SERVICE

Model:

800

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

1.00

☐

MANAGER

OHIO TEXTILE SERVICE

P.O. BOX 8048

Orientation:

☐

ZANESVILLE, OH 43702-8048

Protection:

☐

Test Due No Later than:

11/15/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

	Yes	No
Proper Installation	<input type="checkbox"/>	<input type="checkbox"/>
RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>
#2 Shutoff Closed	<input type="checkbox"/>	<input type="checkbox"/>
Service Restored	<input type="checkbox"/>	<input type="checkbox"/>

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2545

Backflow Prevention Assembly Test Report

OHIO TEXTILE SERVICE

Location: MECH.RM. (FIRE LINE). NEW.

2270 FAIRVIEW RD.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

100177

☐

ZANESVILLE, OH 43701

Account #: OHIOTEXTILES

Manufacturer:

WATTS

☐

Site Use: LINEN SERVICE

Model:

994

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

3.00

☐

MANAGER

OHIO TEXTILE SERVICE

P.O. BOX 8048

Orientation:

☐

ZANESVILLE, OH 43702-8048

Protection:

☐

Test Due No Later than:

11/15/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2546

Backflow Prevention Assembly Test Report

OHIO TEXTILE SERVICE

Location: MECH. RM.(FIRE LINE READER). NEW.

2270 FAIRVIEW RD.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

05728

☐

ZANESVILLE, OH 43701

Account #: OHIOTEXTILES

Manufacturer:

AMES

☐

Site Use: LINEN SERVICE

Model:

4000B

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐

MANAGER

OHIO TEXTILE SERVICE

P.O. BOX 8048

Orientation:

☐

ZANESVILLE, OH 43702-8048

Protection:

☐

Test Due No Later than:

11/15/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2549

Backflow Prevention Assembly Test Report

OK COAL & CONCRETE

98 EAST LASALLE ST.

SO. ZANESVILLE, OH 43701

Site Use: Business Office

Hazard: CONTAINMENT COMM.LOW

Mailing Address

OK COAL & CONCRETE
98 EAST LASALLE ST.

SO. ZANESVILLE, OH 43701

Location: MECH.RM.CLOSET OFF SHOW RM.

Meter#:

LID/Service:

Account #: OK COAL

Serial #:

09491

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

10/11/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2623

Backflow Prevention Assembly Test Report

OK COAL & CONCRETE

98 EAST LASALLE ST.

SO. ZANESVILLE, OH 43701

Site Use: Business Office

Hazard: ISOLATION MED.

Mailing Address

OK COAL & CONCRETE
98 EAST LASALLE ST.

SO. ZANESVILLE, OH 43701

Location: HYDRANTS IN LOT.

Meter#:

LID/Service:

Account #: OK COAL

Serial #:

077060

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

10/11/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

	Yes	No
Proper Installation	<input type="checkbox"/>	<input type="checkbox"/>
RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>
#2 Shutoff Closed	<input type="checkbox"/>	<input type="checkbox"/>
Service Restored	<input type="checkbox"/>	<input type="checkbox"/>

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 484

Backflow Prevention Assembly Test Report

OLD MARKET HOUSE INN

Location: WATER SERVICE CONTAINMENT.

424 MARKET STREET

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

149966

☐

Account #: OLDMARKETHOUSEINN

Manufacturer:

WATTS

☐

Site Use: Restaurant

Model:

009

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

JOHN MONTGOMERY

OLD MARKET HOUSE INN

424 MARKET STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/13/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 888

Backflow Prevention Assembly Test Report

OLD SCHOOL HOUSE

Location: DISPLAY - IN FURNACE ROOM.

301 NORTH WHITEWOMAN STRE

Meter#:

Serial #: 46690

Check if Correct

Corrections

COSHOCTON, OH 43812

LID/Service:

Account #: OLDSCHOOLHOUSE

Manufacturer:

WATTS

Site Use:

Hazard: ISOLATION LOW

Model:

009

Mailing Address

Type:

RPPA

ROSCOE VILLAGE FOUNDATION
OLD SCHOOL HOUSE
600 N. WHITEWOMAN ST.

Size:

0.75

Orientation:

COSHOCTON, OH 43812

Protection:

Test Due No Later than:

03/28/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5048

Backflow Prevention Assembly Test Report

OLD THYME COUNTRY MARKET

Location: MECH. ROOM.

51323 COUNTY RD. 16

Meter#:

Serial #: Check if Correct Corrections

COSHOCTON, OH 43812

LID/Service:

3958787

☐

Account #: OLD THYME CO. MARK

Manufacturer:

WILKINS

☐

Site Use: Grocery/Supermarket

Model:

950XLT2

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

Protection:

PAST DUE

☐

Test Due No Later than:

09/14/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2287

Backflow Prevention Assembly Test Report

OLD TOWN PIZZA

313 ROSEVILLE ROAD

ROSEVILLE, OH 43777

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

OLD TOWN PIZZA
313 ROSEVILLE ROAD

ROSEVILLE, OH 43777

Location: WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: OLDTOWNPIZZA

Serial #:
06129Manufacturer:
WATTSModel:
719Type:
DCVASize:
0.75

Orientation:

Protection:

Check if Correct Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

11/20/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5446

Backflow Prevention Assembly Test Report

OLDE THYME COUNTRY MARKET

Location: UPSTAIRS ROOM.

23839 AIRPORT RD.

Meter#:

Serial #:

Check if Correct

Corrections

AJ01176

☐

COSHOCTON, OH 43812

LID/Service:

Account #: OLDE THYME CO.MARK

Manufacturer:

WILKINS

☐

Site Use:

Hazard: CONTAINMENT COMM.LOW

Model:

375XL

☐

Mailing Address

Type:

RP

☐

Size:

1.00

☐

Orientation:

☐

Protection:

☐OLDE THYME COUNTRY MARKET
23839 AIRPORT RD.

COSHOCTON, OH 43812

Test Due No Later than:

10/15/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐

Leaked

☐

Closed Tight

☐

Held at _____ PSID

Leaked

☐

Closed Tight

☐

Held at _____ PSID

Did not open

☐

Opened at _____ PSID

Did not open

☐

Opened Fully

☐

Yes

☐

No

☐

Opened at _____ PSID

Leaked

☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned

☐

Rubber Kit

☐

Rebuild

☐

Replaced

☐

Other

☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐

Closed Tight

☐

Held at _____ PSID

Closed Tight

☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully

☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3619

Backflow Prevention Assembly Test Report

OLDE TOWNE CLEANERS, INC.

Location: BACK ROOM. BOILER FEED.

1953 MAPLE AVE.

Meter#:

Serial #: 31498

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: OLDETOWN CLEANERS

Manufacturer:

WATTS

Site Use: Laundromat

Model:

719

Hazard: ISOLATION MED.

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

DAVID FRICK

OLDE TOWNE CLEANERS, INC.

1953 MAPLE AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

03/07/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4683

Backflow Prevention Assembly Test Report

OLDE TOWNE CLEANERS, INC.

Location: BACK ROOM. CONTAINMENT

1953 MAPLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

31552

☐

ZANESVILLE, OH 43701

Account #: OLDETOWN CLEANERS

Manufacturer:

WATTS

☐

Site Use: Laundromat

Model:

719

☐

Hazard: CONTAINMENT COMM. LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

DAVID FRICK

OLDE TOWNE CLEANERS, INC.

1953 MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

01/02/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2931

Backflow Prevention Assembly Test Report

OLDE VILLAGE MEATS

205 SOUTH STATE ST.

FRAZEYSBURG, OH 43822

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

BRIAN HINDEL
OLDE VILLAGE MEATS
205 SOUTH STATE ST.

FRAZEYSBURG, OH 43822

Location: BREAKROOM,*WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: OLDEVILLAGEMEATS

Serial #:

12078

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

07/24/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2932

Backflow Prevention Assembly Test Report

OLDE VILLAGE MEATS

205 SOUTH STATE ST.

FRAZEYSBURG, OH 43822

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

BRIAN HINDEL
OLDE VILLAGE MEATS
205 SOUTH STATE ST.

FRAZEYSBURG, OH 43822

Location: MECH ROOM, *WELL WATER.

Meter#:

LID/Service:

Account #: OLDEVILLAGEMEATS

Serial #:

12709

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

☐☐☐☐☐☐☐

Test Due No Later than:

07/24/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1320

Backflow Prevention Assembly Test Report

OLIVE GARDEN

907 HOWARD STREET

ZANESVILLE, OH 43701

Site Use: Restaurant

Hazard: FIRE LINE CONNECTION-LOW

Mailing Address

TONY FLEMING, OWNER
OLIVE GARDEN
907 HOWARD STREET

ZANESVILLE, OH 43701

Location: FIRE LINE. - MECH ROOM.

Meter#:

LID/Service:

Account #: OLIVEGARDEN

Serial #:

2JK1202

Check if Correct

Corrections

Manufacturer:

AMES

Model:

2000 SILVER

Type:

DCVA

Size:

4.00

Orientation:

Protection:

Test Due No Later than:

04/16/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1321

Backflow Prevention Assembly Test Report

OLIVE GARDEN

907 HOWARD STREET

ZANESVILLE, OH 43701

Site Use: Restaurant

Hazard: CONTAINMENT COMM.LOW

Mailing Address

TONY FLEMING, OWNER

OLIVE GARDEN

907 HOWARD STREET

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT. - MECH ROOM.

Meter#:

LID/Service:

Account #: OLIVEGARDEN

Serial #:

238669

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

2.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

04/16/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3092

Backflow Prevention Assembly Test Report

OLIVE GARDEN

907 HOWARD STREET

ZANESVILLE, OH 43701

Site Use: Restaurant

Hazard: IRRIGATION MED-ISOLATION

Mailing Address

TONY FLEMING, OWNER

OLIVE GARDEN

907 HOWARD STREET

ZANESVILLE, OH 43701

Location: LAWN SPRINKLER - MECH ROOM

Meter#:

LID/Service:

Account #: OLIVEGARDEN

Serial #:

35701

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

1.50

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

04/16/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2317

Backflow Prevention Assembly Test Report

OLLIES

Location: MECH.RM. IN BACK.

127 N. MAYSVILLE PIKE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

06649

☐

Account #: OLLIES

Manufacturer:

WATTS

☐

Site Use: Health Club

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

MANAGER

OLLIES

P.O.BOX 192

Orientation:

☐

WHITE COTTAGE, OH 43791

Protection:

PAST DUE

☐

Test Due No Later than:

06/12/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2328

Backflow Prevention Assembly Test Report

OLLIES

Location: FIRE LINE,*IN METER ROOM, BY QUIZNO'S.

127 N. MAYSVILLE PIKE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

0A-0625

Account #: OLLIES

Manufacturer:

AMES

Site Use: Health Club

Model:

C500 COLT

Hazard: FIRE LINE CONNECTION-MEDIUM

Mailing Address

Type:

RPDA

Size:

4.00

Orientation:

Protection:

PAST DUE

Test Due No Later than:

06/12/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes No

☐ ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2329

Backflow Prevention Assembly Test Report

OLLIES

Location: FIRE LINE CHEATER LINE.*IN METER ROOM, NEXT TO QUIZNO'S.

127 N. MAYSVILLE PIKE

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

F2002

☐Manufacturer:
FLOMATIC☐

Model:

RPZ

☐

Type:

RP

☐

Size:

0.75

☐

Orientation:

☐

Protection:

PAST DUE

☐

Site Use: Health Club

Hazard: FIRE LINE BYPASS-MEDIUM

Mailing Address

MANAGER

OLLIES

P.O.BOX 192

WHITE COTTAGE, OH 43791

Test Due No Later than:

06/12/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1062

Backflow Prevention Assembly Test Report

ONE MANE PLACE

972 GARDEN ROAD

ZANESVILLE, OH 43701

Site Use: Beauty Salon/Barber

Hazard: CONTAINMENT COMM.LOW

Mailing Address

DARYL MAST
ONE MANE PLACE
972 GARDEN ROAD

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: ONEMANEPLACE

Serial #:

179458

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

11/06/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2782

Backflow Prevention Assembly Test Report

O'REILLY AUTO PARTS, INC.

Location: SOUTH WALL-EMPLOYEE BREAK ROOM.*WATER SERVICE CONTAINMENT.

58 MAYSVILLE PIKE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

341587

☐

Account #: O'REILLY

Manufacturer:

WILKINS

☐

Site Use: Retail

Model:

975XL

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RP

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

Protection:

☐

MANAGER

O'REILLY AUTO PARTS, INC.

58 MAYSVILLE PIKE

ZANESVILLE, OH 43701

Test Due No Later than:

02/04/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4484

Backflow Prevention Assembly Test Report

O'REILLY AUTO PARTS

Location: IN SOUTH REST ROOM.

3388 MAPLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

33594

☐

ZANESVILLE, OH 43701

LID/Service:

Account #: O'REILLY AUTO PTS.

Manufacturer:

WATTS

☐

Site Use: AUTO PARTS

Model:

919

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

Orientation:

☐

Protection:

☐

MANAGER

O'REILLY AUTO PARTS

3388 MAPLE AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

08/23/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4485

Backflow Prevention Assembly Test Report

O'REILLY AUTO PARTS

Location: IN SOUTH REST ROOM.LAWN SPRINKLER SYSTEM.

3388 MAPLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

36479

☐

ZANESVILLE, OH 43701

Account #: O'REILLY AUTO PTS.

Manufacturer:

WATTS

☐

Site Use: AUTO PARTS

Model:

919

☐

Hazard: IRRIGATION MED-ISOLATION

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

Orientation:

☐

Protection:

☐

MANAGER

O'REILLY AUTO PARTS

3388 MAPLE AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

08/23/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1220

Backflow Prevention Assembly Test Report

ORIENTAL SUPER BUFFET

445 UNDERWOOD STREET

ZANESVILLE, OH 43701

Site Use: Restaurant

Hazard: ISOLATION LOW

Mailing Address

TOMMY TANG
ORIENTAL SUPER BUFFET
445 UNDERWOOD STREET

ZANESVILLE, OH 43701

Location: REMOVED-- WAS OUTDOOR LAWN SPRINKLER SYSTEM..

Meter#:

LID/Service:

Account #: ORIENTALSUPERBUFFE

Serial #:

216338

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

800

Type:

PVB

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1221

Backflow Prevention Assembly Test Report

ORIENTAL SUPER BUFFET

445 UNDERWOOD STREET

ZANESVILLE, OH 43701

Site Use: Restaurant

Hazard: FIRE LINE CONNECTION-LOW

Mailing Address

TOMMY TANG
ORIENTAL SUPER BUFFET
445 UNDERWOOD STREET

ZANESVILLE, OH 43701

Location: FIRE LINE. - MECH ROOM.

Meter#:

LID/Service:

Account #: ORIENTALSUPERBUFFE

Serial #:

69793

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

1.50

Orientation:

Protection:

Test Due No Later than:

05/28/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1222

Backflow Prevention Assembly Test Report

ORIENTAL SUPER BUFFET

445 UNDERWOOD STREET

ZANESVILLE, OH 43701

Site Use: Restaurant

Hazard: CONTAINMENT COMM. MED.

Mailing Address

TOMMY TANG
ORIENTAL SUPER BUFFET
445 UNDERWOOD STREET

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT. - MECH ROOM.

Meter#:

LID/Service:

Account #: ORIENTALSUPERBUFFE

Serial #:

106839

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

1.50

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

03/28/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2879

Backflow Prevention Assembly Test Report

ORTHOPEDIC ASSOCIATES

2854 BELL ST.

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

ORTHOPEDIC ASSOCIATES
2854 BELL ST.

ZANESVILLE, OH 43701

Location: MECH. ROOM,*WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: ORTHOPEDICASSOCIAT

Serial #:

03974

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

03/18/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4267

Backflow Prevention Assembly Test Report

ORTHOPEDIC ASSOCIATES

Location: MECHANICAL CLOSET.

2806 BELL ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

31440

☐

ZANESVILLE, OH 43701

Account #: ORTHOPEDIC ASSOCIA

Manufacturer:

WATTS

☐

Site Use: Business Office

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

ORTHOPEDIC ASSOCIATES

2854 BELL ST.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

07/24/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3799

Backflow Prevention Assembly Test Report

OTSEGO CARRYOUT

Location: BACK ROOM.

1488 OTSEGO AVE.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

A97014

☐

COSHOCTON, OH 43812

Account #: OTSEGO CARRYOUT

Manufacturer:

WATTS

☐

Site Use: Gas Station

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

BLDG. OWNER JOAN SCHLEGEL

OTSEGO CARRYOUT

1488 OTSEGO AVE.

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

03/02/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 753

Backflow Prevention Assembly Test Report

OWENS BROCKWAY GLASS

1700 STATE STREET

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

OWENS BROCKWAY GLASS
1700 STATE STREET

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT. - MECH ROOM API SEPARATOR ROOM.

Meter#:

LID/Service:

Account #: OWENSBROCKWAY

Serial #:

247533

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

909

Type:

RPPA

Size:

6.00

Orientation:

Protection:

Test Due No Later than:

10/09/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 754

Backflow Prevention Assembly Test Report

OWENS BROCKWAY GLASS

Location: MECH ROOM

1700 STATE STREET

Meter#:

Serial #:

Check if Correct

Corrections

05923

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.25

☐

OWENS BROCKWAY GLASS

1700 STATE STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

10/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 755

Backflow Prevention Assembly Test Report

OWENS BROCKWAY GLASS

1700 STATE STREET

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

OWENS BROCKWAY GLASS
1700 STATE STREET

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT. - MECH ROOM - TRAINING BUILDING.

Meter#:

LID/Service:

Account #: OWENSBROCKWAY

Serial #:

03807

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

1.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

10/09/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 756

Backflow Prevention Assembly Test Report

OWENS BROCKWAY GLASS

1700 STATE STREET

ZANESVILLE, OH 43701

Site Use:

Hazard: FIRE LINE CONNECTION-MEDIUM

Mailing Address

OWENS BROCKWAY GLASS
1700 STATE STREET

ZANESVILLE, OH 43701

Location: FIRE LINE.

Meter#:

LID/Service:

Account #: OWENSBROCKWAY

Serial #:

624233

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

909

Type:

RPPA

Size:

8.00

Orientation:

Protection:

Test Due No Later than:

10/09/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 757

Backflow Prevention Assembly Test Report

OWENS BROCKWAY GLASS

1700 STATE STREET

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

OWENS BROCKWAY GLASS
1700 STATE STREET

ZANESVILLE, OH 43701

Location: POTABLE PLANT SYSTEM.

Meter#:

LID/Service:

Account #: OWENSBROCKWAY

Serial #:

198903

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

909

Type:

RP

Size:

4.00

Orientation:

Protection:

Test Due No Later than:

10/09/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

	Yes	No
Proper Installation	<input type="checkbox"/>	<input type="checkbox"/>
RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>
#2 Shutoff Closed	<input type="checkbox"/>	<input type="checkbox"/>
Service Restored	<input type="checkbox"/>	<input type="checkbox"/>

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2288

Backflow Prevention Assembly Test Report

OWENS BROCKWAY GLASS

1700 STATE STREET

ZANESVILLE, OH 43701

Site Use:

Hazard: FIRE LINE CONNECTION-MEDIUM

Mailing Address

OWENS BROCKWAY GLASS
1700 STATE STREET

ZANESVILLE, OH 43701

Location: FIRE LINE.

Meter#:

LID/Service:

Account #: OWENSBROCKWAY

Serial #:

626794

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

909

Type:

RPPA

Size:

8.00

Orientation:

Protection:

Test Due No Later than:

10/09/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2289

Backflow Prevention Assembly Test Report

OWENS BROCKWAY GLASS

1700 STATE STREET

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

OWENS BROCKWAY GLASS
1700 STATE STREET

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT. - MECH ROOM.

Meter#:

LID/Service:

Account #: OWENSBROCKWAY

Serial #:

247363

Manufacturer:

WATTS

Model:

909

Type:

RPPA

Size:

6.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

10/09/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2290

Backflow Prevention Assembly Test Report

OWENS BROCKWAY GLASS

1700 STATE STREET

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

OWENS BROCKWAY GLASS
1700 STATE STREET

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT. - MECH ROOM.

Meter#:

LID/Service:

Account #: OWENSBROCKWAY

Serial #:

176306

Manufacturer:

WATTS

Model:

909

Type:

RP

Size:

4.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

10/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

	Yes	No
Proper Installation	<input type="checkbox"/>	<input type="checkbox"/>
RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>
#2 Shutoff Closed	<input type="checkbox"/>	<input type="checkbox"/>
Service Restored	<input type="checkbox"/>	<input type="checkbox"/>

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3141

Backflow Prevention Assembly Test Report

PAMPERED POOCH**105 MAIN ST.**

COSHOCTON, OH 43812

Site Use:

Hazard: **CONTAINMENT COMM.LOW**

Mailing Address

RICK MILLS, OWNER
PAMPERED POOCH
105 MAIN ST.

COSHOCTON, OH 43812

Location: **WATER SERVICE CONTAINMENT - AT WATER SERVICE ENTRANCE.**

Meter#:

LID/Service:

Account #: **PAMPERED POOCH**

Serial #:

01493

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

07/11/2022Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____



Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4896

Backflow Prevention Assembly Test Report

PANERA BREAD #4799

Location: MECH. ROOM.

3780 FRAZEYSBURG RD.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

45708

☐

ZANESVILLE, OH 43701

Account #: PANERA BREAD 4799

Manufacturer:

WILKINS

☐

Site Use: Restaurant

Model:

350ADA

☐

Hazard: FIRE LINE CONNECTION-LOW

Type:

DCDA

☐

Mailing Address

Size:

4.00

☐

ATNN:STAN

PANERA BREAD #4799

3780 FRAZEYSBURG RD.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

06/04/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4897

Backflow Prevention Assembly Test Report

PANERA BREAD #4799

Location: MECH. ROOM.

3780 FRAZEYSBURG RD.

Meter#:

Serial #:

Check if Correct

Corrections

4196054

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WILKINS

☐

Site Use: Restaurant

Model:

950XL

☐

Hazard: FIRE LINE BYPASS-LOW

Type:

DC

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

Protection:

☐

ATNN:STAN

PANERA BREAD #4799

3780 FRAZEYSBURG RD.

ZANESVILLE, OH 43701

Test Due No Later than:

06/04/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4898

Backflow Prevention Assembly Test Report

PANERA BREAD #4799

Location: MECH.ROOM.

3780 FRAZEYSBURG RD.

Meter#:

Serial #:

Check if Correct

Corrections

4041987

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WILKINS

☐

Site Use: Restaurant

Model:

975XL

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RP

☐

Mailing Address

Size:

2.00

☐

Orientation:

☐

Protection:

☐

ATNN:STAN

PANERA BREAD #4799

3780 FRAZEYSBURG RD.

ZANESVILLE, OH 43701

Test Due No Later than:

06/04/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Date _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4899

Backflow Prevention Assembly Test Report

PANERA BREAD #4799

Location: IN CEILING ABOVE COOKS LINE.

3780 FRAZEYSBURG RD.

Meter#:

Serial #:

Check if Correct

Corrections

4044697

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WILKINS

☐

Site Use: Restaurant

Model:

950XL

☐

Hazard: ISOLATION LOW

Type:

DC

☐

Mailing Address

Size:

0.75

☐

ATNN:STAN

PANERA BREAD #4799

3780 FRAZEYSBURG RD.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

06/04/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4900

Backflow Prevention Assembly Test Report

PANERA BREAD #4799

Location: MECH. ROOM.

3780 FRAZEYSBURG RD.

Meter#:

Serial #:

Check if Correct

Corrections

52565

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Restaurant

Model:

919

☐

Hazard: IRRIGATION MED-ISOLATION

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

Orientation:

☐

Protection:

☐

ATNN:STAN

PANERA BREAD #4799

3780 FRAZEYSBURG RD.

ZANESVILLE, OH 43701

Test Due No Later than:

06/04/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3207

Backflow Prevention Assembly Test Report

PAPA JOHNS PIZZA

75 N.MAYSVILLE PIKE,UNIT C

SO.ZANESVILLE, OH 43701

Site Use: PIZZA SALES

Hazard: CONTAINMENT COMM.LOW

Mailing Address

JOE & JENIFER HOGUE
PAPA JOHNS PIZZA SHOP
75 N.MAYSVILLE PIKE,UNIT C

SO.ZANESVILLE, OH 43701

Location: BACK LEFT HAND SIDE OF SPACE.

Meter#:

LID/Service:

Account #: PAPA JOHNS PIZZA

Serial #:

20455

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

02/02/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1359

Backflow Prevention Assembly Test Report

PAPA JOHN'S #807

1434 MAPLE AVENUE

ZANESVILLE, OH 43701

Site Use: Retail/FOOD

Hazard: CONTAINMENT COMM.LOW

Mailing Address

JOSEPH HOGUE, PRESIDENT
PAPA JOHN'S
1434 MAPLE AVENUE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT. - BASEMENT, BOTTOM OF STEPS.

Meter#:

LID/Service:

Account #: PAPAJOHNSMAPLE

Serial #:

A40284

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

06/18/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5474

Backflow Prevention Assembly Test Report

PAPA JOHN'S SUITE 1

439 CAMBRIDGE ROAD

COSHOCOTON, OH 43812

Site Use: PIZZA SHOP

Hazard: CONTAINMENT COMM.LOW

Mailing Address

JOSEPH HOUGE
PAPA JOHN'S
439 CAMBRIDGE RD
SUITE 1
COSHOCOTON, OH 43812

Location: _____

Meter#:

LID/Service:

Account #: PAPA JOHNS

Serial #:

44892

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

LF719QT

Type:

DC

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

10/21/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Submit completed
Test Report:

Fax:



Service Address

Hazard/CCID: 5475

Backflow Prevention Assembly Test Report

PAPA JOHN'S SUITE 1

439 CAMBRIDGE ROAD

COSHOCOTON, OH 43812

Site Use: PIZZA SHOP

Hazard: CONTAINMENT COMM.LOW

Mailing Address

JOSEPH HOUGE
PAPA JOHN'S
439 CAMBRIDGE RD
SUITE 1
COSHOCOTON, OH 43812

Location: _____

Meter#:

LID/Service:

Account #: PAPA JOHNS

Serial #:

44893

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

LF719QT

Type:

DC

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

10/21/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5476

Backflow Prevention Assembly Test Report

PAPA JOHN'S SUITE 1

439 CAMBRIDGE ROAD

COSHOCOTON, OH 43812

Site Use: PIZZA SHOP

Hazard: CONTAINMENT COMM.LOW

Mailing Address

JOSEPH HOUGE
PAPA JOHN'S
439 CAMBRIDGE RD
SUITE 1
COSHOCOTON, OH 43812

Location: _____

Meter#:

LID/Service:

Account #: PAPA JOHNS

Serial #:

18424

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

LF719QT

Type:

DC

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

10/21/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2563

Backflow Prevention Assembly Test Report

PAR MAR STORE #48

1460 GREENWOOD AVENUE

ZANESVILLE, OH 43701

Site Use: Convenience/gas station

Hazard: CONTAINMENT COMM. MED.

Mailing Address

JERALYNNE OFFENBERGER
PAR MAR OIL COMPANY
114- A WESTVIEW AVE.

MARIETTA, OH 45750

Location: MECH. RM. BEHIND COUNTER.(WATER SERVICE CONTAINMENT).

Meter#:

LID/Service:

Account #: PARMAR #48

Serial #:

176281

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

03/11/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Submit completed
Test Report:

Fax:



Service Address

Hazard/CCID: 1225

Backflow Prevention Assembly Test Report

PAR MAR STORE # 49

Location: WATER SERVICE CONTAINMENT - DOMESTIC MAIN WATER

2455 WEST PIKE

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

243514

☐

ZANESVILLE, OH 43701

Account #: A & W ROOTBEER

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

PAR MAR OIL COMPANY

114-A WEST VIEW AVE.

Orientation:

☐

MARIETTA, OH 45750

Protection:

☐

Test Due No Later than:

03/11/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 346

Backflow Prevention Assembly Test Report

PAR MAR STORE # 49

Location: WATER SERVICE CONTAINMENT.*MECH RM.

2455 WEST PIKE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

00115

Account #: PARMAR#49

Manufacturer:

WATTS

Site Use:

Model:

Hazard: CONTAINMENT COMM. MED.

775

Mailing Address

Type:

DCVA

PAR MAR OIL COMPANY
114-A WEST VIEW AVE.

Size:

1.50

Orientation:

MARIETTA, OH 44750

Protection:

Test Due No Later than:

03/11/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5054

Backflow Prevention Assembly Test Report

Par Mar Store #47 Marathon

Location: MECH. ROOM.

4950 EAST PIKE

Meter#:

Serial #: 13382

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

Site Use:

Model:

719

Hazard: CONTAINMENT COMM. MED.

Type:

DCVA

Mailing Address

Size:

1.00

Orientation:

Protection:

JERALYNNE OFFENBERGER
PAR MAR STORE #47 MARATHON-SUBWAY
114-A WESTVIEW AVE.

MARIETTA, OH 45750

Test Due No Later than:

03/17/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 193

Backflow Prevention Assembly Test Report

PARK NATIONAL BANK MAIN

14 SOUTH FIFTH STREET

ZANESVILLE, OH 43701

Site Use:

Hazard: IRRIGATION MED-ISOLATION

Mailing Address

PARK NATIONAL BANK MAIN
14 SOUTH FIFTH STREET

ZANESVILLE, OH 43701

Location: LAWN SPRINKLER

Meter#:

LID/Service:

Account #: PARKMAINBRANCH

Serial #:

260850

Manufacturer:

FEBCO

Model:

825Y

Type:

RP

Size:

1.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

04/22/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 194

Backflow Prevention Assembly Test Report

PARK NATIONAL BANK MAIN

Location: WATER SERVICE CONTAINMENT.

14 SOUTH FIFTH STREET

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

1512520

☐

Account #: PARKMAINBRANCH

Manufacturer:

WILKINS

☐

Site Use:

Model:

950XL

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

1.25

☐

PARK NATIONAL BANK MAIN

Orientation:

14 SOUTH FIFTH STREET

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/22/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5283

Backflow Prevention Assembly Test Report

PARK NATIONAL BANK

Location: MECH. ROOM. BY WATER HEATER.

229 N. 3RD. ST.

Meter#:

Serial #:
40873

Check if Correct

Corrections

COSHOCTON, OH 43812

LID/Service:

Account #: PARK NATIONAL B

Manufacturer:
WATTS

Site Use:

Hazard: CONTAINMENT COMM.LOW

Model:

719QT

Mailing Address

Type:

DC

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

07/02/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 987

Backflow Prevention Assembly Test Report

PARK NATIONAL BANK

Location: FOUNTAIN, BASEMENT.

505 MARKET STREET

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

356904

☐

Account #: PARKNATIONAL

Manufacturer:

WILKINS

☐

Site Use: Bank

Model:

975XL

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

0.75

☐

PARK NATIONAL BANK

505 MARKET STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

06/22/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 988

Backflow Prevention Assembly Test Report

PARK NATIONAL BANK

Location: BOILER - BASEMENT MECH ROOM

505 MARKET STREET

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

266716

☐

Manufacturer:

WILKINS

☐

Model:

975XL

☐

Type:

RP

☐

Size:

0.75

☐

Orientation:

☐

Protection:

☐

Site Use: Bank

Hazard: ISOLATION MED.

Mailing Address

PARK NATIONAL BANK
505 MARKET STREET

ZANESVILLE, OH 43701

Test Due No Later than:

06/22/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 990

Backflow Prevention Assembly Test Report

PARK NATIONAL BANK

Location: FIRE LINE - BASEMENT MECH ROOM

505 MARKET STREET

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

21L0158

☐

Account #: PARKNATIONAL

Manufacturer:

AMES

☐

Site Use: Bank

Model:

2000 SILVER

☐

Hazard: FIRE LINE CONNECTION-LOW

Type:

DCVA

☐

Mailing Address

Size:

4.00

☐

Orientation:

☐

Protection:

☐PARK NATIONAL BANK
505 MARKET STREET

ZANESVILLE, OH 43701

Test Due No Later than:

06/22/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 991

Backflow Prevention Assembly Test Report

PARK NATIONAL BANK

Location: WATER SERVICE CONTAINMENT - BASEMENT MECH ROOM

505 MARKET STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

371866

☐

ZANESVILLE, OH 43701

Account #: PARKNATIONAL

Manufacturer:

WILKINS

☐

Site Use: Bank

Model:

950XL

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

1.50

☐

PARK NATIONAL BANK

505 MARKET STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

06/22/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 172

Backflow Prevention Assembly Test Report

PARK NATIONAL BANK

91 WEST 3RD. ST.

DRESDEN, OH 43821

Site Use: Bank

Hazard: CONTAINMENT COMM.LOW

Mailing Address

JEFF JORDAN
PARK NATIONAL BANK
P.O. BOX 507

DRESDEN, OH 43821-0507

Location: MECH ROOM -STORAGE ROOM. WATER SERVICE CONTAINMENT

Meter#:

LID/Service:

Account #: PARKDRESDEN

Serial #:

480947

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

909

Type:

RPPA

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

04/07/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3403

Backflow Prevention Assembly Test Report

PARKER DENTAL GROUP

3964 FRAZEYSBURG ROAD

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

PARKER DENTAL GROUP
2942 WEST DR.

ZANESVILLE, OH 43701-1467

Location: WATER SERVICE CONTAINMENT - BASEMENT BESIDE WATER HEATER

Meter#:

LID/Service:

Account #: PARKER DENTAL

Serial #:

A18014

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009M3QT

Type:

RP

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

03/29/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3435

Backflow Prevention Assembly Test Report

PARKER DENTAL GROUP

3964 FRAZEYSBURG ROAD

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

PARKER DENTAL GROUP
2942 WEST DR.

ZANESVILLE, OH 43701-1467

Location: WATER SERVICE CONTAINMENT - *TO NORTH OFFICES

Meter#:

LID/Service:

Account #: PARKER DENTAL

Serial #:

A25243

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

03/29/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2894

Backflow Prevention Assembly Test Report

PATRIOT WELDING

1555 FAIRVIEW ROAD

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

PATRIOT WELDING
1555 FAIRVIEW ROAD

ZANESVILLE, OH 43701

Location: WEST END OF PLANT.WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: PATRIOT WELDING

Serial #:

33790

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

2.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

05/13/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1684

Backflow Prevention Assembly Test Report

PATTON GROCERY & PIZZA

Location: WATER SERVICE CONTAINMENT - BASEMENT

5790 HOOVER AVENUE

Meter#:

Serial #: Check if Correct Corrections

EAST FULTONHAM, OH 43735

LID/Service:

35653

Account #: PATTON GROCERY

Manufacturer:

WATTS

Site Use:

Model:

007

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

DANIEL PATTON
PATTON GROCERY & PIZZA
PO BOX 118

Orientation:

EAST FULTONHAM, OH 43735

Protection:

Test Due No Later than:

03/28/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5453

Backflow Prevention Assembly Test Report

PEDIATRICS & WELLNESS

305 SUNRISE CENTER DR.

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

PEDIATRICS & WELLNESS
305 SUNRISE CENTER DR.

ZANESVILLE, OH 43701

Location: MECH. ROOM .

Meter#:

LID/Service:

Account #: PEDIATRICS WELLNES

Serial #:

21302

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719QT

Type:

DC

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

11/09/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Submit completed
Test Report:

Fax:



Service Address

Hazard/CCID: 1332

Backflow Prevention Assembly Test Report

PENDA-FORM

200 S. FRIENDSHIP DR.

NEW CONCORD, OH 43762

Site Use: **Factory**

Hazard:

Mailing Address

JONATHAN ZUFELL
PENDA-FORM
200 S. FRIENDSHIP DR.

NEW CONCORD, OH 43762

Location: **WATER SERVICE CONTAINMENT - MECH ROOM**

Meter#:

LID/Service:

Account #: **PENDAFORM**

Serial #:

114926

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

2.00

Orientation:

Protection:

Test Due No Later than:

12/23/2022Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Submit completed
Test Report:

Fax:



Service Address

Hazard/CCID: 1333

Backflow Prevention Assembly Test Report

PENDA-FORM

Location: ISOLATION - MECH ROOM, BOILER FEED.

200 S. FRIENDSHIP DR.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

52138

☐

NEW CONCORD, OH 43762

Account #: PENDA-FORM

Manufacturer:

WATTS

☐

Site Use: Factory

Model:

009

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

JONATHAN ZUFELL

PENDA-FORM

200 S. FRIENDSHIP DR.

Orientation:

☐

NEW CONCORD, OH 43762

Protection:

☐

Test Due No Later than:

12/23/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1334

Backflow Prevention Assembly Test Report

PENDA-FORM

Location: FIRE LINE - MECH ROOM

200 S. FRIENDSHIP DR.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

2DN0652

☐

NEW CONCORD, OH 43762

Account #: PENDA-FORM

Manufacturer:

AMES

☐

Site Use: Factory

Model:

2000 SILVER

☐

Hazard: FIRE LINE CONNECTION-LOW

Type:

DCVA

☐

Mailing Address

Size:

4.00

☐

JONATHAN ZUFELL

PENDA-FORM

200 S. FRIENDSHIP DR.

Orientation:

☐

NEW CONCORD, OH 43762

Protection:

☐

Test Due No Later than:

12/23/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1335

Backflow Prevention Assembly Test Report

PENDA-FORM

Location: ISOLATION - LAWN SPRINKLER - MECH ROOM

200 S. FRIENDSHIP DR.

Meter#:

Serial #:

Check if Correct

Corrections

125643

☐

NEW CONCORD, OH 43762

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Factory

Model:

009

☐

Hazard: IRRIGATION MED-ISOLATION

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

JONATHAN ZUFELL

PENDA-FORM

200 S. FRIENDSHIP DR.

Orientation:

☐

NEW CONCORD, OH 43762

Protection:

☐

Test Due No Later than:

12/23/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1336

Backflow Prevention Assembly Test Report

PENDA-FORM

Location: FIRE LINE - BASEMENT

200 S. FRIENDSHIP DR.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

2DN0166

☐

NEW CONCORD, OH 43762

Account #: PENDAFORM

Manufacturer:

AMES

☐

Site Use: Factory

Model:

2000 SILVER

☐

Hazard: FIRE LINE CONNECTION-LOW

Type:

DCVA

☐

Mailing Address

Size:

4.00

☐

JONATHAN ZUFELL

PENDAFORM

200 S. FRIENDSHIP DR.

Orientation:

☐

NEW CONCORD, OH 43762

Protection:

☐

Test Due No Later than:

12/23/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1337

Backflow Prevention Assembly Test Report

PENDA-FORM

Location: WATER SERVICE CONTAINMENT. - MECH ROOM

200 S. FRIENDSHIP DR.

Meter#:

Serial #:

Check if Correct

Corrections

116823

☐

NEW CONCORD, OH 43762

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Factory

Model:

009

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

JONATHAN ZUFELL

PENDA-FORM

200 S. FRIENDSHIP DR.

Orientation:

☐

NEW CONCORD, OH 43762

Protection:

☐

Test Due No Later than:

12/23/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1257

Backflow Prevention Assembly Test Report

PEOPLES BANK

3108 MAPLE AVENUE

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

PEOPLES BANK
138 PUTNAM STREET

MARIETTA, OH 45750

Location: WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: PEOPLES BANK-1

Serial #:

94035

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

1.50

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

03/11/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1604

Backflow Prevention Assembly Test Report

PEOPLES BANK

200 MAIN STREET

COSHOCTON, OH 43812

Site Use:

Hazard: ISOLATION MED.

Mailing Address

PEOPLES BANK

138 PUTNAM STREET

MARIETTA, OH 45750

Location: MECH. ROOM,*BOILER FEED WATER.

Meter#:

LID/Service:

Account #: PEOPLES BANK-2

Serial #:

386505

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

909

Type:

RP

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

11/14/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1605

Backflow Prevention Assembly Test Report

PEOPLES BANK

200 MAIN STREET

COSHOCOTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

PEOPLES BANK

138 PUTNAM STREET

MARIETTA, OH 45750

Location: WATER SERVICE. - DOMESTIC WATER.

Meter#:

LID/Service:

Account #: PEOPLES BANK-2

Serial #:

274574

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

909

Type:

RPPA

Size:

1.50

Orientation:

Protection:

PAST DUE

Test Due No Later than:

11/14/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2828

Backflow Prevention Assembly Test Report

PEOPLES BANK

200 MAIN STREET

COSHOCOTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

PEOPLES BANK

138 PUTNAM STREET

MARIETTA, OH 45750

Location: BASEMENT,MECH. ROOM.*WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: PEOPLES BANK-2

Serial #:

W130527

Check if Correct

Corrections

Manufacturer:

WILKINS

Model:

950XL

Type:

DC

Size:

1.50

Orientation:

Protection:

PAST DUE

Test Due No Later than:

11/14/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2850

Backflow Prevention Assembly Test Report

PEOPLES BANK

200 MAIN STREET

COSHOCOTON, OH 43812

Site Use:

Hazard: FIRE LINE CONNECTION-MEDIUM

Mailing Address

PEOPLES BANK

138 PUTNAM STREET

MARIETTA, OH 45750

Location: MECH. RM., *FIRE LINE.

Meter#:

LID/Service:

Account #: PEOPLES BANK-2

Serial #:

444984

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

909

Type:

RPPA

Size:

2.00

Orientation:

Protection:

PAST DUE

Test Due No Later than:

11/14/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3058

Backflow Prevention Assembly Test Report

PEOPLES BANK

200 MAIN STREET

COSHOCOTON, OH 43812

Site Use:

Hazard: FIRE LINE CONNECTION-MEDIUM

Mailing Address

PEOPLES BANK

138 PUTNAM STREET

MARIETTA, OH 45750

Location: FIRE LINE - BASEMENT

Meter#:

LID/Service:

Account #: PEOPLES BANK-2

Serial #:

IK-1243

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

957

Type:

RP

Size:

4.00

Orientation:

Protection:

PAST DUE

Test Due No Later than:

11/14/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3059

Backflow Prevention Assembly Test Report

PEOPLES BANK

200 MAIN STREET

COSHOCOTON, OH 43812

Site Use:

Hazard: FIRE LINE BYPASS-MEDIUM

Mailing Address

PEOPLES BANK

138 PUTNAM STREET

MARIETTA, OH 45750

Location: FIRE LINE BY-PASS - BASEMENT

Meter#:

LID/Service:

Account #: PEOPLES BANK-2

Serial #:

20570

Manufacturer:

WATTS

Model:

919

Type:

RPPA

Size:

0.75

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

11/14/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1362

Backflow Prevention Assembly Test Report

PEPSI-COLA BOTTLING COMPAN

Location: WATER SERVICE CONTAINMENT.

335 NORTH 6TH STREET

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

237832

☐

Account #: PEPSI-COLA

Manufacturer:

WATTS

☐

Site Use: BOTTLING PLANT

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

JIM KELLY

PEPSI-COLA BOTTLING COMPANY

335 NORTH 6TH STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/19/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 946

Backflow Prevention Assembly Test Report

DOMINOS PIZZA

1645 MAYSVILLE AVE.

ZANESVILLE, OH 43701

Site Use: PIZZA SHOP

Hazard: CONTAINMENT COMM.LOW

Mailing Address

DENISE
PERCISION PIZZA LLC
P.O. BOX 2416

ZANESVILLE, OH 43701

Location: MECH ROOM.

Meter#:

LID/Service:

Account #: DOMINOS-MAYSVILLE

Serial #:

94916

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

1.00

Orientation:

Protection:

PAST DUE

Test Due No Later than:

01/19/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 342

Backflow Prevention Assembly Test Report

PERFORMANCE CAR WASH

6200 FRAZEYSBURG ROAD

NASHPORT, OH 43830

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

CHARLES FRANK
PERFORMANCE WASH
2505 ARCHER LANE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: PERFORMANCE WASH

Serial #:

224775

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

2.00

Orientation:

Protection:

PAST DUE

Test Due No Later than:

10/30/2020

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____



Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5216

Backflow Prevention Assembly Test Report

PET SMART

3909 GORSKY DRIVE

ZANESVILLE, OH 43701

Site Use: Pet Store

Hazard: CONTAINMENT COMM.LOW

Mailing Address

PET SMART
3909 GORSKY DRIVE

ZANESVILLE, OH 43701

Location: MECHANICAL ROOM - FIRELINE

Meter#:

LID/Service:

Account #: PET SMART

Serial #: Check if Correct Corrections

1309390917

Manufacturer:

AMES

Model:

4000SS

Type:

RP

Size:

6.00

Orientation:

Protection:

Test Due No Later than:

05/08/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 688

Backflow Prevention Assembly Test Report

PET VALU - CLOSED

Location: WATER SERVICE CONTAINMENT.

3291 MAPLE AVENUE

Meter#:

Serial #: Check if Correct Corrections

1276607

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WILKINS

☐

Site Use:

Model:

975XL

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RP

☐

Mailing Address

Size:

1.00

☐

PET VALU

Orientation:

3291 MAPLE AVENUE

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

01/31/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2714

Backflow Prevention Assembly Test Report

COSHOCOTON READINESS CENTE

Location: MECH.RM.*FIRE LINE BY PASS

24680 AIRPORT RD.

Meter#:

Serial #: 05760

Check if Correct

Corrections

COSHOCOTON, OH 43812

LID/Service:

Manufacturer:

AMES

Site Use:

Model:

4000B

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

Mailing Address

Size:

0.75

Orientation:

Protection:

ATTN: JOYCE
PHILIP WAGNER PLUMBING
763 SOUTH SIXTH STREET

COSHOCOTON, OH 43812

Test Due No Later than:

11/02/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2715

Backflow Prevention Assembly Test Report

COSHOCKTON READINESS CENTE

Location: MECH. RM. *FIRE MAIN.

24680 AIRPORT RD.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

1023380104

☐

COSHOCKTON, OH 43812

Account #: COSH.READINESS CTR

Manufacturer:

AMES

☐

Site Use:

Model:

5000

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

6.00

☐

ATTN: JOYCE

PHILIP WAGNER PLUMBING

763 SOUTH SIXTH STREET

Orientation:

☐

COSHOCKTON, OH 43812

Protection:

☐

Test Due No Later than:

11/02/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2716

Backflow Prevention Assembly Test Report

COSHOCKTON READINESS CENTE

Location: MECH. RM.*BOILER FEED.

24680 AIRPORT RD.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

583476

☐

COSHOCKTON, OH 43812

Account #: COSH.READINESS CTR

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

ATTN: JOYCE

PHILIP WAGNER PLUMBING

763 SOUTH SIXTH STREET

Orientation:

☐

COSHOCKTON, OH 43812

Protection:

☐

Test Due No Later than:

11/02/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5028

Backflow Prevention Assembly Test Report

COSHOCKTON READINESS CENTE

Location: MECH. ROOM.

24680 AIRPORT RD.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

S1-0794

☐

COSHOCKTON, OH 43812

Account #: COSH.READINESS CTR

Manufacturer:

WATTS

☐

Site Use:

Model:

957

☐

Hazard: CONTAINMENT RESIDENTIAL MED.

Type:

RP

☐

Mailing Address

Size:

3.00

☐

ATTN: JOYCE

PHILIP WAGNER PLUMBING

763 SOUTH SIXTH STREET

Orientation:

☐

COSHOCKTON, OH 43812

Protection:

☐

Test Due No Later than:

11/02/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 98

Backflow Prevention Assembly Test Report

PHILLIPS MEAT PROCESSING

Location: MECH ROOM. * WATER SERVICE CONTAINMENT.

2790 RIDGE ROAD

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

428631

Account #: PHILLIPSMEATS

Manufacturer:

WATTS

Site Use: Food Processing

Model:

009

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

Mailing Address

Size:

0.75

Orientation:

Protection:

DALE PHILLIPS

PHILLIPS MEAT PROCESSING

2790 RIDGE ROAD

ZANESVILLE, OH 43701

Test Due No Later than:

10/31/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3157

Backflow Prevention Assembly Test Report

PHILLIPS MEAT PROCESSING

Location: MEAT SMOKER ROOM.

2790 RIDGE ROAD

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

01081

☐

Account #: PHILLIPSMEATS

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

919

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

0.50

☐

DALE PHILLIPS

PHILLIPS MEAT PROCESSING

2790 RIDGE ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

10/31/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4198

Backflow Prevention Assembly Test Report

PHYSICIANS GROUP OF S.E. OHIO

Location: MECH. RM.

3606 MAPLE AVE.

Meter#:

Serial #: 31467

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: PHYSICIANS GROUP

Manufacturer:

WATTS

Site Use: Business Office

Model:

719

Hazard: FIRE LINE CONNECTION-LOW

Type:

DCVA

Mailing Address

Size:

1.00

Orientation:

Protection:

PHYSICIANS GROUP OF S.E. OHIO INC.

3606 MAPLE AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

08/13/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4198

Backflow Prevention Assembly Test Report

PHYSICIANS GROUP OF S.E. OHIO

Location: MECH. RM.

3606 MAPLE AVE.

Meter#:

Serial #: 31467

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: PHYSICIANS GROUP

Manufacturer:

WATTS

Site Use: Business Office

Model:

719

Hazard: FIRE LINE CONNECTION-LOW

Type:

DCVA

Mailing Address

Size:

1.00

Orientation:

Protection:

PHYSICIANS GROUP OF S.E. OHIO INC.

P.O. BOX 1821

ZANESVILLE, OH 43702

Test Due No Later than:

08/13/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4633

Backflow Prevention Assembly Test Report

PHYSICIANS GROUP OF S.E. OHIO

Location: MECH. RM.

3606 MAPLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

08942

☐

ZANESVILLE, OH 43701

Account #: PHYSICIANS GROUP

Manufacturer:

WATTS

☐

Site Use: Business Office

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.50

☐

PHYSICIANS GROUP OF S.E. OHIO INC.

P.O. BOX 1821

Orientation:

☐

ZANESVILLE, OH 43702

Protection:

☐

Test Due No Later than:

08/13/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5136

Backflow Prevention Assembly Test Report

PICKAWAY AERA RECOVERY SE

Location: BASEMENT

2813 MAYSVILLE AVE.

Meter#:

Serial #: 37062

Check if Correct

Corrections

S.ZANESVILLE, OH 43701

LID/Service:

Account #: PICKAWAY RECOVERY

Manufacturer: WATTS

Site Use:

Hazard: CONTAINMENT COMM.LOW

Model: 719

Mailing Address

Type: DCVA

Size: 0.75

Orientation:

Protection:

PICKAWAY AERA RECOVERY SERVICES
2813 MAYSVILLE AVE.

S.ZANESVILLE, OH 43701

Test Due No Later than:

03/22/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1364

Backflow Prevention Assembly Test Report

PICNIC PIZZA/ITALIAN EATERY

1250 MAPLE AVENUE

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

CINDY McCONNELL
PICNIC PIZZA ITALIAN EATERY
1250 MAPLE AVENUE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT. - MEN'S RESTROOM.

Meter#:

LID/Service:

Account #: PICNICPIZZAEATERY

Serial #:

11582

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

02/27/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3005

Backflow Prevention Assembly Test Report

PIZZA HUT

143 A, N. MAYSVILLE PIKE

ZANESVILLE, OH 43701

Site Use: Retail FOOD

Hazard: CONTAINMENT COMM.LOW

Mailing Address

MANAGER
PIZZA HUT
143A NORTH MAYSVILLE PIKE

ZANESVILLE, OH 43701

Location: ABOVE CEILING, AT MOP SINK.

Meter#:

LID/Service:

Account #: SOUTHPOINTE-08

Serial #:

A66139

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

1.00

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

10/15/2017

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1373

Backflow Prevention Assembly Test Report

PIZZA HUT

3355 MAPLE AVENUE

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

MANAGER
PIZZA HUT
3355 MAPLE AVENUE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: PIZZAHUTMAPLE

Serial #:

757024

Check if Correct

Corrections

Manufacturer:

WILKINS

Model:

975XL

Type:

RP

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

07/26/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5197

Backflow Prevention Assembly Test Report

PIZZA HUT

700 S.2ND. ST.

COSHOCTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

PIZZA HUT

700 S.2ND. ST.

COSHOCTON, OH 43812

Location: MECH. ROOM.

Meter#:

LID/Service:

Account #: PIZZA HUT COSH.

Serial #:

14614

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

919QT

Type:

RP

Size:

1.50

Orientation:

Protection:

Test Due No Later than:

04/02/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5214

Backflow Prevention Assembly Test Report

ICE MACHINE -PARKING LOT

Location: SEPARATE TAP FROM STREET.

2572 MAPLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

?

☐

ZANESVILLE, OH 43701

Account #: ICE MACHINE

Manufacturer:

APOLLO/CONBRACO

Site Use:

Model:

DC40

Hazard: CONTAINMENT COMM. MED.

Type:

DC

Mailing Address

Size:

0.75

Orientation:

Protection:

PIZZA HUT

700 S.2ND. ST.

COSHOCOTON, OH 43812

Test Due No Later than:

04/30/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5268

Backflow Prevention Assembly Test Report

PIZZA HUT

700 S.2ND. ST.

COSHOCOTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

PIZZA HUT

700 S.2ND. ST.

COSHOCOTON, OH 43812

Location: CENTER SUITE,CREDIT UNION

Meter#:

LID/Service:

Account #: PIZZA HUT COSH.

Serial #:

44747

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719QT

Type:

DC

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

04/02/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5286

Backflow Prevention Assembly Test Report

SPROUT GARDEN CENTER

Location: GREEN HOUSE.

601 WEST CHESTNUT ST.

Meter#:

Serial #:

Check if Correct

Corrections

44942

☐

COSHOCOTON, OH 43812

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

LF719QT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

DC

☐

Mailing Address

Size:

0.75

☐

PIZZA HUT

700 S.2ND. ST.

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

06/17/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5413

Backflow Prevention Assembly Test Report

Breaking Free Therapeutic Riding

Location: IN METER PIT

2781 N. MOOSE EYE RD.

Meter#:

Serial #:

Check if Correct

Corrections

21478

☐

NORWICH, OH 43767

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

719QT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

DC

☐

Mailing Address

Size:

1.00

☐

PIZZA HUT

700 S.2ND. ST.

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

08/23/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5414

Backflow Prevention Assembly Test Report

FAZOLIS RESTAURANT

Location: MECH. ROOM.

2580 MAPLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

11425

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

2.00

☐

PIZZA HUT

Orientation:

☐

700 S.2ND. ST.

Protection:

☐

COSHOCKTON, OH 43812

Test Due No Later than:

08/24/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5428

Backflow Prevention Assembly Test Report

JIFFY LUBE-ZANESVILLE 3217

Location: BASEMENT WEST WALL.

1103 LINDEN AVE.

Meter#:

Serial #:

Check if Correct

Corrections

148734

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: REPAIR SHOP

Model:

009M3QT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

0.75

☐

PIZZA HUT

Orientation:

☐

700 S.2ND. ST.

Protection:

☐

COSHOCKTON, OH 43812

Test Due No Later than:

07/28/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5443

Backflow Prevention Assembly Test Report

BEE CLEAN

Location: MECH. ROOM.

2455 MAYSVILLE PIKE

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

39605

☐

Account #: BEE CLEAN-2

Manufacturer:

WATTS

☐

Site Use:

Model:

919QT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

2.00

☐

Orientation:

☐

Protection:

☐

PIZZA HUT

700 S.2ND. ST.

COSHOCTON, OH 43812

Test Due No Later than:

10/07/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5462

Backflow Prevention Assembly Test Report

CALVARY CHAPEL

Location: 1/2 BATH DOWNSTAIRS

1242 E MAIN ST

Meter#:

Serial #:

Check if Correct

Corrections

41238

☐

LID/Service:

Manufacturer:

WATTS

☐

COSHOCOTON, OH 43812

Account #: CALVARYCHAPEL

Model:

719QT

☐

Site Use: Church

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

0.75

☐

PIZZA HUT

700 S.2ND. ST.

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

11/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4273

Backflow Prevention Assembly Test Report

PIZZA POINT

301 WALNUT STREET

COSHOCTON, OH 43812

Site Use: Restaurant

Hazard: CONTAINMENT COMM.LOW

Mailing Address

EDWARD BLAHO, OWNER
PIZZA POINT
15871 T.R. 1162

CONESVILLE, OH 43811

Location: UTILITY ROOM.

Meter#:

LID/Service:

Account #: PIZZAPOINT

Serial #:

27002

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

01/17/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 327

Backflow Prevention Assembly Test Report

PLASKOLITE, INC.

1175 5B'S DRIVE

ZANESVILLE, OH 43701

Site Use: Factory

Hazard: IRRIGATION MED-ISOLATION

Mailing Address

DOUG HOCHULI, MTCE. SUPT.
PLASKOLITE, INC.
1175 5B'S DRIVE

ZANESVILLE, OH 43701

Location: LAWN SPRINKLER. - SPRINKLER PUMP ROOM.

Meter#:

LID/Service:

Account #: PLASKOLITE

Serial #:

352947

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

909

Type:

RPPA

Size:

1.50

Orientation:

Protection:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Test Due No Later than:

05/29/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 329

Backflow Prevention Assembly Test Report

PLASKOLITE, INC.

1175 5B'S DRIVE

ZANESVILLE, OH 43701

Site Use: Factory

Hazard: CONTAINMENT COMM. MED.

Mailing Address

DOUG HOCHULI, MTCE. SUPT.

PLASKOLITE, INC.

1175 5B'S DRIVE

ZANESVILLE, OH 43701

Location: SPRINKLER PUMP ROOM.

Meter#:

LID/Service:

Account #: PLASKOLITE

Serial #:

357263

Check if Correct

Corrections

☐

Manufacturer:

WATTS

☐

Model:

909

☐

Type:

RPPA

☐

Size:

2.00

☐

Orientation:

☐

Protection:

☐

Test Due No Later than:

05/29/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 331

Backflow Prevention Assembly Test Report

PLASKOLITE, INC.

1175 5B'S DRIVE

ZANESVILLE, OH 43701

Site Use: Factory

Hazard: FIRE LINE CONNECTION-MEDIUM

Mailing Address

DOUG HOCHULI, MTCE. SUPT.

PLASKOLITE, INC.

1175 5B'S DRIVE

ZANESVILLE, OH 43701

Location: FIRE LINE.- SPRINKLER PUMP ROOM.

Meter#:

LID/Service:

Account #: PLASKOLITE

Serial #:

6071309

Check if Correct

Corrections

Manufacturer:

FEBCO

Model:

826YD

Type:

RPDA

Size:

8.00

Orientation:

Protection:

Test Due No Later than:

05/29/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1136

Backflow Prevention Assembly Test Report

PLASKOLITE

900 AIRPARK RD.

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

DOUG HOCHULI, MTCE. SUPT.
PLASKOLITE, INC.
1175 5B'S DRIVE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT - JANITOR CLOSET

Meter#:

LID/Service:

Account #: PLASKOLITE

Serial #:

417537

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

909

Type:

RPPA

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

06/22/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5277

Backflow Prevention Assembly Test Report

PLASKOLITE, INC.

Location: MECH. ROOM.

1175 5B'S DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

43324

☐

ZANESVILLE, OH 43701

Account #: PLASKOLITE

Manufacturer:

WATTS

☐

Site Use: Factory

Model:

919

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

DOUG HOCHULI, MTCE. SUPT.

PLASKOLITE, INC.

1175 5B'S DRIVE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

05/29/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5278

Backflow Prevention Assembly Test Report

PLASKOLITE, INC.

Location: MECH. ROOM.

1175 5B'S DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

5G-0397

Manufacturer:

WATTS

Site Use: Factory

Model:

957

Hazard: FIRE LINE CONNECTION-MEDIUM

Mailing Address

Type:

RP

Size:

6.00

Orientation:

Protection:

DOUG HOCHULI, MTCE. SUPT.

PLASKOLITE, INC.

1175 5B'S DRIVE

ZANESVILLE, OH 43701

Test Due No Later than:

05/29/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5279

Backflow Prevention Assembly Test Report

PLASKOLITE, INC.

Location: MECH. ROOM.

1175 5B'S DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

253816

☐

ZANESVILLE, OH 43701

Account #: PLASKOLITE

Manufacturer:

WATTS

☐

Site Use: Factory

Model:

909

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RP

☐

Mailing Address

Size:

6.00

☐

DOUG HOCHULI, MTCE. SUPT.

PLASKOLITE, INC.

1175 5B'S DRIVE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

05/29/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 711

Backflow Prevention Assembly Test Report

PLEASANT GROVE UNITED METHODIST
400 PLEASANT GROVE ROAD

ZANESVILLE, OH 43701

Site Use:

Hazard: **CONTAINMENT COMM.LOW**

Mailing Address

TRUSTEES
PLEASANT GROVE UNITED METHODIST
400 PLEASANT GROVE ROAD

ZANESVILLE, OH 43701

Location: **WATER SERVICE CONTAINMENT. - MECH ROOM.**

Meter#:

LID/Service:

Account #: **PLEASANTGROVEUM**

Serial #:

11267

Check if Correct

Corrections

☐

Manufacturer:

WATTS☐

Model:

007☐

Type:

DCVA☐

Size:

1.00☐

Orientation:

☐

Protection:

☐

Test Due No Later than:

01/23/2023Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3825

Backflow Prevention Assembly Test Report

PNC BANK

1719 MAYSVILLE AVE.

ZANESVILLE, OH 43701

Site Use: Bank

Hazard: CONTAINMENT COMM.LOW

Mailing Address

PNC BANK

2920 MAPLE AVE.

ZANESVILLE, OH 43701-1407

Location: BASEMENT.

Meter#:

LID/Service:

Account #: PNC BANK-SOUTH

Serial #:

3652046

Check if Correct

Corrections

Manufacturer:

WILKINS

Model:

975XL2TCU

Type:

RP

Size:

1.50

Orientation:

Protection:

PAST DUE

Test Due No Later than:

03/05/2021

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1286

Backflow Prevention Assembly Test Report

PNC BANK

2920 NORTH MAPLE AVENUE

ZANESVILLE, OH 43701

Site Use: Bank

Hazard: CONTAINMENT COMM.LOW

Mailing Address

GUY JONES, OPERATIONS MGR.

PNC BANK

2920 NORTH MAPLE AVENUE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT - MECH ROOM

Meter#:

LID/Service:

Account #: PNCBANK

Serial #:
07361Manufacturer:
WATTSModel:
007Type:
DCVASize:
1.00

Orientation:

Protection:

Check if Correct

☐☐☐☐☐☐☐

Test Due No Later than:

06/26/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1287

Backflow Prevention Assembly Test Report

PNC BANK

2920 NORTH MAPLE AVENUE

ZANESVILLE, OH 43701

Site Use: Bank

Hazard: FIRE LINE CONNECTION-LOW

Mailing Address

GUY JONES, OPERATIONS MGR.

PNC BANK

2920 NORTH MAPLE AVENUE

ZANESVILLE, OH 43701

Location: FIRE LINE.* MECH ROOM.

Meter#:

LID/Service:

Account #: PNCBANK

Serial #:

06676

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

06/26/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3689

Backflow Prevention Assembly Test Report

PNC BANK

435 CHESTNUT STREET

COSHOCTON, OH 43812

Site Use: Bank

Hazard: CONTAINMENT COMM.LOW

Mailing Address

PNC BANK

435 CHESTNUT ST.

COSHOCTON, OH 43812

Location: MECH. ROOM IN BASEMENT

Meter#:

LID/Service:

Account #: PNCBANK-2

Serial #:

07592

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

1.50

Orientation:

Protection:

PAST DUE

Test Due No Later than:

07/12/2020

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2899

Backflow Prevention Assembly Test Report

POLICE ATHLETIC LEAGUE

804 PINE ST.

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

POLICE ATHLETIC LEAGUE
401 MARKET ST. #210

ZANESVILLE, OH 43702

Location: WEST WALL, *WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: POLICEATHLETICLEAG

Serial #:

A85323

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

03/16/2021

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2829

Backflow Prevention Assembly Test Report

POLLOCK APARTMENTS

Location: MECH. ROOM, BASEMENT. *WATER SERVICE CONTAINMENT.

502 MARKET ST.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

L36201

740-452-4337

Account #: POLLOCKAPARTMENTS

Manufacturer:

WILKINS

Site Use:

Model:

375

Hazard: CONTAINMENT COMM.LOW

Type:

RPDA

Mailing Address

Size:

3.00

Orientation:

Protection:

HARVEST MANAGEMENT GROUP
POLLOCK APARTMENTS
502 MARKET ST.

ZANESVILLE, OH 43701

Test Due No Later than:

02/13/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2830

Backflow Prevention Assembly Test Report

POLLOCK APARTMENTS

Location: BASEMENT, MECH. ROOM.* FIRE MAIN.

502 MARKET ST.

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

104043

☐

740-452-4337

Account #: POLLOCKAPARTMENTS

Manufacturer:

AMES

☐

Site Use:

Model:

5000

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

6.00

☐

Orientation:

☐

Protection:

☐

HARVEST MANAGEMENT GROUP
POLLOCK APARTMENTS
502 MARKET ST.

ZANESVILLE, OH 43701

Test Due No Later than:

02/13/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2831

Backflow Prevention Assembly Test Report

POLLOCK APARTMENTS

Location: BASEMENT, MECH. ROOM.*FIRE READER.

502 MARKET ST.

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

09318

☐

740-452-4337

Account #: POLLOCKAPARTMENTS

Manufacturer:

AMES

☐

Site Use:

Model:

4000B

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐

HARVEST MANAGEMENT GROUP

POLLOCK APARTMENTS

502 MARKET ST.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

02/13/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3690

Backflow Prevention Assembly Test Report

PORTER PROCESSING

Location: BACK RIGHT CORNER. (650 G.W. MORSE ST.)

650 G.W. MORSE ST.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

28866

☐

ZANESVILLE, OH 43701

Account #: PORTERPROCESSING-4

Manufacturer:

WATTS

☐

Site Use: Manufacturing - Heavy

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐VIRGINIA PORTER
PORTER PROCESSING
617 LINDEN AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

05/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3692

Backflow Prevention Assembly Test Report

PORTER WELDING

645 LINDEN AVE.

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

VIRGINIA PORTER
PORTER WELDING INC.
601 LINDEN AVE.

ZANESVILLE, OH 43701

Location: BASEMENT.

Meter#:

LID/Service:

Account #: PORTER WELDING-3

Serial #:

12504

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

05/09/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3597

Backflow Prevention Assembly Test Report

PORTER WELDING INC.

Location: IN MAIN SHOPEAST WALL.

601 LINDEN AVE.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

27848

Account #: PORTER WELDING-1

Manufacturer:

WATTS

Site Use: main shop

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

05/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3598

Backflow Prevention Assembly Test Report

PORTER WELDING INC.

Location: EAST WALL IN SHOP.

617 LINDEN AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

29427

☐

ZANESVILLE, OH 43701

Account #: PORTER WELDING-2

Manufacturer:

WATTS

☐

Site Use: Business Office

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

VIRGINIA PORTER

PORTER WELDING INC.

617 LINDEN AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

05/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Date _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4591

Backflow Prevention Assembly Test Report

PRANCING POODLE

Location: BASEMENT.

910 CHESTNUT ST.

Meter#:

Serial #: 31450

Check if Correct

Corrections

DRESDEN, OH 43821

LID/Service:

Manufacturer:

WATTS

Site Use:

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

JACKIE PRINCE
PRANCING POODLE
910 CHESTNUT ST.

DRESDEN, OH 43821

Test Due No Later than:

09/04/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2627

Backflow Prevention Assembly Test Report

PRATERS HI-WAY MARKET

Location: IN HOUSE EAST OF STORE.

970 RAIDERS ROAD

Meter#:

Serial #:

Check if Correct

Corrections

ADAMS MILLS, OH 43801

LID/Service:

09664

☐

Account #: PRATERS MARKET

Manufacturer:

WATTS

☐

Site Use: PRODUCE MARKET

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

RALPH PRATER

PRATERS HI-WAY MARKET

970 RAIDERS ROAD

Orientation:

☐

ADAMS MILLS, OH 43801

Protection:

☐

Test Due No Later than:

04/30/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4255

Backflow Prevention Assembly Test Report

PRAXAIR DISTRIBUTION INC.

Location: BASEMENT.

130 N.3RD ST.

Meter#:

Serial #: 11512

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

Site Use:

Hazard: CONTAINMENT COMM.LOW

Model:

719

Mailing Address

Type:

DCVA

Size:

1.00

Orientation:

Protection:

PRAXAIR DISTRIBUTION INC.
130 N.3RD ST.

ZANESVILLE, OH 43701

Test Due No Later than:

08/13/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1693

Backflow Prevention Assembly Test Report

PRECISION FABRICATING

1755 KEMPER COURT

ZANESVILLE, OH 43702

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

CHARLIE SODE
PRECISION FABRICATING
P.O. Box 2065

ZANESVILLE, OH 43702

Location: *WATER SERVICE CONTAINMENT. - LADIES RESTROOM UNDER LAVATORY.

Meter#:

LID/Service:

Account #: PRECISIONFABRICATE

Serial #:

61939

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

03/31/2018

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4639

Backflow Prevention Assembly Test Report

PRESBYTERIAN CHURCH

142 S. 4TH. ST.

COSHOCTON, OH 43812

Site Use: Church

Hazard: ISOLATION MED.

Mailing Address

PRESBYTERIAN CHURCH
142 S. 4TH. ST.

COSHOCTON, OH 43812

Location: BASEMENT, BOILER RM. BOILER FEED.

Meter#:

LID/Service:

Account #: PRESBYTERIAN CHR.

Serial #:

46771

Manufacturer:

WATTS

Model:

919

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

10/24/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2946

Backflow Prevention Assembly Test Report

PRIMROSE RETIREMENT
4212 NORTHPOINTE DRIVE

ZANESVILLE, OH 43701

Site Use:

Hazard: ISOLATION MED.

Mailing Address

PRIMROSE RETIREMENT
4212 NORTHPOINTE DR.

ZANESVILLE, OH 43701

Location: BOILER FEED, ROOM 240.2ND FLR.

Meter#:

LID/Service:

Account #: PRIMROSERETIREMENT

Serial #:

15528

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

919

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

08/16/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2947

Backflow Prevention Assembly Test Report

PRIMROSE RETIREMENT
4212 NORTHPOINTE DRIVE

Location: **BOILER FEED, ROOM 274.**

ZANESVILLE, OH 43701

Meter#:

LID/Service:

Account #: **PRIMROSERETIREMENT**

Serial #:

16801

Check if Correct

Corrections

☐

Manufacturer:

WATTS☐

Model:

919☐

Type:

RPPA☐

Size:

0.75☐

Orientation:

☐

Protection:

☐

Site Use:

Hazard: **ISOLATION MED.**

Mailing Address

PRIMROSE RETIREMENT
4212 NORTHPOINTE DR.

ZANESVILLE, OH 43701

Test Due No Later than:

08/16/2022Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2948

Backflow Prevention Assembly Test Report

PRIMROSE RETIREMENT
4212 NORTHPOINTE DRIVE

Location: **BOILER, ROOM 247.**

ZANESVILLE, OH 43701

Meter#:

LID/Service:

Account #: **PRIMROSERETIREMENT**

Serial #:

16822

Check if Correct

Corrections

☐

Manufacturer:

WATTS☐

Model:

919☐

Type:

RPPA☐

Size:

0.75☐

Orientation:

☐

Protection:

☐

Site Use:

Hazard: **ISOLATION MED.**

Mailing Address

PRIMROSE RETIREMENT
4212 NORTHPOINTE DR.

ZANESVILLE, OH 43701

Test Due No Later than:

08/16/2022Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2960

Backflow Prevention Assembly Test Report

PRIMROSE RETIREMENT
4212 NORTHPOINTE DRIVE

ZANESVILLE, OH 43701

Site Use:

Hazard: FIRE LINE BYPASS-MEDIUM

Mailing Address

PRIMROSE RETIREMENT
4212 NORTHPOINTE DR.

ZANESVILLE, OH 43701

Location: FIRE LINE - 1ST. FLOOR MECH ROOM.

Meter#:

LID/Service:

Account #: PRIMROSERETIREMENT

Serial #:

10091

Check if Correct

Corrections

Manufacturer:

AMES

Model:

4000B

Type:

RP

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

08/16/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2961

Backflow Prevention Assembly Test Report

PRIMROSE RETIREMENT
4212 NORTHPOINTE DRIVE

ZANESVILLE, OH 43701

Site Use:

Hazard: FIRE LINE CONNECTION-MEDIUM

Mailing Address

PRIMROSE RETIREMENT
4212 NORTHPOINTE DR.

ZANESVILLE, OH 43701

Location: FIRE LINE - 1ST. FLOOR MECH ROOM.

Meter#:

LID/Service:

Account #: PRIMROSERETIREMENT

Serial #:

109560

Check if Correct

Corrections

Manufacturer:

AMES

Model:

5000

Type:

RPDA

Size:

4.00

Orientation:

Protection:

Test Due No Later than:

08/16/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3002

Backflow Prevention Assembly Test Report

PRIMROSE RETIREMENT
4212 NORTHPOINTE DRIVE

ZANESVILLE, OH 43701

Site Use:

Hazard: **IRRIGATION MED-ISOLATION**

Mailing Address

PRIMROSE RETIREMENT
4212 NORTHPOINTE DR.

ZANESVILLE, OH 43701

Location: **LAWN IRRIGATION. - MECH ROOM.**

Meter#:

LID/Service:

Account #: **PRIMROSERETIREMENT**

Serial #:

2860981

Check if Correct

Corrections

Manufacturer:

WILKINS

Model:

975XL

Type:

RP

Size:

1.50

Orientation:

Protection:

Test Due No Later than:

08/16/2022Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3003

Backflow Prevention Assembly Test Report

PRIMROSE RETIREMENT

4212 NORTHPOINTE DRIVE

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

PRIMROSE RETIREMENT
4212 NORTHPOINTE DR.

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTANMENT. - MECH ROOM.

Meter#:

LID/Service:

Account #: PRIMROSERETIREMENT

Serial #:

09560

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

919

Type:

RPPA

Size:

2.00

Orientation:

Protection:

Test Due No Later than:

08/16/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

	Yes	No
Proper Installation	<input type="checkbox"/>	<input type="checkbox"/>
RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>
#2 Shutoff Closed	<input type="checkbox"/>	<input type="checkbox"/>
Service Restored	<input type="checkbox"/>	<input type="checkbox"/>

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3004

Backflow Prevention Assembly Test Report

PRIMROSE RETIREMENT

4212 NORTHPOINTE DRIVE

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

PRIMROSE RETIREMENT
4212 NORTHPOINTE DR.

ZANESVILLE, OH 43701

Location: MECH ROOM, COMPLETE BLDG. #2.

Meter#:

LID/Service:

Account #: PRIMROSERETIREMENT

Serial #:

09490

Manufacturer:

WATTS

Model:

919

Type:

RPPA

Size:

2.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

08/16/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4260

Backflow Prevention Assembly Test Report

ALPHA DENTAL

740 PRINCETON AVE.

ZANESVILLE, OH 43701

Site Use: Dentist

Hazard: CONTAINMENT COMM.LOW

Mailing Address

ALPHA DENTAL
PRINCETON FAMILY DENTAL
740 PRINCETON AVE.

ZANESVILLE, OH 43701

Location: MECH.ROOM

Meter#:

LID/Service:

Account #: ALPHA DENTAL

Serial #:

50257

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

LF909QT

Type:

RP

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

02/14/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Submit completed
Test Report:

Fax:



Service Address

Hazard/CCID: 1088

Backflow Prevention Assembly Test Report

PRINT MASTERS LTD.

941 WEST MAIN STREET

ZANESVILLE, OH 43701

Site Use: Business Office

Hazard: CONTAINMENT COMM.LOW

Mailing Address

TOM BAUGHMAN
PRINT MASTERS LTD.
941 WEST MAIN STREET

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT. - JANITOR'S ROOM BY RESTROOM.

Meter#:

LID/Service:

Account #: PRINTMASTERSLTD

Serial #:

01286

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

11/07/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4908

Backflow Prevention Assembly Test Report

PRIORITY HEALTH

1128 LINDEN AVE.

ZANESVILLE, OH 43701

Site Use: Doctors Office

Hazard: CONTAINMENT COMM.LOW

Mailing Address

STACY FUSNER
PRIORITY HEALTH
1128 LINDEN AVE.

ZANESVILLE, OH 43701

Location: MECH. ROOM.

Meter#:

LID/Service:

Account #: PRIORITY HEALTH

Serial #:

43595

Manufacturer:

WATTS

Model:

719QT

Type:

DC

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 694

Backflow Prevention Assembly Test Report

PRODUCERS SERVICE CORPORATION
1921 SONORA ROAD

ZANESVILLE, OH 43701

Site Use:

Hazard: FIRE LINE BYPASS-LOW

Mailing Address

PRODUCERS SERVICE CORPORATION
P.O.BOX 2277

ZANESVILLE, OH 43701-2277

Location: FIRE LINE - WAREHOUSE ON WALL TOWARD ROAD.

Meter#:

LID/Service:

Account #: PRODUCERS CORP.1

Serial #:

91631

Check if Correct

Corrections

☐

Manufacturer:

WATTS

☐

Model:

007

☐

Type:

DCVA

☐

Size:

0.75

☐

Orientation:

☐

Protection:

☐

Test Due No Later than:

04/09/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 695

Backflow Prevention Assembly Test Report

PRODUCERS SERVICE CORP./

Location: FIRE LINE NEXT TO ROAD

1921 SONORA ROAD

Meter#:

Serial #:

Check if Correct

Corrections

3560148

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

AMES

☐

Site Use:

Model:

3000 SILVER

☐

Hazard: FIRE LINE CONNECTION-LOW

Type:

DCDA

☐

Mailing Address

Size:

6.00

☐PRODUCERS SERVICE CORPORATION
P.O.BOX 2277

Orientation:

☐

ZANESVILLE, OH 43701-2277

Protection:

☐

Test Due No Later than:

04/09/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 696

Backflow Prevention Assembly Test Report

PRODUCERS SERVICE CORP./

Location: WAREHOUSE FRONT WALL.

1921 SONORA ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

419044

☐

ZANESVILLE, OH 43701

Account #: PRODUCERS CORP.1

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

PRODUCERS SERVICE CORPORATION

P.O.BOX 2277

Orientation:

☐

ZANESVILLE, OH 43701-2277

Protection:

☐

Test Due No Later than:

04/09/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2671

Backflow Prevention Assembly Test Report

PRODUCERS SERVICES

109 S.GRAHAM ST.

ZANESVILLE, OH 43701

Site Use: Business Office

Hazard: CONTAINMENT COMM. MED.

Mailing Address

PRODUCERS SERVICES
P.O.BOX 2277

ZANESVILLE, OH 43701-2277

Location: FRONT LEFT MECH. ROOM. WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: PRODUCERS SERVICES

Serial #:

A11049

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

1.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

07/15/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3036

Backflow Prevention Assembly Test Report

PRODUCERS SERVICES

109 S.GRAHAM ST.

ZANESVILLE, OH 43701

Site Use: Business Office

Hazard: CONTAINMENT COMM.LOW

Mailing Address

PRODUCERS SERVICES
P.O.BOX 2277

ZANESVILLE, OH 43701-2277

Location: BASEMENT,MECH.ROOM.*WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: PRODUCERS SERVICES

Serial #:

08617

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

1.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

07/15/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4604

Backflow Prevention Assembly Test Report

PRODUCERS SERVICES

109 S.GRAHAM ST.

ZANESVILLE, OH 43701

Site Use: Business Office

Hazard:

Mailing Address

PRODUCERS SERVICES
P.O.BOX 2277

ZANESVILLE, OH 43701-2277

Location: FRONT LEFT MECH ROOM.(PROCESS LINE, HOSE BIBBS).

Meter#:

LID/Service:

Account #: PRODUCERS SERVICES

Serial #:

159150

Manufacturer:

WATTS

Model:

009M2QT

Type:

RP

Size:

1.50

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

07/15/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

	Yes	No
Proper Installation	<input type="checkbox"/>	<input type="checkbox"/>
RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>
#2 Shutoff Closed	<input type="checkbox"/>	<input type="checkbox"/>
Service Restored	<input type="checkbox"/>	<input type="checkbox"/>

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4877

Backflow Prevention Assembly Test Report

PRODUCERS SERVICES

109 S.GRAHAM ST.

ZANESVILLE, OH 43701

Site Use: Business Office

Hazard: CONTAINMENT COMM. MED.

Mailing Address

PRODUCERS SERVICES
P.O.BOX 2277

ZANESVILLE, OH 43701-2277

Location: WASH BAY, OUTSIDE BLDG. #3 IN PIT.

Meter#:

LID/Service:

Account #: PRODUCERS SERVICES

Serial #:

31255

Manufacturer:

AMES

Model:

2000B

Type:

DC

Size:

2.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

07/15/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5433

Backflow Prevention Assembly Test Report

PRODUCERS SERVICES

109 S.GRAHAM ST.

ZANESVILLE, OH 43701

Site Use: Business Office

Hazard: CONTAINMENT COMM. MED.

Mailing Address

PRODUCERS SERVICES
P.O.BOX 2277

ZANESVILLE, OH 43701-2277

Location: MECH. ROOM DRENCH SHOWER ROOM. (ACID DOCK)

Meter#:

LID/Service:

Account #: PRODUCERS SERVICES

Serial #:

46155

Manufacturer:

WATTS

Model:

919QT

Type:

RP

Size:

1.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

07/15/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5434

Backflow Prevention Assembly Test Report

PRODUCERS SERVICES

109 S.GRAHAM ST.

ZANESVILLE, OH 43701

Site Use: Business Office

Hazard: CONTAINMENT COMM. MED.

Mailing Address

PRODUCERS SERVICES
P.O.BOX 2277

ZANESVILLE, OH 43701-2277

Location: ACID FILL STATION

Meter#:

LID/Service:

Account #: PRODUCERS SERVICES

Serial #:

24592

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

919QT

Type:

RP

Size:

2.00

Orientation:

Protection:

Test Due No Later than:

07/15/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1375

Backflow Prevention Assembly Test Report

PROFESSIONAL PLUMBING

3570 OLD WHEELING ROAD

ZANESVILLE, OH 43701

Site Use: Business Office

Hazard: CONTAINMENT COMM.LOW

Mailing Address

MEGAN YOUNG, OFFICE MANAGER
PROFESSIONAL PLUMBING
3570 OLD WHEELING ROAD

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT. - OFFICE BLDG.

Meter#:

LID/Service:

Account #: PROFESSIONALPLUMBI

Serial #:

02799

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

04/08/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1376

Backflow Prevention Assembly Test Report

PROFESSIONAL PLUMBING

3570 OLD WHEELING ROAD

ZANESVILLE, OH 43701

Site Use: Business Office

Hazard: CONTAINMENT COMM.LOW

Mailing Address

MEGAN YOUNG, OFFICE MANAGER
PROFESSIONAL PLUMBING
3570 OLD WHEELING ROAD

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT. - GARAGE BLDG.

Meter#:

LID/Service:

Account #: PROFESSIONALPLUMBI

Serial #:

12950

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

04/08/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1643

Backflow Prevention Assembly Test Report

MONTEREY MEXICAN RESTAURANT
3523 MAPLE AVENUE

ZANEVILLE, OH 43701

Site Use: Restaurant

Hazard: CONTAINMENT COMM.LOW

Mailing Address

PROPER ASSET MANAGEMENT
 P.O. BOX 2663

ZANEVILLE, OH 43702-2663

Location: WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: MONTEREY MEXICAN

Serial #:

47726

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

08/04/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
 Test Report:

Fax:

Service Address

Hazard/CCID: 3964

Backflow Prevention Assembly Test Report

PREFERRED REAL ESTATE

3612 MAPLE AVE.

ZANESVILLE, OH 43701

Site Use: Business Office

Hazard: CONTAINMENT COMM.LOW

Mailing Address

DURB DUNZWEILER
PROPERTY ASSET MANAGEMENT
P.O. BOX 2663

ZANESVILLE, OH 43701

Location: MECH. ROOM.

Meter#:

LID/Service:

Account #: SPACEMAKER INC.1

Serial #:

33223

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

LF719QT

Type:

DC

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

05/09/2021

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Submit completed
Test Report:

Fax:



Service Address

Hazard/CCID: 4764

Backflow Prevention Assembly Test Report

WEINSTEIN & ASSOCIATES

Location: UNDER KITCHEN SINK.

3614 MAPLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

33482

☐

ZANESVILLE, OH 43701

Account #: SPACEMAKER INC.2

Manufacturer:

WATTS

☐

Site Use:

Model:

LF719QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

0.75

☐

DURB DUNZWEILER

PROPERTY ASSET MANAGEMENT

P.O. BOX 2663

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

05/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4765

Backflow Prevention Assembly Test Report

DUNZWEILER REALTY

Location: MECH. ROOM.

3610 MAPLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

33535

☐

ZANESVILLE, OH 43701

Account #: SPACEMAKER INC.3

Manufacturer:

WATTS

☐

Site Use:

Model:

LF719QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

0.75

☐

DURB DUNZWEILER

PROPERTY ASSET MANAGEMENT

P.O. BOX 2663

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

05/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4766

Backflow Prevention Assembly Test Report

VACANT PROPERTY

3616 MAPLE AVE.

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

DURB DUNZWEILER
PROPERTY ASSET MANAGEMENT
P.O. BOX 2663

ZANESVILLE, OH. 43701

Location: MECH.ROOM.

Meter#:

LID/Service:

Account #: SPACEMAKER INC.4

Serial #:

33468

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

LF719QT

Type:

DC

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

05/09/2022

 Existing ☐
New ☐

 Removed ☐
Replaced ☐

 Commercial ☐
Industrial ☐

 Residential ☐

 Construction ☐

 Domestic ☐

 Irrigation ☐

 Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐
 Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3883

Backflow Prevention Assembly Test Report

STIFEL

1099 COLONY DR.

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

DURB DUNZWEILER
PROPERTY ASSET MANAGEMENT
P.O.BOX 2663

ZANESVILLE, OH 43701

Location: MECH. ROOM.

Meter#:

LID/Service:

Account #: SPACEMAKER INC.5

Serial #:

34500

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

LF719QT

Type:

DC

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1593

Backflow Prevention Assembly Test Report

PSI INDUSTRIAL SOLUTIONS

Location: MECH.ROOM,NORTH END OF BLDG.

499 PINE STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

30533

☐

COSHOCTON, OH 43812

Account #: PSI,INDUST.SOLU.

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: FIRE LINE CONNECTION-LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

WILLIAM A. UNGER

PSI INDUSTRIAL SOLUTIONS

499 PINE STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

01/02/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1594

Backflow Prevention Assembly Test Report

PSI INDUSTRIAL SOLUTIONS

Location: MECH. ROOM, NORTH END OF BLDG.

499 PINE STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

257221

☐

COSHOCOTON, OH 43812

Account #: PSI,INDUST.SOLU.

Manufacturer:

WATTS

☐

Site Use:

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

1.50

☐

WILLIAM A. UNGER

PSI INDUSTRIAL SOLUTIONS

499 PINE STREET

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

01/02/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3270

Backflow Prevention Assembly Test Report

PUTNAM BEER DOCK

819 PUTNAM AVE.

ZANESVILLE, OH 43701

Site Use: Retail

Hazard: CONTAINMENT COMM.LOW

Mailing Address

PUTNAM BEER DOCK
819 PUTNAM AVE.

ZANESVILLE, OH 43701

Location: IN REST ROOM UNDER SINK.

Meter#:

LID/Service:

Account #: PUTNAM BEER DOCK

Serial #:

28897

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

02/01/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3550

Backflow Prevention Assembly Test Report

ROCK'S AUTO WORKS

Location: MECH. ROOM.

525 GROVE AVE.

Meter#:

Serial #: 28372

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: ROCK'S AUTO WORKS

Manufacturer:

WATTS

Site Use: REPAIR SHOP

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

PAT HENNESSEY; OWNER
PUTNAM L.L.C.
P.O.BOX 2909

ZANESVILLE, OH 43702-2909

Test Due No Later than:

04/17/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4033

Backflow Prevention Assembly Test Report

PUTNAM PRESBYTERIAN CHURCH

Location: MECH. ROOM. BASEMENT

467 WOODLAWN AVE.

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

29553

☐

Account #: P.PRESBYTERIAN

Manufacturer:

WATTS

☐

Site Use: Church

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

PUTNAM PRESBYTERIAN CHURCH

P.O. BOX 672

Orientation:

☐

ZANESVILLE, OH 43702

Protection:

☐

Test Due No Later than:

03/07/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1377

Backflow Prevention Assembly Test Report

PUTNAM TAVERN

721 PUTNAM AVENUE

ZANESVILLE, OH 43701

Site Use: Bar and Grill

Hazard: CONTAINMENT COMM.LOW

Mailing Address

LINDA PIERCE
PUTNAM TAVERN
721 PUTNAM AVENUE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT. - BASEMENT.

Meter#:

LID/Service:

Account #: PUTNAMTAVERN

Serial #:
01567Manufacturer:
WATTSModel:
007Type:
DCVASize:
0.75

Orientation:

Protection:

Check if Correct Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

09/17/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3554

Backflow Prevention Assembly Test Report

PUTNAM TRANSFER

240 ARTHUR ST.

ZANESVILLE, OH 43701

Site Use: REPAIR SHOP

Hazard: CONTAINMENT COMM.LOW

Mailing Address

PAT HENNESSEY
PUTNAM TRANSFER
1705 MOXAHALA AVE.

ZANESVILLE, OH 43701

Location: IN GARAGE.

Meter#:

LID/Service:

Account #: PUTNAM TRANSFER-3

Serial #:

29590

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

08/09/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4654

Backflow Prevention Assembly Test Report

PUTNAM TRUCKLOAD DIRECT

1705 MOXAHALA AVENUE

ZANESVILLE, OH 43701

Site Use: TRUCKING

Hazard: CONTAINMENT COMM.LOW

Mailing Address

PUTNAM TRUCKLOAD DIRECT
1705 MOXAHALA AVENUE

ZANESVILLE, OH 43701

Location: MECH. ROOM.

Meter#:

LID/Service:

Account #: PUTNAM TRUCKLOAD

Serial #:

48671

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

919

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

09/24/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4266

Backflow Prevention Assembly Test Report

Q NAILS

2800 MAPLE AVE.

ZANESVILLE, OH 43701

Site Use: NAILS

Hazard: CONTAINMENT COMM.LOW

Mailing Address

MANAGER
Q NAILS
2800 MAPLE AVE.

ZANESVILLE, OH 43701

Location: IN CEILING BY BACK DOOR.

Meter#:

LID/Service:

Account #: Q NAILS

Serial #:

30152

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

08/01/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4894

Backflow Prevention Assembly Test Report

QUALDERM

817 FOREST AVE.

ZANESVILLE, OH 43701

Site Use: Offices

Hazard: CONTAINMENT COMM.LOW

Mailing Address

GENESIS HEALTH CARE
QUALDERM
2951 MAPLE AVE

ZANESVILLE, OH 43701

Location: MECH. ROOM.

Meter#:

LID/Service:

Account #: QUALDERM

Serial #:

18611B

Check if Correct

Corrections

Manufacturer:

WILKINS

Model:

350ASTDA

Type:

DCDA

Size:

4.00

Orientation:

Protection:

PAST DUE

Test Due No Later than:

05/14/2021

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4895

Backflow Prevention Assembly Test Report

QUALDERM

817 FOREST AVE.

ZANESVILLE, OH 43701

Site Use: Offices

Hazard: CONTAINMENT COMM.LOW

Mailing Address

GENESIS HEALTH CARE

QUALDERM

2951 MAPLE AVE

ZANESVILLE, OH 43701

Location: BASEMENT MECH. ROOM.

Meter#:

LID/Service:

Account #: QUALDERM

Serial #:

HC35613

Check if Correct

Corrections

Manufacturer:

WILKINS

Model:

950XL

Type:

DC

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

05/14/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 796

Backflow Prevention Assembly Test Report

QUALITY INN OF ZANESVILLE

Location: FIRE LINE - MECH ROOM

500 MONROE STREET

Meter#:

Serial #: Check if Correct Corrections

41L0058

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

AMES

☐

Site Use: Motels/Hotels

Model:

4000 SILVER

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Mailing Address

Type:

RPPA

☐

MANAGER

Size:

2.50

☐

QUALITY INN OF ZANESVILLE

Orientation:

☐

500 MONROE STREET

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

04/26/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 797

Backflow Prevention Assembly Test Report

QUALITY INN OF ZANESVILLE

Location: WATER SERVICE CONTAINMENT - MECH ROOM,

500 MONROE STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

43866

☐

ZANESVILLE, OH 43701

Account #: QUALITYINN

Manufacturer:

WATTS

☐

Site Use: Motels/Hotels

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCDA

☐

Mailing Address

Size:

2.00

☐

MANAGER

QUALITY INN OF ZANESVILLE

500 MONROE STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/26/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2425

Backflow Prevention Assembly Test Report

QUALITY INN OF ZANESVILLE

Location: MECH RM. CONTAINMENT.

500 MONROE STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

FJ2599

☐

ZANESVILLE, OH 43701

Account #: QUALITYINN

Manufacturer:

WATTS

☐

Site Use: Motels/Hotels

Model:

957

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RP

☐

Mailing Address

Size:

4.00

☐

MANAGER

QUALITY INN OF ZANESVILLE

500 MONROE STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/26/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3271

Backflow Prevention Assembly Test Report

R & K DRIVE THRU

Location: BASEMENT.

1740 RIDGE RD.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

32685

☐

ZANESVILLE, OH 43701

Account #: R & K DRIVE THRU

Manufacturer:

WATTS

☐

Site Use: Retail

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐RALPH ATKINSON
R & K DRIVE THRU
1740 RIDGE RD.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

02/14/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3354

Backflow Prevention Assembly Test Report

R & R GULF STATION

Location: BACK OF BUILDING, MECH. ROOM

84 MAIN STREET

Meter#:

Serial #: Check if Correct Corrections

ROSEVILLE, OH 43777

LID/Service:

28572

Account #: CAMPBELL OIL-7

Manufacturer:

WATTS

Site Use:

Model:

719

Hazard: CONTAINMENT COMM. MED.

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

MANAGER

R & R GULF STATION

84 MAIN ST.

ROSEVILLE, OH 43777

Test Due No Later than:

12/30/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1154

Backflow Prevention Assembly Test Report

RACO TRANSMISSIONS

23117 COUNTY ROAD 27

COSHOCTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

DAVID HAHN, PRESIDENT
RACO TRANSMISSIONS
23117 COUNTY ROAD 621

COSHOCTON, OH 43812

Location: WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: RACOTRANSMISSIONS

Serial #:

01925

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

1.00

Orientation:

Protection:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Test Due No Later than:

09/18/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2660

Backflow Prevention Assembly Test Report

RADIANCE HAIR SALON

Location: WATER CONTAINMENT - BASEMENT

101 MAIN STREET

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

176381

☐

COSHOCTON, OH 43812

Account #: RADIANCEHAIRSAALON

Manufacturer:

WATTS

☐

Site Use: Beauty Salon/Barber

Model:

009

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

BESS VANETTA, OWNER
RADIANCE HAIR SALON
101 MAIN STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

05/16/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1285

Backflow Prevention Assembly Test Report

RADIANCE HAIR SALON

Location: WATER SERVICE CONTAINMENT. - BASEMENT.

919 MAIN STREET

Meter#:

Serial #: Check if Correct Corrections

DRESDEN, OH 43821

LID/Service:

12368

Account #: RADIANCE

Manufacturer:

WATTS

Site Use: Beauty Salon/Barber

Model:

007

Hazard: CONTAINMENT COMM.LOW

Mailing Address

Type:

DCVA

LAWRIE SIDWELL

Size:

0.75

RADIANCE HAIR SALON

Orientation:

919 MAIN STREET

DRESDEN, OH 43821

Protection:

PAST DUE

Test Due No Later than:

01/15/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3024

Backflow Prevention Assembly Test Report

RADIANT STAR COUNSELING SE
1846 DRESDEN ROAD

ZANESVILLE, OH 43701

Site Use: **Business Office**Hazard: **CONTAINMENT COMM.LOW**

Mailing Address

JANICE HEMBRECHT, OWNER
RADIANT STAR COUNSELING SERVICE
1846 DRESDEN ROAD

ZANESVILLE, OH 43701

Location: **FRONT NORTHWEST SIDE OF BUILDING.*CONTAINMENT DEVICE.**

Meter#:

LID/Service:

Account #: **LEAP YEAR PROP.**

Serial #:

13518

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

01/05/2023Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 449

Backflow Prevention Assembly Test Report

RADIO SHACK

3575 MAPLE AVE #62

ZANESVILLE, OH 43701

Site Use: Retail

Hazard: CONTAINMENT COMM.LOW

Mailing Address

ATTN: KATHY
RADIO SHACK DISTRICT OFFICE
5977 SUNBURY ROAD

WESTERVILLE, OH 43081

Location: WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: COSQMALL#062

Serial #: Check if Correct Corrections

13418 CLOSED

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

07/10/2014

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4901

Backflow Prevention Assembly Test Report

RAISING CANE'S CHICKEN FINGE

Location: MECH. ROOM.

3275 MAPLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

4852523

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WILKINS

☐

Site Use: Restaurant

Model:

975XL

☐

Hazard: IRRIGATION MED-ISOLATION

Type:

RP

☐

Mailing Address

Size:

1.00

☐

SHAWN BEIGHT

RAISING CANE'S CHICKEN FINGERS

3275 MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

08/15/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4902

Backflow Prevention Assembly Test Report

RAISING CANE'S CHICKEN FINGE

Location: MECH. ROOM.

3275 MAPLE AVE.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

ACA3527

Account #: RAISING CANE'S

Manufacturer:

WILKINS

Site Use: Restaurant

Model:

975XL

Hazard: CONTAINMENT COMM. MED.

Type:

RP

Mailing Address

Size:

2.00

Orientation:

Protection:

SHAWN BEIGHT

RAISING CANE'S CHICKEN FINGERS

3275 MAPLE AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

08/15/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐ ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3171

Backflow Prevention Assembly Test Report

RALLYS DRIVE-THRU #4037

3050 NORTH MAPLE AVENUE

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

RALLYS DRIVE-THRU
3050 NORTH MAPLE AVE.
RALLYS
ZANESVILLE, OH 43701

Location: SOUTH SIDE OF STORE NEXT TO WATER HEATER

Meter#:

LID/Service:

Account #: RALLYS

Serial #:

309558

Manufacturer:

WILKINS

Model:

975XL

Type:

RP

Size:

1.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

09/09/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2434

Backflow Prevention Assembly Test Report

RAMBO MEMORIAL HEALTH CEN

Location: MECH RM. *WATER SERVICE CONTAINMENT.

711 MAIN ST.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

259284

☐

ZANESVILLE, OH 43701

Account #: RAMBO HEALTH CTR.

Manufacturer:

WATTS

☐

Site Use: Business Office

Model:

009

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

RAMBO MEMORIAL HEALTH CENTER

711 MAIN ST.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

07/31/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3533

Backflow Prevention Assembly Test Report

RANGLES MEDICAL

838 OTSEGO AVE.

COSHOCTON, OH 43812

Site Use: Doctors Office

Hazard: CONTAINMENT COMM. MED.

Mailing Address

BRETT RANGLES
RANGLES MEDICAL
838 OTSEGO AVE.

COSHOCTON, OH 43812

Location: BASEMENT, WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: RANGLES MEDICAL

Serial #:

MS509

Check if Correct

Corrections

Manufacturer:

CONBRACO

Model:

40-204-TC2

Type:

RPPA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

01/22/2017

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3896

Backflow Prevention Assembly Test Report

RANKIN & RANKIN INC.

Location: IN HALLWAY MECH. CLOSET.

806 MARKET ST.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

10017

Account #: RANKIN & RANKIN

Manufacturer:

WATTS

Site Use: Business Office

Model:

LF719AQT

Hazard: CONTAINMENT COMM.LOW

Mailing Address

Type:

DC

Size:

1.00

Orientation:

Protection:

RANKIN & RANKIN INC.

806 MARKET ST.

ZANESVILLE, OH 43701

Test Due No Later than:

08/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1152

Backflow Prevention Assembly Test Report

RAPID CARE - CLOSED

Location: WATER SERVICE CONTAINMENT.

235 KENWOOD DRIVE

Meter#:

Serial #: Check if Correct Corrections

27749

☐

COSHOCTON, OH 43812

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: CONTAINMENT COMM. MED.

Type:

DCVA

☐

Mailing Address

Size:

1.50

☐

RAPID CARE - CLOSED

235 KENWOOD DRIVE

Orientation:

☐

COSHOCTON, OH 43812

Protection:

PAST DUE

☐

Test Due No Later than:

11/15/2020

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3008

Backflow Prevention Assembly Test Report

REAL LIVING THE RIGHT CHOICE

Location: *REST ROOM BEHIND DOOR IN CABINET.

212 SOUTH 7TH STREET

Meter#:

Serial #: 14134

Check if Correct

Corrections

COSHOCTON, OH 43812

LID/Service:

Account #: KIRCH REAL ESTATE

Manufacturer:

WATTS

Site Use:

Hazard: CONTAINMENT COMM.LOW

Model:

719

Mailing Address

Type:

DCVA

TOM KIRCHENDORFER, OWNER
REAL LIVING THE RIGHT CHOICE
212 SOUTH 7TH STREET

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

08/21/2017

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4006

Backflow Prevention Assembly Test Report

REAL RIDGE ,LLC

38 N.4TH ST.

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

REAL RIDGE ,LLC
P.O.BOX 78

WHITE COTTAGE, OH 43791

Location: BASEMENT.

Meter#:

LID/Service:

Account #: REAL RIDGE,LLC

Serial #:

10785

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

2.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

04/10/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5166

Backflow Prevention Assembly Test Report

REAL RIDGE ,LLC

38 N.4TH ST.

ZANESVILLE, OH 43701

Site Use:

Hazard: ISOLATION MED.

Mailing Address

REAL RIDGE ,LLC
P.O.BOX 78

WHITE COTTAGE, OH 43791

Location: BASEMENT,BOILER FEED.

Meter#:

LID/Service:

Account #: REAL RIDGE,LLC

Serial #:

71365

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

919

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

04/10/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4978

Backflow Prevention Assembly Test Report

RED BARN FARMS- ANDY WEST

Location: MECH ROOM.

4525 HERRON RD.

Meter#:

Serial #: 26916

Check if Correct

Corrections

CHANDLERSVILLE, OH 43727

LID/Service:

Account #: RED BARN FARMS

Manufacturer:

WATTS

Site Use:

Hazard: CONTAINMENT COMM. MED.

Model:

919

Mailing Address

Type:

RPPA

Size:

1.50

Orientation:

Protection:

RED BARN FARMS- ANDY WEST
4525 HERRON RD.

CHANDLERSVILLE, OH 43727

Test Due No Later than:

10/28/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2017

Backflow Prevention Assembly Test Report

RED CHAIR

2371 LINDEN AVENUE

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

NANCY GRIFFITHS
RED CHAIR
2371 LINDEN AVENUE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT - MECH ROOM

Meter#:

LID/Service:

Account #: RED CHAIR

Serial #:
59606Manufacturer:
WATTSModel:
007Type:
DCVASize:
0.75

Orientation:

Protection:
PAST DUE

Check if Correct Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

08/21/1998

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3459

Backflow Prevention Assembly Test Report

RED LOBSTER #606

755 ZANE STREET

ZANESVILLE, OH 43701

Site Use: Restaurant

Hazard: CONTAINMENT COMM.LOW

Mailing Address

RED LOBSTER
755 ZANE STREET

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT. - MECH ROOM.

Meter#:

LID/Service:

Account #: REDLOBSTER

Serial #:
06847Manufacturer:
WATTSModel:
719Type:
DCVASize:
0.75

Orientation:

Protection:

Check if Correct Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

04/13/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5369

Backflow Prevention Assembly Test Report

REED FAMILY DENTAL

Location: MECH. ROOM - CONTAINMENT

229 S. 4TH STREET

Meter#:

Serial #: Check if Correct Corrections

COSHOCTON, OH 43812

LID/Service:

58337

Account #: REED FAMILY DENTAL

Manufacturer:

WATTS

Site Use: Dentist

Model:

919QT

Hazard: CONTAINMENT COMM. MED.

Type:

RP

Mailing Address

Size:

0.75

Orientation:

Protection:

REED FAMILY DENTAL

229 S. 4TH STREET

COSHOCTON, OH 43812

Test Due No Later than:

08/24/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5370

Backflow Prevention Assembly Test Report

REED FAMILY DENTAL

Location: MECH. ROOM - CONTAINMENT

229 S. 4TH STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

42185

☐

COSHOCTON, OH 43812

Account #: REED FAMILY DENTAL

Manufacturer:

WATTS

☐

Site Use: Dentist

Model:

919QT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

1.00

☐

REED FAMILY DENTAL

229 S. 4TH STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

08/24/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4275

Backflow Prevention Assembly Test Report

RENT 2 OWN

3375 MAPLE AVE.

ZANESVILLE, OH 43701

Site Use: RENTAL

Hazard: CONTAINMENT COMM.LOW

Mailing Address

MICHAEL TISSOT
RENT 2 OWN
3375 MAPLE AVE.

ZANESVILLE, OH 43701

Location: IN OFFICE UNDER DESK.

Meter#:

LID/Service:

Account #: RENT 2 OWN

Serial #:

29430

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

01/16/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1812

Backflow Prevention Assembly Test Report

RENT-A-CENTER COSHOCTON

60 DOWNTOWNER PLAZA

COSHOCTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

RENT-A-CENTER COSHOCTON
60 DOWNTOWNER PLAZA

COSHOCTON, OH 43812

Location: WATER SERVICE CONTAINMENT. *MECH ROOM.

Meter#:

LID/Service:

Account #: COSH.ASSOC.LLC-15

Serial #:

108604

Check if Correct

Corrections

Manufacturer:

WILKINS

Model:

975

Type:

RP

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

11/20/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1904

Backflow Prevention Assembly Test Report

RENT-A-CENTER

3271 MAPLE AVENUE

ZANESVILLE, OH 43701

Site Use: RENTAL

Hazard: CONTAINMENT COMM.LOW

Mailing Address

STORE MANAGER
RENT-A-CENTER
3271 MAPLE AVE.

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: RENT-A-CENTER

Serial #:

68755

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Test Due No Later than:

06/26/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4276

Backflow Prevention Assembly Test Report

REPEAT AFTER ME CHILDRENS I

Location: BASEMENT,BOTTOM OF STEPS ON LEFT.

613 MAIN ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

30253

☐

ZANESVILLE, OH 43701

Account #: REPEAT AFTER ME

Manufacturer:

WATTS

☐

Site Use: Retail

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

MB LYNCH PROPERTIES

REPEAT AFTER ME CHILDRENS RESALE & CONSIGN.

613 MAIN ST.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/11/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3098

Backflow Prevention Assembly Test Report

RANDALL & HEIDI KNAPKE
3472 COLONY PARK COURT

ZANESVILLE, OH 43701

Site Use:

Hazard: IRRIGATION MED-ISOLATION

Mailing Address

RANDALL & HEIDI KNAPKE
RESIDENCE
3472 COLONY PARK COURT

ZANESVILLE, OH 43701

Location: LAWN SPRINKLER - BASEMENT

Meter#:

LID/Service:

Account #: KNAPKERESIDENCE

Serial #:

2862288

Check if Correct

Corrections

Manufacturer:

WILKINS

Model:

975XL

Type:

RP

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

04/17/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 384

Backflow Prevention Assembly Test Report

RETIRED BASKET SHOP, ETC.

Location: WATER SERVICE CONTAINMENT. - BOTTOM OF STAIRS ON RIGHT.

508 MAIN STREET

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

01044

☐

DRESDEN, OH 43821

Account #: RETIREDBSKTSHPETC

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

GARY OR TERESA CALLIHAN, OWNERS
RETIRED BASKET SHOP, ETC.
508 MAIN STREET

Orientation:

☐

DRESDEN, OH 43821

Protection:

PAST DUE

☐

Test Due No Later than:

12/07/2012

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1724

Backflow Prevention Assembly Test Report

RETIRED BASKET SHOPPE

16 EAST 5TH STREET

DRESDEN, OH 43821

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

GARY CALLIHAN
RETIRED BASKET SHOPPE
16 EAST 5TH STREET

DRESDEN, OH 43821

Location: WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: RETIREDBSKTSHPPE

Serial #:

32925

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Check if Correct Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

12/12/2012

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3060

Backflow Prevention Assembly Test Report

RHDD

Location: IN MAINTENANCE ROOM.

1517 CHESTNUT STREET

Meter#:

Serial #: Check if Correct Corrections

11924

☐

COSHOCTON, OH 43812

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

919

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

LISA REED, DIRECTOR

RHDD

P.O. BOX 997

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

10/22/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4957

Backflow Prevention Assembly Test Report

RHDD

Location: MECH ROOM, 923 CHESTNUT ST.

1517 CHESTNUT STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

06324

☐

COSHOCTON, OH 43812

Account #: RHDD-1 COSHOCTON

Manufacturer:

WATTS

☐

Site Use:

Model:

919QT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

1.00

☐

LISA REED, DIRECTOR

RHDD

P.O. BOX 997

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

10/22/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 808

Backflow Prevention Assembly Test Report

RHDD

Location: IN FURNACE ROOM.

3484 OLD WHEELING ROAD

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

42787

Account #: RHDD

Manufacturer:

WATTS

Site Use: Business Office

Model:

007

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

LISA REED, DIRECTOR

RHDD

P.O. BOX 997

COSHOCTON, OH 43812-997

Test Due No Later than:

03/17/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3043

Backflow Prevention Assembly Test Report

RHEMA HOUSE OF WORSHIP

Location: *MECH ROOM 108. *WELL WATER CONTAINMENT.

5167 HARLAN RD.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

A48185

☐

ROSEVILLE, OH 43777

Account #: RHEMAHOUSEOFWORSH

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

RHEMA HOUSE OF WORSHIP

P.O. BOX 135

Orientation:

☐

ROSEVILLE, OH 43777

Protection:

☐

Test Due No Later than:

01/22/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 764

Backflow Prevention Assembly Test Report

COSHOCOTON CO. REGIONAL AIR

Location: WATER SERVICE CONTAINMENT

24569 AIRPORT ROAD

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

275650

☐

COSHOCOTON, OH 43812

Account #: COSHCOAIRPORTADMIN

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

RICHARD DILE, MTCE.

RICHARD DOWNING AIRPORT

24569 COUNTY ROAD 202

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

12/01/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2459

Backflow Prevention Assembly Test Report

RICHARD STOKER, RESIDENCE

Location: OUTSIDE, LAWN SPRINKLER.

1351 ARROWHEAD DR.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

G006405

☐

COSHOCTON, OH 43821

Account #: RICHARD STOKER

Manufacturer:

WILKINS

☐

Site Use:

Model:

720A

☐

Hazard: IRRIGATION MED-ISOLATION

Type:

PVB

☐

Mailing Address

Size:

1.00

☐

RICHARD STOKER

RICHARD STOKER, HOME

1351 ARROWHEAD

Orientation:

☐

COSHOCTON, OH 43821

Protection:

☐

Test Due No Later than:

07/08/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1839

Backflow Prevention Assembly Test Report

RICK KREUTER MASSOTHERAPY

Location: WATER SERVICE CONTAINMENT. * BASEMENT.

223 WALNUT STREET

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

268631

☐

COSHOCTON, OH 43812

Account #: RICKDREUTERMASOTH

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

RICK KREUTER

RICK KREUTER MASSOTHERAPY

42651 TWP. ROAD 1153

Orientation:

☐

WARSAW, OH 43844

Protection:

PAST DUE

☐

Test Due No Later than:

03/01/2011

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1624

Backflow Prevention Assembly Test Report

RIDGE CORPORATION

5777 RAIDERS ROAD

FRAZEYSBURG, OH 43822

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

MANDY HOBBS

RIDGE CORPORATION

5777 RAIDERS ROAD, BLDG E

FRAZEYSBURG, OH 43822

Location: WATER SERVICE CONTAINMENT. - MECH ROOM.

Meter#:

LID/Service:

Account #: RIDGE CORP.

Serial #:

145803

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

909

Type:

RP

Size:

3.00

Orientation:

Protection:

Test Due No Later than:

05/17/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3280

Backflow Prevention Assembly Test Report

RIESBECK FOOD MARKET

Location: BASEMENT.

168 WEST MAIN STREET

Meter#:

Serial #: Check if Correct Corrections

NEW CONCORD, OH 43762

LID/Service:

25224

Account #: RIESBECK FOOD MARK

Manufacturer:

WATTS

Site Use: Grocery/Supermarket

Model:

719

Hazard: CONTAINMENT COMM. MED.

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

RIESBECK FOOD MARKET

168 WEST MAIN STREET

NEW CONCORD, OH 43762

Test Due No Later than:

06/06/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1365

Backflow Prevention Assembly Test Report

PICK 'N SAVE-RIESBECK'S

Location: FIRE LINE BACK DOCK AREA.

2200 JUNE PARKWAY

Meter#:

Serial #: 03227

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: PICKNSAVEMAYSVILLE

Manufacturer:

AMES

Site Use: Grocery/Supermarket

Model:

4000B

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

Mailing Address

Size:

0.75

Orientation:

Protection:

GREG BAUER, SAFETY DIRECTOR
RIESBECK FOOD MARKETS, INC.
48661 NATIONAL ROAD

ST. CLAIRSVILLE, OH 43950

Test Due No Later than:

03/22/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1366

Backflow Prevention Assembly Test Report

PICK 'N SAVE-RIESBECK'S

Location: FIRE LINE BACK DOCK AREA.

2200 JUNE PARKWAY

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

1015320501

☐

ZANESVILLE, OH 43701

Account #: PICKNSAVEMAYSVILLE

Manufacturer:

AMES

☐

Site Use: Grocery/Supermarket

Model:

5000

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

6.00

☐

Orientation:

☐

Protection:

☐

GREG BAUER, SAFETY DIRECTOR
RIESBECK FOOD MARKETS, INC.
48661 NATIONAL ROAD

ST. CLAIRSVILLE, OH 43950

Test Due No Later than:

03/22/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1367

Backflow Prevention Assembly Test Report

PICK 'N SAVE-RIESBECK'S

Location: WATER SERVICE CONTAINMENT. - BACK DOCK AREA.

2200 JUNE PARKWAY

Meter#:

Serial #:

Check if Correct

Corrections

1176465

☐

LID/Service:

Manufacturer:

WILKINS

☐

ZANESVILLE, OH 43701

Account #: PICKNSAVEMAYSVILLE

Model:

975XL

☐

Site Use: Grocery/Supermarket

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

2.00

☐

Orientation:

☐

Protection:

☐

GREG BAUER, SAFETY DIRECTOR
RIESBECK FOOD MARKETS, INC.
48661 NATIONAL ROAD

ST. CLAIRSVILLE, OH 43950

Test Due No Later than:

03/22/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Date _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Time _____

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3273

Backflow Prevention Assembly Test Report

PICK'N SAVE #8 RIESBECK'S

Location: BACK OF STORE,RIGHT SIDE.

800 HOWARD STREET

Meter#:

Serial #: 09327

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: PICK'N SAVE

Manufacturer:

WATTS

Site Use: Grocery/Supermarket

Model:

719

Hazard: CONTAINMENT COMM. MED.

Type:

DCVA

Mailing Address

Size:

2.00

Orientation:

Protection:

RIESBECK'S PICK'N SAVE #8
800 HOWARD STREET

ZANESVILLE, OH 43701

Test Due No Later than:

03/15/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2460

Backflow Prevention Assembly Test Report

RITE AID CORPORATION #01459

Location: BACK LEFT OF BLDG. MECH. RM. *LAWN SPRINKLER.

825 MAIN ST.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

300320

☐

ZANESVILLE, OH 43701

Account #: RITE-AID

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: IRRIGATION MED-ISOLATION

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

Orientation:

☐

Protection:

☐

Test Due No Later than:

08/22/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2461

Backflow Prevention Assembly Test Report

RITE AID CORPORATION #01459

Location: BACK LEFT OF BLDG. CONTAINMENT.

825 MAIN ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

06094

☐

ZANESVILLE, OH 43701

Account #: RITE- AID

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.50

☐

Orientation:

☐

Protection:

☐

LOU SMITH

RITE AID CORPORATION #1459

825 MAIN ST.

FACILITIES DEPT.

ZANESVILLE, OH 43701

Test Due No Later than:

08/22/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2461

Backflow Prevention Assembly Test Report

RITE AID CORPORATION #01459

Location: BACK LEFT OF BLDG. CONTAINMENT.

825 MAIN ST.

Meter#:

Serial #: 06094

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

Site Use:

Hazard: CONTAINMENT COMM.LOW

Model:

719

Mailing Address

Type:

DCVA

FACILITIES DEPT.
RITE AID CORPORATION
P.O. BOX 3165.

Size:

1.50

Orientation:

HARRISBURG, PA 17105

Protection:

Test Due No Later than:

08/22/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2460

Backflow Prevention Assembly Test Report

RITE AID CORPORATION #01459

Location: BACK LEFT OF BLDG. MECH. RM. *LAWN SPRINKLER.

825 MAIN ST.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

300320

☐

ZANESVILLE, OH 43701

Account #: RITE-AID

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: IRRIGATION MED-ISOLATION

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐FACILITIES DEPT.
RITE AID CORPORATION
P.O. BOX 3165

Orientation:

☐

HARRISBURG, PA 17105

Protection:

☐

Test Due No Later than:

08/22/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3461

Backflow Prevention Assembly Test Report

RITE AID #4247

Location: LOADING DOCK AREA.

218 CHESTNUT STREET

Meter#:

Serial #: Check if Correct Corrections

COSHOCOTON, OH 43812

LID/Service:

133324

☐

Account #: RITEAIDCOSHOCOTON

Manufacturer:

WATTS

☐

Site Use: Pharmacy-retail

Model:

009

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

☐

Mailing Address

Size:

1.50

☐

Orientation:

☐

Protection:

PAST DUE

☐

Test Due No Later than:

07/02/2015

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4632

Backflow Prevention Assembly Test Report

RITE AID #4247

Location: BACK OF BUILDING.

218 CHESTNUT STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

372852

☐

COSHOCKTON, OH 43812

Account #: RITEAIDCOSHOCKTON

Manufacturer:

WILKINS

☐

Site Use: Pharmacy-retail

Model:

460XL

☐

Hazard: IRRIGATION MED-ISOLATION

Type:

SVB

☐

Mailing Address

Size:

1.00

☐

Orientation:

☐

Protection:

PAST DUE

☐

Test Due No Later than:

07/02/2015

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5435

Backflow Prevention Assembly Test Report

RITTBERGER MARKET

Location: AREA C MECH. ROOM.

3576 MAPLE AVE.

Meter#:

Serial #:
41857

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: THOMAS -8

Manufacturer:
WATTS

Site Use:

Hazard: CONTAINMENT COMM.LOW

Model:

719QT

Mailing Address

Type:

DC

ANDY RITTBERGER
RITTBERGER MARKET
3576 MAPLE AVE.

Size:

0.75

Orientation:

ZANESVILLE, OH 43701

Protection:

Test Due No Later than:

09/17/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4278

Backflow Prevention Assembly Test Report

RITTBERGER MEATS

Location: OLD MAINTENANCE SHOP. RISER ROOM.

1900 LUTZ LANE

Meter#:

Serial #:
14097

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: RITTBERGER MEATS

Manufacturer:

AMES

Site Use: Food Processing

Model:

4000B

Hazard: FIRE LINE BYPASS-MEDIUM

Mailing Address

Type:

RP

Size:

0.75

Orientation:

Protection:

ANDREW RITTENBERGER
RITTBERGER MEATS
1900 LUTZ LANE

ZANESVILLE, OH 43701

Test Due No Later than:

04/26/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5209

Backflow Prevention Assembly Test Report

RITTBERGER MEATS

Location: MECH. ROOM.

1900 LUTZ LANE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

10886

☐

ZANESVILLE, OH 43701

Account #: RITTBERGER MEATS

Manufacturer:

WATTS

☐

Site Use: Food Processing

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

2.00

☐

ANDREW RITTENBERGER

RITTBERGER MEATS

1900 LUTZ LANE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/26/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5257

Backflow Prevention Assembly Test Report

RITTBERGER MEATS

Location: MECH. ROOM

1900 LUTZ LANE

Meter#:

Serial #:

Check if Correct

Corrections

107051

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

AMES

☐

Site Use: Food Processing

Model:

5000

☐

Hazard: CFIB2

Type:

RPDA

☐

Mailing Address

Size:

4.00

☐

ANDREW RITTENBERGER

RITTBERGER MEATS

1900 LUTZ LANE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/26/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Date _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2878

Backflow Prevention Assembly Test Report

RIVERSIDE CAFE

3415 OLD RIVER RD.

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

RIVERSIDE CAFE
3415 OLD RIVER RD.

ZANESVILLE, OH 43701-8194

Location: IN KITCHEN, ON WELL. *WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: RIVERSIDE CAFE

Serial #:

06928

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

05/06/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3143

Backflow Prevention Assembly Test Report

RIVERSIDE TOWERS

Location: REAR MAINTENANCE.

95 PINE ST.

Meter#:

Serial #: Check if Correct Corrections

1045690708

☐

COSHOCTON, OH 43812

LID/Service:

Account #: RIVERSIDETOWERS

Manufacturer:

AMES

☐

Site Use:

Hazard: FIRE LINE CONNECTION-MEDIUM

Model:

5000

☐

Mailing Address

Type:

RPDA

☐

ATTN: PROPERTY MANAGER

RIVERSIDE TOWERS

95 PINE ST.

Size:

4.00

☐

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

05/12/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3144

Backflow Prevention Assembly Test Report

RIVERSIDE TOWERS

95 PINE ST.

COSHOCOTON, OH 43812

Site Use:

Hazard: FIRE LINE BYPASS-MEDIUM

Mailing Address

ATTN: PROPERTY MANAGER
RIVERSIDE TOWERS
95 PINE ST.

COSHOCOTON, OH 43812

Location: REAR MAINTENANCE.

Meter#:

LID/Service:

Account #: RIVERSIDETOWERS

Serial #:

16083

Check if Correct

Corrections

Manufacturer:

AMES

Model:

4000B

Type:

RP

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

05/12/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3145

Backflow Prevention Assembly Test Report

RIVERSIDE TOWERS

95 PINE ST.

COSHOCOTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

ATTN: PROPERTY MANAGER
RIVERSIDE TOWERS
95 PINE ST.

COSHOCOTON, OH 43812

Location: REAR MAINTENANCE. MECH RM. BY METER.

Meter#:

LID/Service:

Account #: RIVERSIDETOWERS

Serial #:

09606

Manufacturer:

AMES

Model:

4000B

Type:

RP

Size:

2.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

05/12/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2909

Backflow Prevention Assembly Test Report

RNR TIRE EXPRESS

1210 LINDEN AVENUE

ZANESVILLE, OH 43701

Site Use: Retail

Hazard: CONTAINMENT COMM.LOW

Mailing Address

RNR TIRE EXPRESS
1210 LINDEN AVENUE

ZANESVILLE, OH 43701

Location: BATH ROOM,*WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: RNR TIRE EXPRESS

Serial #:

11609

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

05/22/2020

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4099

Backflow Prevention Assembly Test Report

ROBERT M.FRIEL DDS

Location: MECH. ROOM. FIRE LINE LIMITED HEAD BLACK PIPE.

2620 BELL ST.

Meter#:

Serial #: Check if Correct Corrections

09528

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Dentist

Model:

719

☐

Hazard: FIRE LINE CONNECTION-LOW

Type:

DCVA

☐

Mailing Address

Size:

2.00

☐

ROBERT FRIEL

ROBERT M.FRIEL DDS

2620 BELL ST.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

08/23/2020

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4624

Backflow Prevention Assembly Test Report

ROBERT M.FRIEL DDS

Location: MECH. ROOM.

2620 BELL ST.

Meter#:

Serial #:

Check if Correct

Corrections

43836

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Dentist

Model:

919

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

ROBERT FRIEL

ROBERT M.FRIEL DDS

2620 BELL ST.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

08/23/2020

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4279

Backflow Prevention Assembly Test Report

ROBERTSON HEATING SUPPLY CO.
701 UNDERWOOD ST.
Location: **IN FRONT WAREHOUSE IN CORNER TOWARDS ZANE ST.**

ZANESVILLE, OH 43701

Meter#:

LID/Service:

Account #: **ROBERTSON HEATING**

Serial #:

32087

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Site Use: **WHOLESALE WAREHOUSE**Hazard: **CONTAINMENT COMM.LOW**

Mailing Address

MARVIN SHIPLEY
ROBERTSON HEATING SUPPLY CO.
701 UNDERWOOD ST.

ZANESVILLE, OH 43701

Test Due No Later than:

07/26/2022Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐
 Submit completed
 Test Report:

Fax:

Service Address

Hazard/CCID: 3642

Backflow Prevention Assembly Test Report

TRIKES BY RODNEY

Location: IN OFFICE.

1672 LINDEN AVE.

Meter#:

Serial #: 30050

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

Site Use:

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

RODNEY & MOLLIE CROOKS
5118 TIFFANY DR.

ZANESVILLE, OH 43701

Test Due No Later than:

08/03/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3552

Backflow Prevention Assembly Test Report

ROD'S TIRE TOWN

Location: IN REST ROOM.

1139 MAYSVILLE AVE.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

27941

Account #: ROD'S TIRE TOWN

Manufacturer:

WATTS

Site Use: REPAIR SHOP/TIRE

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

ROD

ROD'S TIRE TOWN

1139 MAYSVILLE AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

06/02/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1137

Backflow Prevention Assembly Test Report

ROLLING PLAINS UNITED METHC

Location: FIRE LINE.

3350 MOXAHALA PARK

Meter#:

Serial #:

Check if Correct

Corrections

096089

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WILKINS

☐

Site Use: Church

Model:

950

☐

Hazard: FIRE LINE CONNECTION-LOW

Type:

DC

☐

Mailing Address

Size:

1.50

☐

TINA WEAVER, BUILDING MANAGER
ROLLING PLAINS UNITED METHODIST
3350 MOXAHALA PARK

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/10/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2134

Backflow Prevention Assembly Test Report

ROLLING PLAINS UNITED METHC

Location: NEW BOILER FEED.

3350 MOXAHALA PARK

Meter#:

Serial #:

Check if Correct

Corrections

174082

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Church

Model:

009

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

TINA WEAVER, BUILDING MANAGER
ROLLING PLAINS UNITED METHODIST
3350 MOXAHALA PARK

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/10/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2135

Backflow Prevention Assembly Test Report

ROLLING PLAINS UNITED METHC

Location: BASEMENT.

3350 MOXAHALA PARK

Meter#:

Serial #:

Check if Correct

Corrections

01043

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Church

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

2.00

☐

TINA WEAVER, BUILDING MANAGER
ROLLING PLAINS UNITED METHODIST
3350 MOXAHALA PARK

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/10/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 679

Backflow Prevention Assembly Test Report

ROSCOE MOTOR INN

Location: FIRE LINE.

421 S. WHITEWOMAN STREET

Meter#:

Serial #: Check if Correct Corrections

COSHOCTON, OH 43812

LID/Service:

251748

Account #: ROSCOMOTORINN

Manufacturer:

WATTS

Site Use: Motels/Hotels

Model:

007

Hazard: FIRE LINE CONNECTION-LOW

Type:

DCVA

Mailing Address

Size:

1.00

Orientation:

Protection:

DEL SMITH, OWNER

ROSCOE MOTOR INN

421 S. WHITEWOMAN STREET

COSHOCTON, OH 43812

Test Due No Later than:

06/04/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 680

Backflow Prevention Assembly Test Report

ROSCOE MOTOR INN

Location: WATER SERVICE CONTAINMENT.

421 S. WHITEWOMAN STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

01069

☐

COSHOCOTON, OH 43812

Account #: ROSCOMOTORINN

Manufacturer:

WATTS

☐

Site Use: Motels/Hotels

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.50

☐

DEL SMITH, OWNER

ROSCOE MOTOR INN

421 S. WHITEWOMAN STREET

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

06/04/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 638

Backflow Prevention Assembly Test Report

ROSCOE U.M. CHURCH

Location: BESIDE WATER HEATER.

475 HIGH STREET

Meter#:

Serial #: Check if Correct Corrections

COSHOCTON, OH 43812

LID/Service:

285647

Account #: ROSCOEUMCHURCH

Manufacturer:

WATTS

Site Use:

Model:

007

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

08/05/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2966

Backflow Prevention Assembly Test Report

ROSCOE U.M. CHURCH

Location: MECH RM. *FIRE LINE.

475 HIGH STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

06164

☐

COSHOCOTON, OH 43812

Account #: ROSCOEUMCHURCH

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: FIRE LINE CONNECTION-LOW

Type:

DCVA

☐

Mailing Address

Size:

1.25

☐

MIKE KILPATRICK

ROSCOE U.M. CHURCH

475 HIGH STREET

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

07/23/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4991

Backflow Prevention Assembly Test Report

ROSCOE VILLAGE FOUNDATION/

Location: 435 REAR WHITEWOMAN STREET-RESTROOM.

600 N. WHITEWOMAN STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

34777

☐

COSHOCTON, OH 43812

Account #: MAINTENANCE/ROSCOE

Manufacturer:

WATTS

☐

Site Use:

Model:

719QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

0.75

☐

ROSCOE VILLAGE FOUNDATION

ROSCOE VILLAGE FOUNDATION/MAINTENANCE

600 N. WHITEWOMAN STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

PAST DUE

☐

Test Due No Later than:

11/23/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 887

Backflow Prevention Assembly Test Report

ROSCOE VISITOR'S CENTER

Location: BASEMENT, BOILER ROOM, *ISOLATION BOILER.

600 NORTH WHITEWOMAN STREET

Meter#:

Serial #:

Check if Correct

Corrections

35720

☐

COSHOCTON, OH 43812

LID/Service:

Account #: ROSCOEVISITORCENTR

Manufacturer:

WATTS

☐

Site Use: Business Office

Model:

009

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

ROSCOE VILLAGE FOUNDATION

ROSCOE VISITOR'S CENTER

600 NORTH WHITEWOMAN STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

02/03/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 325

Backflow Prevention Assembly Test Report

ROSECRANS HIGH SCHOOL

1040 EAST MAIN STREET

ZANESVILLE, OH 43701

Site Use: School

Hazard: CONTAINMENT COMM.LOW

Mailing Address

PAT DURANT
ROSECRANS HIGH SCHOOL
1040 EAST MAIN STREET

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: ROSECRANS HS

Serial #:

128759

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

709

Type:

DCDA

Size:

3.00

Orientation:

Protection:

Test Due No Later than:

10/04/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Submit completed
Test Report:

Fax:



Service Address

Hazard/CCID: 326

Backflow Prevention Assembly Test Report

ROSECRANS HIGH SCHOOL

Location: BOILER.

1040 EAST MAIN STREET

Meter#:

Serial #:

Check if Correct

Corrections

230818

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: School

Model:

909

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

1.50

☐

PAT DURANT

ROSECRANS HIGH SCHOOL

1040 EAST MAIN STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

10/04/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1464

Backflow Prevention Assembly Test Report

ROSEVILLE COMMUNITY CENTER

Location: WATER SERVICE CONTAINMENT.

13047 CARL BROWN ROAD

Meter#:

Serial #: 156860

Check if Correct

Corrections

ROSEVILLE, OH 43777

LID/Service:

Account #: ROSEVILLECOMMCTR

Manufacturer:

WATTS

Site Use: community center

Model:

007

Hazard: CONTAINMENT COMM.LOW

Mailing Address

Type:

DCVA

village of Roseville

ROSEVILLE COMMUNITY CENTER

107 north main street

Size:

1.00

Orientation:

ROSEVILLE, OH 43777

Protection:

Test Due No Later than:

07/19/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1465

Backflow Prevention Assembly Test Report

ROSEVILLE COMMUNITY CENTER

Location: FIRE LINE

13047 CARL BROWN ROAD

Meter#:

Serial #:

Check if Correct

Corrections

01144

☐

ROSEVILLE, OH 43777

LID/Service:

Manufacturer:

AMES

☐

Site Use: community center

Model:

2000B

☐

Hazard: FIRE LINE CONNECTION-LOW

Type:

DC

☐

Mailing Address

Size:

1.00

☐

village of Roseville

ROSEVILLE COMMUNITY CENTER

107 north main street

Orientation:

☐

ROSEVILLE, OH 43777

Protection:

PAST DUE

☐

Test Due No Later than:

07/11/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5419

Backflow Prevention Assembly Test Report

ROSEVILLE COMMUNITY CENTER

Location: FIRE LINE

13047 CARL BROWN ROAD

Meter#:

Serial #:

Check if Correct

Corrections

01144

☐

ROSEVILLE, OH 43777

LID/Service:

Manufacturer:

AMES

☐

Site Use: community center

Model:

2000B

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

DC

☐

Mailing Address

Size:

1.00

☐

village of Roseville

ROSEVILLE COMMUNITY CENTER

107 north main street

Orientation:

☐

ROSEVILLE, OH 43777

Protection:

☐

Test Due No Later than:

07/19/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5252

Backflow Prevention Assembly Test Report

ROSEVILLE COMMUNITY FOOD P
4 NORTH MAIN STREET

ROSEVILLE, OH 43777

Site Use: Church

Hazard: CONTAINMENT COMM.LOW

Mailing Address

WES KIDWELL
ROSEVILLE COMMUNITY FOOD PANTRY
4 NORTH MAIN STREET

ROSEVILLE, OH 43777

Location: MECH. ROOM.

Meter#:

LID/Service:

Account #: RHEMA HOUSE OF WOR

Serial #:

10122

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719QT

Type:

DC

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

04/12/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____



Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5138

Backflow Prevention Assembly Test Report

VILLAGE OF ROSEVILLE

Location: MECH. ROOM.

34 POTTERS LN.

Meter#:

Serial #: Check if Correct Corrections

ROSEVILLE, OH 43777

LID/Service:

21062

Account #: ROSE. GROCERY

Manufacturer:

WATTS

Site Use:

Model:

Hazard: CONTAINMENT COMM.LOW

LF719AQT

Mailing Address

Type:

DC

Size:

1.00

Orientation:

Protection:

ROSEVILLE GROCERY
34 POTTERS LN.

ROSEVILLE, OH 43777

Test Due No Later than:

03/12/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3576

Backflow Prevention Assembly Test Report

ROSS SERVICE STATION

710 DRYDEN RD.

ZANESVILLE, OH 43701

Site Use: REPAIR SHOP/GAS STATION

Hazard: CONTAINMENT COMM.LOW

Mailing Address

JOHN COFFEY
ROSS SERVICE STATION
710 DRYDEN RD.

ZANESVILLE, OH 43701

Location: IN MECH ROOM OFF GARAGE AREA.

Meter#:

LID/Service:

Account #: ROSS SERVICE STA.

Serial #:

29903

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

11/04/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4118

Backflow Prevention Assembly Test Report

RUSSELL LLYOD PROPERTY

Location: BASEMENT.

1921 MAPLE AVE.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

32682

☐

Account #: RR PRAXIS CORP.

Manufacturer:

WATTS

☐

Site Use: Business Office

Model:

LF719QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

0.75

☐

RUSSELL LLOYD
RR PRAXIS CORPORATION
1710 RUBICON DR.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

04/29/2017

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐

Leaked

☐

Closed Tight

☐

Held at _____ PSID

Leaked

☐

Closed Tight

☐

Held at _____ PSID

Did not open

☐

Opened at _____ PSID

Did not open

☐

Opened Fully

Yes ☐No ☐

Opened at _____ PSID

Leaked

☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned

☐

Rubber Kit

☐

Rebuild

☐

Replaced

☐

Other

☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐

Closed Tight

☐

Held at _____ PSID

Closed Tight

☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully

☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1117

Backflow Prevention Assembly Test Report

RURAL KING #92

2770 MAYSVILLE PIKE

ZANESVILLE, OH 43701

Site Use: Retail

Hazard: CONTAINMENT COMM.LOW

Mailing Address

RURAL KING #92

2770 MAYSVILLE PIKE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: RURAL KING # 92

Serial #:
17997Manufacturer:
WATTSModel:
007Type:
DCVASize:
1.50

Orientation:

Protection:

Check if Correct Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

07/11/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1118

Backflow Prevention Assembly Test Report

RURAL KING #92

Location: FIRE LINE,BYPASS.

2770 MAYSVILLE PIKE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

0000239

☐

Account #: RURAL KING #92

Manufacturer:

AMES

☐

Site Use: Retail

Model:

2000B

☐

Hazard: FIRE LINE BYPASS-LOW

Type:

DC

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

Protection:

☐

MANAGER

RURAL KING #92

2970 MAYSVILLE PIKE

ZANESVILLE, OH 43701

Test Due No Later than:

07/11/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1119

Backflow Prevention Assembly Test Report

RURAL KING #92

Location: FIRE LINE.ANTI FREEZE FIRE SYSTEM

2770 MAYSVILLE PIKE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

001504

☐

ZANESVILLE, OH 43701

Account #: RURAL KING #92

Manufacturer:

WATTS

☐

Site Use: Retail

Model:

LF909

☐

Hazard: FIRE LINE CONNECTION-HIGH

Type:

RP

☐

Mailing Address

Size:

2.50

☐

Orientation:

☐

Protection:

☐

MANAGER

RURAL KING #92

2970 MAYSVILLE PIKE

ZANESVILLE, OH 43701

Test Due No Later than:

07/11/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1120

Backflow Prevention Assembly Test Report

RURAL KING #92

Location: FIRE LINE. *MECH ROOM IN FRONT.

2770 MAYSVILLE PIKE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

3FM0460

☐

ZANESVILLE, OH 43701

Account #: RURAL KING #92

Manufacturer:

AMES

☐

Site Use: Retail

Model:

3000 SILVER

☐

Hazard: FIRE LINE CONNECTION-LOW

Type:

DCDA

☐

Mailing Address

Size:

6.00

☐

MANAGER

RURAL KING #92

2970 MAYSVILLE PIKE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

07/11/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5276

Backflow Prevention Assembly Test Report

RURAL KING #92

Location: MEN'S REST ROOM.

2770 MAYSVILLE PIKE

Meter#:

Serial #:

Check if Correct

Corrections

145932

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Retail

Model:

LF009QT

☐

Hazard: FIRE LINE CONNECTION-LOW

Type:

RP

☐

Mailing Address

Size:

0.50

☐

Orientation:

☐

Protection:

☐

MANAGER

RURAL KING #92

2970 MAYSVILLE PIKE

ZANESVILLE, OH 43701

Test Due No Later than:

07/11/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1167

Backflow Prevention Assembly Test Report

FAMOUS HAIR

787 SOUTH 2ND STREET

COSHOCTON, OH 43812

Site Use: BEAUTY SHOP

Hazard: CONTAINMENT COMM.LOW

Mailing Address

LENA HILTENBERG
RURAL KING DISTRIBUTING
4216 DEWITT AVE.

MATTOON, IL. 61938

Location: BACK ROOM BY WATER HEATER.

Meter#:

LID/Service:

Account #: RURAL KING-2

Serial #:

125216

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

06/17/2015

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1168

Backflow Prevention Assembly Test Report

FAMOUS HAIR

787 SOUTH 2ND STREET

COSHOCOTON, OH 43812

Site Use: BEAUTY SHOP

Hazard: FIRE LINE CONNECTION-LOW

Mailing Address

LENA HILTENBERG
RURAL KING DISTRIBUTING
4216 DEWITT AVE.

MATTOON, IL. 61938

Location: FIRE LINE - SPRINKLERS.

Meter#:

LID/Service:

Account #: RURAL KING-2

Serial #:

A00860

Check if Correct

Corrections

Manufacturer:

WILKINS

Model:

950

Type:

DC

Size:

4.00

Orientation:

Protection:

PAST DUE

Test Due No Later than:

06/17/2015

 Existing ☐
New ☐

 Removed ☐
Replaced ☐

 Commercial ☐
Industrial ☐

 Residential ☐

 Construction ☐

 Domestic ☐

 Irrigation ☐

 Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐
 Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2072

Backflow Prevention Assembly Test Report

RURAL KING

779 SOUTH 2ND STREET

COSHOCTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

LENA HILTENBERG
RURAL KING
4216 DEWITT AVE.

MATTON, IL. 61938

Location: MECH ROOM, STORAGE ROOM.

Meter#:

LID/Service:

Account #: RURAL KING-1

Serial #:

25644

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

2.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

06/17/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2073

Backflow Prevention Assembly Test Report

RURAL KING

Location: MECH ROOM.FRONT OF STORE.

779 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

245428

☐

COSHOCKTON, OH 43812

Account #: RURAL KING-1

Manufacturer:

WATTS

☐

Site Use:

Model:

709

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

DC

☐

Mailing Address

Size:

6.00

☐

LENA HILTENBERG

RURAL KING

4216 DEWITT AVE.

Orientation:

☐

MATTON, IL. 61938

Protection:

☐

Test Due No Later than:

06/17/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5415

Backflow Prevention Assembly Test Report

RURAL KING

Location: ABOVE CEILING

779 SOUTH 2ND STREET

Meter#:

Serial #:

Check if Correct

Corrections

COSHOCOTON, OH 43812

LID/Service:

01852

☐

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

Orientation:

☐

Protection:

☐LENA HILTENBERG
RURAL KING
4216 DEWITT AVE.

MATTON, IL. 61938

Test Due No Later than:

06/17/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 691

Backflow Prevention Assembly Test Report

RUSHING WIND BIKER CHURCH

Location: WATER SERVICE CONTAINMENT - MECH ROOM

5715 EAST PIKE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

71660

Account #: RUSHING WIND

Manufacturer:

WATTS

Site Use: Church

Model:

007

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

MICHAEL MCGUIRE

RUSHING WIND BIKER CHURCH

5715 EAST PIKE

Orientation:

ZANESVILLE, OH 43701

Protection:

PAST DUE

Test Due No Later than:

03/11/2019

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1699

Backflow Prevention Assembly Test Report

RUSSELL DEATON RESIDENCE

Location: *LAWN SPRINKLER.

3695 ROSEWOOD DRIVE

Meter#:

Serial #: Check if Correct Corrections

23797

☐

ZANESVILLE, OH 437011

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: IRRIGATION MED-ISOLATION

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

RUSSELL DEATON, OWNER
RUSSELL DEATON RESIDENCE
3695 ROSEWOOD DRIVE

Orientation:

☐

ZANESVILLE, OH 437011

Protection:

☐

Test Due No Later than:

06/08/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2180

Backflow Prevention Assembly Test Report

Russo's Wood Fired

2526 MAPLE AVENUE

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

Russo's Wood Fired
2526 MAPLE AVENUE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT. * FRONT BATHROOM.

Meter#:

LID/Service:

Account #: Russo's Wood Fired

Serial #:

07579

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

07/01/2014

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 460

Backflow Prevention Assembly Test Report

RYDER TRANSPORTATION SERV

Location: WATER SERVICE CONTAINMENT. - MECH ROOM

4196 EAST PIKE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

165071

Account #: RYDERTRANSSERVICES

Manufacturer:

WATTS

Site Use:

Model:

Hazard: CONTAINMENT COMM. MED.

009

Mailing Address

Type:

RPPA

MANAGER

RYDER TRANSPORTATION SERVICES

Size:

2.00

4196 EAST PIKE

Orientation:

CENTRAL REALTY

ZANESVILLE, OH 43701

Protection:

Test Due No Later than:

08/07/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 461

Backflow Prevention Assembly Test Report

RYDER TRANSPORTATION SERV

Location: WATER SERVICE CONTAINMENT. - MECH ROOM,(REBUILT 8/22/06)

4196 EAST PIKE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

165082

☐

ZANESVILLE, OH 43701

Account #: RYDERTRANSSERVICES

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

Orientation:

☐

Protection:

☐

MANAGER

RYDER TRANSPORTATION SERVICES

4196 EAST PIKE

CENTRAL REALTY

ZANESVILLE, OH 43701

Test Due No Later than:

08/07/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2712

Backflow Prevention Assembly Test Report

SIMPLE BEGININGS PHOTOGRAPH

315 S.11TH ST.

COSHOCTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

LORI ROBB, OWNER
SALON & SEVENTH
520 MILITARY RD.

ZANESVILLE, OH 43701

Location: BESIDE WATER HEATER. *WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: SIMPLE BEGININGS

Serial #:

11299

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

03/04/2015

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3115

Backflow Prevention Assembly Test Report

SALVATION ARMY

219 N.4TH. ST.

COSHOCTON, OH 43812

Site Use:

Hazard: FIRE LINE CONNECTION-LOW

Mailing Address

SALVATION ARMY

219 N.4TH. ST.

COSHOCTON, OH 43812

Location: FIRE LINE - BASEMENT

Meter#:

LID/Service:

Account #: SALVATIONARMYCOSH

Serial #:

11738

Check if Correct

Corrections

Manufacturer:

FEBCO

Model:

825YD

Type:

RP

Size:

3.00

Orientation:

Protection:

Test Due No Later than:

09/17/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3484

Backflow Prevention Assembly Test Report

SALVATION ARMY

Location: BASEMENT

219 N.4TH. ST.

Meter#:

Serial #:

Check if Correct

Corrections

11275

☐

COSHOCOTON, OH 43812

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

919

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

SALVATION ARMY

219 N.4TH. ST.

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

09/17/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1226

Backflow Prevention Assembly Test Report

SALVATION ARMY

515 PUTNAM AVENUE

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

MAINTENANCE SUPERVISOR
SALVATION ARMY
515 PUTNAM AVENUE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT. - WHOLE BLDG., PANTRY CLOSET.

Meter#:

LID/Service:

Account #: SALVATIONARMY

Serial #:

49042

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

1.50

Orientation:

Protection:

Test Due No Later than:

10/30/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1227

Backflow Prevention Assembly Test Report

SALVATION ARMY

515 PUTNAM AVENUE

ZANESVILLE, OH 43701

Site Use:

Hazard: FIRE LINE CONNECTION-LOW

Mailing Address

MAINTENANCE SUPERVISOR
SALVATION ARMY
515 PUTNAM AVENUE

ZANESVILLE, OH 43701

Location: FIRE LINE. - OFF LAUNDRY ROOM, MECH ROOM, SPRINKLER SYSTEM.

Meter#:

LID/Service:

Account #: SALVATIONARMY

Serial #:

2JK1516

Check if Correct

Corrections

Manufacturer:

AMES

Model:

2000 SILVER

Type:

DCVA

Size:

2.50

Orientation:

Protection:

Test Due No Later than:

10/30/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3086

Backflow Prevention Assembly Test Report

SALVATION ARMY

515 PUTNAM AVENUE

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

MAINTENANCE SUPERVISOR

SALVATION ARMY

515 PUTNAM AVENUE

ZANESVILLE, OH 43701

Location: MECH ROOM

Meter#:

LID/Service:

Account #: SALVATIONARMY

Serial #:

09006

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

10/30/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2498

Backflow Prevention Assembly Test Report

SAM'S CLUB #4947

Location: WATER SERVICE CONTAINMENT.

3724 NORTHPOINTE DRIVE

Meter#:

Serial #: Check if Correct Corrections

10358

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Car Wash

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

3.00

☐

ATTN: LINDA YORK

SAM'S CLUB #4947

3724 NORTHPOINTE DRIVE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/16/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2500

Backflow Prevention Assembly Test Report

SAM'S CLUB #4947

Location: MEAT COOLER, (HOSE REEL.)

3724 NORTHPOINTE DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

09173

☐

ZANESVILLE, OH 43701

Account #: SAM'S CLUB 1

Manufacturer:

WATTS

☐

Site Use: Car Wash

Model:

008

☐

Hazard: ISOLATION LOW

Type:

SRVB

☐

Mailing Address

Size:

0.75

☐

ATTN: LINDA YORK

SAM'S CLUB #4947

3724 NORTHPOINTE DRIVE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/24/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4691

Backflow Prevention Assembly Test Report

SAM'S CLUB #4947

Location: HOT BOX, FIRE LINE BYPASS READER.

3724 NORTHPOINTE DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

50016

☐

Manufacturer:

WATTS

☐

Model:

919

☐

Type:

RPPA

☐

Size:

0.75

☐

Orientation:

☐

Protection:

PAST DUE

☐

Site Use: Car Wash

Hazard: FIRE LINE BYPASS-MEDIUM

Mailing Address

ATTN: LINDA YORK

SAM'S CLUB #4947

3724 NORTHPOINTE DRIVE

ZANESVILLE, OH 43701

Test Due No Later than:

04/24/2019

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4692

Backflow Prevention Assembly Test Report

SAM'S CLUB #4947

Location: MAIN FIRE LINE - IN HOT BOX

3724 NORTHPOINTE DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

NL-2251

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

AMES

☐

Site Use: Car Wash

Model:

MAXIM 500-GV

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPDA

☐

Mailing Address

Size:

8.00

☐

ATTN: LINDA YORK

SAM'S CLUB #4947

3724 NORTHPOINTE DRIVE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/16/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5189

Backflow Prevention Assembly Test Report

SAM'S CLUB #4947

Location: Mop sink rear of store.

3724 NORTHPOINTE DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

11845

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Car Wash

Model:

LF008PCQT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

SVB

☐

Mailing Address

Size:

0.75

☐

ATTN: LINDA YORK

SAM'S CLUB #4947

3724 NORTHPOINTE DRIVE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/16/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Date _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Time _____

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5249

Backflow Prevention Assembly Test Report

SAM'S CLUB #4947

Location: FIRE LINE BYPASS (HOTBOX)

3724 NORTHPOINTE DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

74575

☐

ZANESVILLE, OH 43701

Account #: SAM'S CLUB 1

Manufacturer:

WATTS

☐

Site Use: Car Wash

Model:

919QT

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐

ATTN: LINDA YORK

SAM'S CLUB #4947

3724 NORTHPOINTE DRIVE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/17/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5250

Backflow Prevention Assembly Test Report

SAM'S CLUB #4947

Location: MECH ROOM

3724 NORTHPOINTE DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

043941

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Car Wash

Model:

LF009M2QT

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

1.00

☐

ATTN: LINDA YORK

SAM'S CLUB #4947

3724 NORTHPOINTE DRIVE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/17/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5251

Backflow Prevention Assembly Test Report

SAM'S CLUB #4947

Location: MECH ROOM

3724 NORTHPOINTE DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

2256771

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WILKINS

☐

Site Use: Car Wash

Model:

975XL

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

2.00

☐

ATTN: LINDA YORK

SAM'S CLUB #4947

3724 NORTHPOINTE DRIVE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/17/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2542

Backflow Prevention Assembly Test Report

SAM'S CLUB CAR WASH

3724 NORTHPOINTE RD.

ZANESVILLE, OH 43701

Site Use: Car Wash

Hazard: CONTAINMENT COMM. MED.

Mailing Address

SAM'S CLUB REAL ESTATE TRUST
702 S.W.8TH ST.

BENTONVILLE, AR 72716

Location: MECH. RM. - IN CAR WASH.

Meter#:

LID/Service:

Account #: SAM'S CLUB 3

Serial #:

2197540

Check if Correct

Corrections

Manufacturer:

WILKINS

Model:

975XL

Type:

RP

Size:

2.00

Orientation:

Protection:

Test Due No Later than:

04/16/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 474

Backflow Prevention Assembly Test Report

SANCAST, INC

535 CLOW LANE

COSHOCTON, OH 43812

Site Use: Factory

Hazard: FIRE LINE CONNECTION-MEDIUM

Mailing Address

LONNIE GANO, MTCE. SUPERVISOR
SANCAST, INC
535 CLOW LANE

COSHOCTON, OH 43812

Location: FIRE LINE. - HALL NEXT TO KILN,MAIN PLANT.

Meter#:

LID/Service:

Account #: SANCASTINC

Serial #:

ED0411

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

957

Type:

RP

Size:

4.00

Orientation:

Protection:

Test Due No Later than:

08/26/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3075

Backflow Prevention Assembly Test Report

SANCAST, INC

535 CLOW LANE

COSHOCTON, OH 43812

Site Use: Factory

Hazard: FIRE LINE BYPASS-MEDIUM

Mailing Address

LONNIE GANO, MTCE. SUPERVISOR
SANCAST, INC
535 CLOW LANE

COSHOCTON, OH 43812

Location: FIRE LINE BYPASS - HALLWAY TO KILN

Meter#:

LID/Service:

Account #: SANCASTINC

Serial #:

F6608

Check if Correct

Corrections

Manufacturer:

FLOMATIC

Model:

RPZ

Type:

RP

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

08/26/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5365

Backflow Prevention Assembly Test Report

SANCAST, INC

535 CLOW LANE

COSHOCOTON, OH 43812

Site Use: Factory

Hazard: CONTAINMENT COMM. MED.

Mailing Address

LONNIE GANO, MTCE. SUPERVISOR
 SANCAST, INC
 535 CLOW LANE

COSHOCOTON, OH 43812

Location: HALLWAY NEXT TO KILN

Meter#:

LID/Service:

Account #: SANCASTINC

Serial #:

26767

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

919QT

Type:

RP

Size:

2.00

Orientation:

Protection:

Test Due No Later than:

08/26/2022

 Existing ☐
 New ☐

 Removed ☐
 Replaced ☐

 Commercial ☐
 Industrial ☐

 Residential ☐
 Construction ☐

 Domestic ☐
 Irrigation ☐

 Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐
 Submit completed
 Test Report:

Fax:

Service Address

Hazard/CCID: 5366

Backflow Prevention Assembly Test Report

SANCAST, INC

535 CLOW LANE

COSHOCTON, OH 43812

Site Use: Factory

Hazard: CONTAINMENT COMM. MED.

Mailing Address

LONNIE GANO, MTCE. SUPERVISOR
SANCAST, INC
535 CLOW LANE

COSHOCTON, OH 43812

Location: KILN COLLING WATER

Meter#:

LID/Service:

Account #: SANCASTINC

Serial #:

27198

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

919

Type:

RPPA

Size:

2.00

Orientation:

Protection:

Test Due No Later than:

08/26/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1401

Backflow Prevention Assembly Test Report

SAVE-A-LOT

2772 MAYSVILLE PIKE

ZANESVILLE, OH 43701

Site Use: Grocery/Supermarket

Hazard: ISOLATION LOW

Mailing Address

ISHMALE STROAD, MANAGER
SAVE-A-LOT
2772 MAYSVILLE PIKE

ZANESVILLE, OH 43701

Location: REST ROOM ,ISOLATION.

Meter#:

LID/Service:

Account #: SAVEALOTMAYSVILLE

Serial #:

01075

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

1.50

Orientation:

Protection:

PAST DUE

Test Due No Later than:

12/13/2015

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3527

Backflow Prevention Assembly Test Report

SAVE-A-LOT

2772 MAYSVILLE PIKE

ZANESVILLE, OH 43701

Site Use: Grocery/Supermarket

Hazard: CONTAINMENT COMM.LOW

Mailing Address

ISHMALE STROAD, MANAGER

SAVE-A-LOT

2772 MAYSVILLE PIKE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT. - MECH ROOM.

Meter#:

LID/Service:

Account #: SAVEALOTMAYSVILLE

Serial #:

08110

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

2.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

11/10/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4386

Backflow Prevention Assembly Test Report

SAVE-A-LOT

2772 MAYSVILLE PIKE

ZANESVILLE, OH 43701

Site Use: Grocery/Supermarket

Hazard: FIRE LINE BYPASS-MEDIUM

Mailing Address

ISHMALE STROAD, MANAGER

SAVE-A-LOT

2772 MAYSVILLE PIKE

ZANESVILLE, OH 43701

Location: IN FIRE CLOSET FRONT OF STORE BY ENTRANCE.

Meter#:

LID/Service:

Account #: SAVEALOTMAYSVILLE

Serial #:

11811

Manufacturer:

AMES

Model:

4000B

Type:

RP

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

11/10/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4387

Backflow Prevention Assembly Test Report

SAVE-A-LOT

2772 MAYSVILLE PIKE

ZANESVILLE, OH 43701

Site Use: Grocery/Supermarket

Hazard: FIRE LINE CONNECTION-MEDIUM

Mailing Address

ISHMALE STROAD, MANAGER

SAVE-A-LOT

2772 MAYSVILLE PIKE

ZANESVILLE, OH 43701

Location: IN FIRE CLOSET FRONT OF STORE BY ENTRANCE.

Meter#:

LID/Service:

Account #: SAVEALOTMAYSVILLE

Serial #:

1056880911

Check if Correct

Corrections

Manufacturer:

AMES

Model:

5000

Type:

RPDA

Size:

4.00

Orientation:

Protection:

Test Due No Later than:

11/10/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1463

Backflow Prevention Assembly Test Report

SCHIMMEL FITNESS

35 NORTH 4TH STREET

ZANESVILLE, OH 43701

Site Use: Health Club

Hazard: CONTAINMENT COMM.LOW

Mailing Address

BILL SCHIMMEL
SCHIMMEL FITNESS
35 NORTH 4TH STREET

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT. - SOUTH SIDE OF BASEMENT.

Meter#:

LID/Service:

Account #: SCHIMMELFITNESS

Serial #:

143130

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

12/11/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2833

Backflow Prevention Assembly Test Report

SCOTT'S DINER LLC

41 EAST MAIN ST.

NEW CONCORD, OH 43762

Site Use: Restaurant

Hazard: CONTAINMENT COMM.LOW

Mailing Address

KEITH SCOTT
SCOTT'S DINER LLC
41 EAST MAIN ST.

NEW CONCORD, OH 43762

Location: *MECH.ROOM,BYSIDE WATER HEATER.

Meter#:

LID/Service:

Account #: SCOTT'S DINER

Serial #:

044566

Manufacturer:

WATTS

Model:

007M3QT

Type:

DC

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

08/27/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3588

Backflow Prevention Assembly Test Report

SENSATIONAL STYLES

775 S.2ND ST.- SUITE A

COSHOCTON, OH 43812

Site Use: Beauty Salon/Barber

Hazard: CONTAINMENT COMM.LOW

Mailing Address

SHIRLENE COX, OWNER
SENSATIONAL STYLES
775 S.2ND ST.- SUITE A

COSHOCTON, OH 43812

Location: DEVICE LOCATED IN BOWLING ALLEY.

Meter#:

LID/Service:

Account #: SENSATIONALSTYLES

Serial #:

58375

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

03/17/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 102

Backflow Prevention Assembly Test Report

SEOIL INDUSTRIAL USA, INC,
2000 SEOIL ROAD

ZANESVILLE, OH 43701

Site Use:

Hazard: **CONTAINMENT COMM. MED.**

Mailing Address

J.T. KIM, OWNER
SEOIL INDUSTRIAL USA, INC,
2000 SEOIL ROAD

ZANESVILLE, OH 43701

Location: **MECH ROOM. - WATER SERVICE CONTAINMENT.**

Meter#:

LID/Service:

Account #: **SEOILINDUSTRIAL**

Serial #:

163680

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

909

Type:

RP

Size:

3.00

Orientation:

Protection:

Test Due No Later than:

07/26/2022Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐
 Submit completed
 Test Report:

Fax:

Service Address

Hazard/CCID: 103

Backflow Prevention Assembly Test Report

SEOIL INDUSTRIAL USA, INC,

Location: ABOVE CEILING IN PRIVATE REST ROOM .- ISOLATION.

2000 SEOIL ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

54894

☐

ZANESVILLE, OH 43701

Account #: SEOILINDUSTRIAL

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: ISOLATION LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

J.T. KIM, OWNER

SEOIL INDUSTRIAL USA, INC,

2000 SEOIL ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

07/26/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 105

Backflow Prevention Assembly Test Report

SEOIL INDUSTRIAL USA, INC,

Location: MECH ROOM. - FIRE LINE.

2000 SEOIL ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

011380201

☐

ZANESVILLE, OH 43701

Account #: SEOILINDUSTRIAL

Manufacturer:

AMES

☐

Site Use:

Model:

5000

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

6.00

☐

Orientation:

☐

Protection:

☐

J.T. KIM, OWNER

SEOIL INDUSTRIAL USA, INC,

2000 SEOIL ROAD

ZANESVILLE, OH 43701

Test Due No Later than:

07/26/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 106

Backflow Prevention Assembly Test Report

SEOIL INDUSTRIAL USA, INC,

Location: MECH ROOM. - FIRE LINE.(READER).

2000 SEOIL ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

02158

☐

ZANESVILLE, OH 43701

Account #: SEOILINDUSTRIAL

Manufacturer:

AMES

☐

Site Use:

Model:

4000B

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

Protection:

☐

J.T. KIM, OWNER

SEOIL INDUSTRIAL USA, INC,
2000 SEOIL ROAD

ZANESVILLE, OH 43701

Test Due No Later than:

07/26/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2263

Backflow Prevention Assembly Test Report

SERAPHINEA'S COFFEE-CLOSED

Location: WATER SERVICE CONTAINMENT. CLOSED 03/01/18

3575 MAPLE AVE #103

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

08063 CLOSED

☐

ZANESVILLE, OH 43701

Account #: COSQMALL#103

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

DUANE PAISLEY

SERAPHINEA'S COFFEE-CLOSED

3575 MAPLE AVE #103

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

04/07/2017

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 271

Backflow Prevention Assembly Test Report

SETON COSHOCTON

Location: FIRE LINE. - 1ST FLOOR MECH ROOM.

377 CLOW LANE

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

116625

☐

COSHOCTON, OH 43812

Account #: SETONCOSHOCTON

Manufacturer:

WATTS

☐

Site Use:

Model:

909

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Mailing Address

Type:

RPDA

☐WAYNE PATTERSON
SETON COSHOCTON
377 CLOW LANE

Size:

2.50

☐

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

07/26/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3580

Backflow Prevention Assembly Test Report

SETON ZANESVILLE

Location: MECHANICAL ROOM , ABOVE WATER HEATER.

516 SHERIDAN ST.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

07777

☐

ZANESVILLE, OH 43701

Account #: SETON ZVILLE

Manufacturer:

WATTS

☐

Site Use: Retirement Home

Model:

719

☐

Hazard: FIRE LINE CONNECTION-LOW

Type:

DCVA

☐

Mailing Address

Size:

1.50

☐PROPERTY MANAGEMENT
SETON SQUARE HOUSING
516 SHERIDAN ST.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/17/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3601

Backflow Prevention Assembly Test Report

SETON ZANESVILLE

Location: MECHANICAL ROOM , BESIDE WATER METER.

516 SHERIDAN ST.

Meter#:

Serial #:

Check if Correct

Corrections

07926

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Retirement Home

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

2.00

☐PROPERTY MANAGEMENT
SETON SQUARE HOUSING
516 SHERIDAN ST.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/17/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4290

Backflow Prevention Assembly Test Report

SEVENTH DAY ADVENTIST CHUR

Location: BOYS REST ROOM,NORTH.

824 TAYLOR ST.

Meter#:

Serial #: 34070

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: ADVENTIST CHURCH

Manufacturer:

WATTS

Site Use: Church

Hazard: CONTAINMENT COMM.LOW

Model:

719

Mailing Address

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

04/02/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4748

Backflow Prevention Assembly Test Report

SEVENTH DAY ADVENTIST CHUR

Location: MECH.ROOM,BOILER ROOM

824 TAYLOR ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

28114

☐

ZANESVILLE, OH 43701

Account #: ADVENTIST CHURCH

Manufacturer:

WATTS

☐

Site Use: Church

Model:

009

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

SEVENTH DAY ADVENTIST CHURCH

824 TAYLOR ST.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/02/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1354

Backflow Prevention Assembly Test Report

AMERICAN NURSING

Location: WATER SERVICE CONTAINMENT - NEXT TO LAUNDRY SINK

1206-SUITE A BRANDYWINE BLV

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

68697

Account #: AMERICANNURSING

Manufacturer:

WATTS

Site Use: Business Office

Model:

007

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

JEFF SEWARD

SEWARD PLUMBING & HVAC

1048 LINDEN AVE.

Orientation:

ZANESVILLE, OH 43701

Protection:

Test Due No Later than:

03/22/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1357

Backflow Prevention Assembly Test Report

R & R STUDIO HAIR SALON

Location: BESIDE MOP SINK.

1206 SUITE E BRANDYWINE BLVI

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

70428

☐

ZANESVILLE, OH 43701

Account #: R&R STUDIO

Manufacturer:

WATTS

☐

Site Use: Business Office

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

JEFF SEWARD

SEWARD PLUMBING & HVAC

1048 LINDEN AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/22/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3957

Backflow Prevention Assembly Test Report

A NEW BEGINNING

Location: CAMERA SHOP, MAINTENANCE ROOM.

1204 A BRANDYWINE BLVD.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

29438

☐

ZANESVILLE, OH 43701

Account #: A NEW BEGINNING

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM. LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

JEFF SEWARD

SEWARD PLUMBING & HVAC

1048 LINDEN AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/22/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4019

Backflow Prevention Assembly Test Report

ZANESVILLE CAMERA SHOP

Location: CAMERA SHOP MAINTENANCE ROOM.

1204 D BRANDYWINE BLVD.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

30441

☐

ZANESVILLE, OH 43701

Account #: ZANES.CAMERA SHOP

Manufacturer:

WATTS

☐

Site Use: Retail

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.50

☐

JEFF SEWARD

SEWARD PLUMBING & HVAC

1048 LINDEN AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/22/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4263

Backflow Prevention Assembly Test Report

PUGHS DIAMOND JEWELERS

Location: MECH.ROOM

1202 BRANDYWINE BLVD.

Meter#:

Serial #:

Check if Correct

Corrections

29821

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Retail

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

JEFF SEWARD

SEWARD PLUMBING & HVAC

1048 LINDEN AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/22/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Date _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4456

Backflow Prevention Assembly Test Report

PUGH JEWELERS ANNEX

1204 E BRANDYWINE BLVD.

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

JEFF SEWARD

SEWARD PLUMBING & HVAC

1048 LINDEN AVE.

ZANESVILLE, OH. 43701

Location: MECH.ROOM.CAMERA SHOP

Meter#:

LID/Service:

Account #: PUGH'S ANNEX

Serial #:

29686

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

03/22/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4457

Backflow Prevention Assembly Test Report

CENTER SANCTUM

Location: CAMERA SHOP MAINTENANCE ROOM.

1204 C BRANDYWINE BLVD.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

29629

☐

ZANESVILLE, OH 43701

Account #: CENTER SANCTUM

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

JEFF SEWARD

SEWARD PLUMBING & HVAC

1048 LINDEN AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/22/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5234

Backflow Prevention Assembly Test Report

WESTERN SOUTHERN

Location: MECH. ROOM

1206 SUITE G BRANDYWINE BLV

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

36116

☐

Account #: WESTERN SOUTHERN

Manufacturer:

WATTS

☐

Site Use: Business Office

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

JEFF SEWARD

SEWARD PLUMBING & HVAC

1048 LINDEN AVE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/22/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3963

Backflow Prevention Assembly Test Report

SHALOSKY REAL ESTATE LLC-R

Location: OFFICE BY METER.

1077 CENTRAL AVE.

Meter#:

Serial #: 9448

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

Site Use: Office

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

SHALOSKY REAL ESTATE LLC
1735 MAPLE AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

01/23/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1639

Backflow Prevention Assembly Test Report

SHARON TAVERN

1313 SHARON AVENUE

ZANESVILLE, OH 43701

Site Use: Bar and Grill

Hazard: CONTAINMENT COMM.LOW

Mailing Address

DON ANDERSON
SHARON TAVERN
1313 SHARON AVENUE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: SHARON TAVERN

Serial #:

41656

Manufacturer:

WATTS

Model:

719QT

Type:

DC

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

09/05/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4458

Backflow Prevention Assembly Test Report

SHEAR PROFECTIONS

3285 DILLON FALLS RD.

ZANESVILLE, OH 43701

Site Use: Beauty Salon/Barber

Hazard: CONTAINMENT COMM.LOW

Mailing Address

BO & JOYCE KECK
SHEAR PROFECTIONS
444 SUNKEL AVE.

ZANESVILLE, OH 43701

Location: BEHIND SHAMPOO BOWL.

Meter#:

LID/Service:

Account #: BEAUTY SHOP

Serial #:

28150

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

07/29/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2775

Backflow Prevention Assembly Test Report

SHEETZ INC.

225 N.MAYSVILLE AVE.

S.ZANESVILLE, OH 43701

Site Use: Convenience/GAS STATION

Hazard: ISOLATION LOW

Mailing Address

MANAGER
SHEETZ INC.
225 N.MAYSVILLE AVE.

S.ZANESVILLE, OH 43701

Location: MECH ROOM,HOSE REEL.*NEED LADDER,BLEED SCREW ON BACK SIDE.

Meter#:

LID/Service:

Account #: SHEETZ-1

Serial #:

45767

Manufacturer:

WATTS

Model:

008

Type:

PVB

Size:

0.50

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

11/20/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2777

Backflow Prevention Assembly Test Report

SHEETZ INC.

Location: MECH ROOM. - BY N.W. EXIT.

225 N.MAYSVILLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

2773351

☐

S.ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WILKINS

☐

Site Use: Convenience/GAS STATION

Model:

975XL

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

2.00

☐

MANAGER

SHEETZ INC.

225 N.MAYSVILLE AVE.

Orientation:

☐

S.ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

11/20/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2784

Backflow Prevention Assembly Test Report

SHEETZ INC.

225 N.MAYSVILLE AVE.

S.ZANESVILLE, OH 43701

Site Use: Convenience/GAS STATION

Hazard: CONTAINMENT COMM. MED.

Mailing Address

MANAGER
SHEETZ
225 N.MAYSVILLE AVE.

S.ZANESVILLE, OH 43701

Location: IN CAR WASH MECH.ROOM.

Meter#:

LID/Service:

Account #: SHEETZ-2

Serial #:

2450112

Check if Correct

Corrections

Manufacturer:

WILKINS

Model:

975XL

Type:

RP

Size:

1.50

Orientation:

Protection:

Test Due No Later than:

11/20/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 219

Backflow Prevention Assembly Test Report

SHELL EXPRESS

2655 WEST PIKE

ZANESVILLE, OH 43701

Site Use: Gas Station

Hazard: CONTAINMENT COMM. MED.

Mailing Address

SHELL EXPRESS
2655 WEST PIKE

ZANESVILLE, OH 43701

Location: *MECH ROOM - ACCESSIBLE AT OFFICE AREA - WATER SERVICE CONTAINMENT

Meter#:

LID/Service:

Account #: CAMPBELL OIL-2

Serial #:

109629

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

08/08/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2846

Backflow Prevention Assembly Test Report

SHELLY & SANDS

4330 SOUTH RIVER ROAD

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

TONY RUGGIERD; ENVIRON.SPECIALIST
SHELLY & SANDS
3570 SOUTH RIVER ROAD

ZANESVILLE, OH 43701

Location: CONTAINMENT.-(WASH PLANT).

Meter#:

LID/Service:

Account #: SHELLY&SANDS 04

Serial #:

12972

Manufacturer:

WATTS

Model:

919

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

03/07/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2847

Backflow Prevention Assembly Test Report

SHELLY & SANDS

3840 DURANT ROAD

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

TONY RUGGIERD; ENVIRON.SPECIALIST

SHELLY & SANDS

3570 SOUTH RIVER ROAD

ZANESVILLE, OH 43701

Location: MAINTAINANCE FACILITY *(DURANT ROAD MAIN SHOP).

Meter#:

LID/Service:

Account #: SHELLY&SANDS 02

Serial #:

A07614

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

2.00

Orientation:

Protection:

Test Due No Later than:

03/07/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2851

Backflow Prevention Assembly Test Report

SHELLY & SANDS

4330 SOUTH RIVER ROAD

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

TONY RUGGIERD;ENVIRON.SPECIALIST

SHELLY & SANDS

3570 SOUTH RIVER ROAD

ZANESVILLE, OH 43701

Location:

CONTAINMENT-(OLD)OHIO CONCRETE PRODUCTS.(NEW SAFETY BLDG.)

Meter#:

LID/Service:

Account #: SHELLY&SANDS 04

Serial #:

17434

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

03/07/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2852

Backflow Prevention Assembly Test Report

SHELLY & SANDS

4330 SOUTH RIVER ROAD

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

TONY RUGGIERD; ENVIRON.SPECIALIST

SHELLY & SANDS

3570 SOUTH RIVER ROAD

ZANESVILLE, OH 43701

Location: CONTAINMENT-BEHIND SAFEY BLDG. (NEW FAB SHOP)

Meter#:

LID/Service:

Account #: SHELLY&SANDS 04

Serial #:

143143

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

03/07/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5010

Backflow Prevention Assembly Test Report

SHELLY & SANDS

Location: MAIN OFFICE - MECH. ROOM.

3570 SOUTH RIVER RD.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

122072

☐

ZANESVILLE, OH 43701

Account #: SHELLY&SANDS 01

Manufacturer:

WATTS

☐

Site Use: Offices

Model:

009QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RP

☐

Mailing Address

Size:

0.75

☐

TONY RUGGIERD;ENVIRON.SPECIALIST

SHELLY & SANDS

3570 SOUTH RIVER ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/07/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5464

Backflow Prevention Assembly Test Report

SHELLY & SANDS

4328 SOUTH RIVER ROAD

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

TONY RUGGIERD; ENVIRON.SPECIALIST

SHELLY & SANDS

3570 SOUTH RIVER ROAD

ZANESVILLE, OH 43701

Location: BATH ROOM ,MECH ROOM.

Meter#:

LID/Service:

Account #: SHELLY&SANDS 03

Serial #:

340208

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009QT

Type:

RP

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

03/07/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 479

Backflow Prevention Assembly Test Report

SHELTER HOUSE

8460 SOUTH RIVER ROAD

BLUE ROCK, OH 43720

Site Use: Church

Hazard: CONTAINMENT COMM.LOW

Mailing Address

JOE ROWLAND PASTOR
SHELTER HOUSE
8460 SOUTH RIVER ROAD

BLUE ROCK, OH 43720

Location: WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: SHELTER HOUSE

Serial #:

121337

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

04/03/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 480

Backflow Prevention Assembly Test Report

SHELTER HOUSE

8460 SOUTH RIVER ROAD

BLUE ROCK, OH 43720

Site Use: Church

Hazard: ISOLATION MED.

Mailing Address

JOE ROWLAND PASTOR

SHELTER HOUSE

8460 SOUTH RIVER ROAD

BLUE ROCK, OH 43720

Location: BOILER,FEED.

Meter#:

LID/Service:

Account #: SHELTER HOUSE

Serial #:

163307

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

04/03/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1636

Backflow Prevention Assembly Test Report

SHEREE'S SALON

237 MAIN STREET

COSHOCTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

DICK PELLMITE, OWNER
SHEREE'S SALON
237 MAIN STREET

COSHOCTON, OH 43812

Location: WATER SERVICE CONTAINMENT - MIDDLE OF BASEMENT

Meter#:

LID/Service:

Account #: SHEREESSALON

Serial #:

36489

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

01/30/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4685

Backflow Prevention Assembly Test Report

SHILOH BAPTIST CHURCH

Location: BASEMENT MECH. RM.

404 S.7TH ST.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

16920

☐

COSHOCTON, OH 43812

Account #: SHILOH BAPTIST

Manufacturer:

WATTS

☐

Site Use: Church

Model:

919

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐ATT: DWAIN MEANS
SHILOH BAPTIST CHURCH
404 S.7TH ST.

Orientation:

☐

COSHOCTON, OH 43812

Protection:

PAST DUE

☐

Test Due No Later than:

12/23/2014

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4425

Backflow Prevention Assembly Test Report

SHOE SENSATION

Location: MECH. ROOM

3841 GORSKY DR. UNIT K

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

3471866

Account #: ZAREMBA-SHOE SEN.

Manufacturer:

WILKINS

Site Use:

Model:

Hazard: CONTAINMENT COMM.LOW

950

Mailing Address

Type:

DC

ZAREMBA GROUP LLC
SHOE CARNIVAL STORE
14600 DETROIT AVE.

Size:

1.00

Orientation:

LAKEWOOD, OH 44107

Protection:

PAST DUE

Test Due No Later than:

01/22/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2405

Backflow Prevention Assembly Test Report

SHOE SHOW #1209

23653 AIRPORT ROAD

COSHOCTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

SHOE SHOW
23653 AIRPORT RD.

COSHOCTON, OH 43812

Location: WATER SERVICE CONTAINMENT - MENS REST ROOM

Meter#:

LID/Service:

Account #: COSH.PLAZA-08

Serial #: Check if Correct Corrections

1876223

Manufacturer:

WILKINS

Model:

950XL

Type:

DC

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

05/24/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5198

Backflow Prevention Assembly Test Report

SHOP WISE

704 MAIN ST.

WARSAW, OH 43844

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

SHOP WISE

704 MAIN ST.

WARSAW, OH 43844

Location: MECH. ROOM.BACK (OUTSIDE BLDG.).

Meter#:

LID/Service:

Account #: SHOP WISE

Serial #:

98225

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

LF009M3QT

Type:

RP

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

04/14/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1409

Backflow Prevention Assembly Test Report

SHRIVER'S PHARMACY

406 BRIGHTON BLVD.

ZANESVILLE, OH 43701

Site Use: Department Store

Hazard: CONTAINMENT COMM.LOW

Mailing Address

KRISTA LANE, OFFICE MANAGER
SHRIVER'S PHARMACY
406 BRIGHTON BLVD.

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT. * MECH ROOM BEHIND DOOR.

Meter#:

LID/Service:

Account #: SHRIVERSBRIGHTON

Serial #:

101560

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

03/18/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 953

Backflow Prevention Assembly Test Report

SIDWELL BROS.MAINT.

Location: MECH ROOM NEXT TO UTILITY SINK.

2656 MAYSVILLE PIKE

Meter#:

Serial #:
35651

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: JEFF SIDWELL-4

Manufacturer:

WATTS

Site Use:

Hazard: CONTAINMENT COMM.LOW

Model:

719

Mailing Address

Type:

DCVA

MANAGER

SIDWELL BROS.

4200 MAYSVILLE PIKE

Size:

0.75

Orientation:

ZANESVILLE, OH 43701

Protection:

Test Due No Later than:

09/07/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2437

Backflow Prevention Assembly Test Report

SIDWELL MAINTENANCE OFFICE

Location: NEW OFFICE BLDG.* MECH. RM. / CONTAINMENT.

3905 ROSEVILLE RD.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

08989

Account #: JEFF SIDWELL-3

Manufacturer:

WATTS

Site Use: Offices

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

09/07/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2666

Backflow Prevention Assembly Test Report

SIDWELL MAINTENANCE SHOP

Location: MECH. RM. (CONTAINMENT)

3905 ROSEVILLE RD.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

06920

☐

ZANESVILLE, OH 43701

Account #: JEFF SIDWELL-3

Manufacturer:

WATTS

☐

Site Use: REPAIR SHOP/MAINTENANCE

Model:

719

☐

Hazard: CONTAINMENT COMM. MED.

Mailing Address

Type:

DCVA

☐

Size:

1.00

☐

Orientation:

☐

Protection:

☐

JEFF SIDWELL

SIDWELL MATERIALS

4200 MAYSVILLE PIKE

ZANESVILLE, OH 43701

Test Due No Later than:

09/07/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5442

Backflow Prevention Assembly Test Report

SIDWELL MATERIALS

Location: MECH. ROOM.

4620 LIMESTONE VALLEY RD.

Meter#:

Serial #: Check if Correct Corrections

170455

☐

WHITE COTTAGE, OH 43791

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

LF007M3QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

0.75

☐JEFF SIDWELL
SIDWELL PROPERTIES
2670 MAYSVILLE PIKE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

10/07/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2738

Backflow Prevention Assembly Test Report

SIDWELL OFFICE FACILITY

Location: BASEMENT, CONTAINMENT.

4200 MAYSVILLE PIKE

Meter#:

Serial #: 06916

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

Site Use: Business Office

Model:

719

Hazard: CONTAINMENT COMM.LOW

Mailing Address

Type:

DCVA

JEFF SIDWELL

SIDWELL PROPERTIES

4200 MAYSVILLE PIKE

Size:

1.00

Orientation:

ZANESVILLE, OH 43701

Protection:

Test Due No Later than:

09/07/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5203

Backflow Prevention Assembly Test Report

SIGNATURE HEALTHCARE ,LLC

100 S. WHITEWOMAN STREET

COSHOCTON, OH 43812

Site Use:

Hazard: FIRE LINE BYPASS-MEDIUM

Mailing Address

SIGNATURE HEALTHCARE ,LLC

100 S. WHITEWOMAN STREET

COSHOCTON, OH 43812

Location: RISER ROOM. FIRE LINE BYPASS.

Meter#:

LID/Service:

Account #: SIGNATURE HEALTH

Serial #:

63444

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

919

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

05/07/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Submit completed
Test Report:

Fax:



Service Address

Hazard/CCID: 5204

Backflow Prevention Assembly Test Report

SIGNATURE HEALTHCARE ,LLC

Location: RISER ROOM. SPRINKLER SYSTEM.

100 S. WHITEWOMAN STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

QF-0542

☐

COSHOCTON, OH 43812

Account #: SIGNATURE HEALTH

Manufacturer:

WATTS

☐

Site Use:

Model:

957

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RP

☐

Mailing Address

Size:

4.00

☐

SIGNATURE HEALTHCARE ,LLC

100 S. WHITEWOMAN STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

05/07/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5205

Backflow Prevention Assembly Test Report

SIGNATURE HEALTHCARE ,LLC

100 S. WHITEWOMAN STREET

COSHOCTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

SIGNATURE HEALTHCARE ,LLC
100 S. WHITEWOMAN STREET

COSHOCTON, OH 43812

Location: RISER ROOM. MAIN POTTABLE WATER.

Meter#:

LID/Service:

Account #: SIGNATURE HEALTH

Serial #:

QD-1516

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

757

Type:

DC

Size:

4.00

Orientation:

Protection:

Test Due No Later than:

05/07/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4588

Backflow Prevention Assembly Test Report

SIX COUNTY INC./C.O.R.E.

Location: BASEMENT.

1280 LINDEN AVE.

Meter#:

Serial #: Check if Correct Corrections

413170

☐

ZANESVILLE, OH 43701

LID/Service:

Account #: SIX COUNTY INC.-1

Manufacturer:

APOLLO/CONBRAC

☐

Site Use:

Model:

DC4A

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

0.75

☐

SIX COUNTY INC./C.O.R.E.

2845 BELL ST.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

05/30/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4301

Backflow Prevention Assembly Test Report

SIX COUNTY INC.

Location: BASEMENT.

1282 LINDEN AVE.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

341697

Account #: SIX COUNTY INC.-2

Manufacturer:

APOLLO

Site Use: Offices

Model:

DC-4A

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

05/30/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3680

Backflow Prevention Assembly Test Report

SMELTZER INSURANCE

Location: BASEMENT

1905 MAPLE AVE.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

A00353

☐

ZANESVILLE, OH 43701

Account #: SMELTZER INSUR.

Manufacturer:

WATTS

☐

Site Use: Business Office

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐VICKI ROBERTS
SMELTZER INSURANCE
1905 MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

06/29/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3108

Backflow Prevention Assembly Test Report

SMILE SHACK - DR. JEFF LABISH

Location: MECH ROOM.

3839 JAMES COURT

Meter#:

Serial #:

Check if Correct

Corrections

621387

☐

ZANESVILLE, OH 43701

LID/Service:

Account #: SMILE SHACK

Manufacturer:

WATTS

☐

Site Use:

Hazard: CONTAINMENT COMM. MED.

Model:

909

☐

Mailing Address

Type:

RPPA

☐

Size:

1.00

☐

Orientation:

☐

Protection:

☐

OFFICE MANAGER

SMILE SHACK - DR. JEFF LABISHACK

3839 JAMES COURT

SMILE SHACK

ZANESVILLE, OH 43701

Test Due No Later than:

06/14/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐

Leaked

☐

Closed Tight

☐

Held at _____ PSID

Leaked

☐

Closed Tight

☐

Held at _____ PSID

Did not open

☐

Opened at _____ PSID

Did not open

☐

Opened Fully

☐

Yes

☐

No

☐

Opened at _____ PSID

Leaked

☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned

☐

Rubber Kit

☐

Rebuild

☐

Replaced

☐

Other

☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐

Closed Tight

☐

Held at _____ PSID

Closed Tight

☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully

☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5280

Backflow Prevention Assembly Test Report

SMILE SHACK - DR. JEFF LABISH

Location: WATER TO DENTAL CHAIRS.

3839 JAMES COURT

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

95951

☐

ZANESVILLE, OH 43701

Account #: SMILE SHACK

Manufacturer:

WATTS

☐

Site Use:

Model:

009QT

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

0.50

☐

Orientation:

☐

Protection:

☐

OFFICE MANAGER

SMILE SHACK - DR. JEFF LABISHACK

3839 JAMES COURT

SMILE SHACK

ZANESVILLE, OH 43701

Test Due No Later than:

06/14/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4304

Backflow Prevention Assembly Test Report

SMOKER FRIENDLY-17

Location: BACK OF STORE IN REST ROOM, BY WATER HEATER.

3285 MAPLE AVE.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

30461

☐

ZANESVILLE, OH 43701

Account #: SMOKER FRIENDLY

Manufacturer:

WATTS

☐

Site Use: Retail

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

STEVE NORMAN -OWNER

SMOKER FRIENDLY-17

3285 MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

03/13/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4092

Backflow Prevention Assembly Test Report

SMZ DEVELOPMENT CO. LLC

Location: BASEMENT.

760 LINDEN AVE.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

29777

Account #: SMZ DEVELOPMENT

Manufacturer:

WATTS

Site Use: Medical

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

04/08/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 977

Backflow Prevention Assembly Test Report

SNOUFFER FUNERAL HOME

Location: WATER SERVICE CONTAINMENT. - MAIN WATER.

1150 MILITARY ROAD

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

59700

Account #: SNOUFFERFUNERALHM

Manufacturer:

WATTS

Site Use: Mortuary

Model:

007

Hazard: CONT.COMM.HIGH HEALTH HAZARD

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

JOSH SNOUFFER, OWNER
SNOUFFER FUNERAL HOME
1150 MILITARY ROAD

ZANESVILLE, OH 43701

Test Due No Later than:

11/26/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4306

Backflow Prevention Assembly Test Report

SOCIETY CHRISTIAN SCIENCE

Location: BASEMENT.

933 ADAIR AVE.

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

29928

☐

Account #: SOCIETY CHRISTIAN

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

SOCIETY CHRISTIAN SCIENCE

933 ADAIR AVE.

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/13/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐

Leaked

☐

Closed Tight

☐

Held at _____ PSID

Leaked

☐

Closed Tight

☐

Held at _____ PSID

Did not open

☐

Opened at _____ PSID

Did not open

☐

Opened Fully

☐

Yes

☐

No

☐

Opened at _____ PSID

Leaked

☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned

☐

Rubber Kit

☐

Rebuild

☐

Replaced

☐

Other

☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐

Closed Tight

☐

Held at _____ PSID

Closed Tight

☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully

☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3577

Backflow Prevention Assembly Test Report

SOURCE ONE COMPANY

1697 LICKING RD.

ZANESVILLE, OH 43701

Site Use: WAREHOUSE/OFFICE

Hazard: FIRE LINE CONNECTION-MEDIUM

Mailing Address

SOURCE ONE COMPANY
1697 LICKING RD.

ZANESVILLE, OH 43701

Location: IN FIRE RISER CLOSET.

Meter#:

LID/Service:

Account #: SOURCE ONE

Serial #:

07111

Check if Correct

Corrections

Manufacturer:

WILKINS

Model:

375

Type:

RPDA

Size:

6.00

Orientation:

Protection:

☐☐☐☐☐☐☐

Test Due No Later than:

07/16/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3733

Backflow Prevention Assembly Test Report

SOURCE ONE COMPANY

1697 LICKING RD.

ZANESVILLE, OH 43701

Site Use: WAREHOUSE/OFFICE

Hazard: FIRE LINE BYPASS-MEDIUM

Mailing Address

SOURCE ONE COMPANY
1697 LICKING RD.

ZANESVILLE, OH 43701

Location: IN FIRE RISER CLOSET.

Meter#:

LID/Service:

Account #: SOURCE ONE

Serial #: Check if Correct Corrections

3474524XLD

Manufacturer:

WILKINS

Model:

975XL

Type:

RP

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

07/16/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3740

Backflow Prevention Assembly Test Report

SOURCE ONE COMPANY

1697 LICKING RD.

ZANESVILLE, OH 43701

Site Use: WAREHOUSE/OFFICE

Hazard: CONTAINMENT COMM.LOW

Mailing Address

SOURCE ONE COMPANY
1697 LICKING RD.

ZANESVILLE, OH 43701

Location: IN CLOSET.

Meter#:

LID/Service:

Account #: SOURCE ONE

Serial #:

27492

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

07/16/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3281

Backflow Prevention Assembly Test Report

SOUTH 60 DRIVE THRU AND TAV

Location: WOMEN'S REST ROOM,BEHIND PANEL.

1950 SO.RIVER RD.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

26375

☐

ZANESVILLE, OH 43701

Account #: SOUTH 60 DRIVETHRU

Manufacturer:

WATTS

☐

Site Use: Bar and Grill/

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

JOHN GILDOW

SOUTH 60 DRIVE THRU

1950 SO.RIVER RD.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

11/11/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1411

Backflow Prevention Assembly Test Report

SOUTH ZANESVILLE MUNICIPAL

Location: FIRE LINE.

24 EAST MAIN STREET

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

49584

Account #: SZANESMUNICIPALBLD

Manufacturer:

WATTS

Site Use:

Model:

Hazard: FIRE LINE CONNECTION-LOW

007

Mailing Address

Type:

DCVA

DAN WISEMAN

Size:

1.50

SOUTH ZANESVILLE MUNICIPAL BLDG.

Orientation:

24 EAST MAIN STREET

Protection:

ZANESVILLE, OH 43701

Test Due No Later than:

04/12/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2683

Backflow Prevention Assembly Test Report

SOUTH ZANESVILLE MUNICIPAL

Location: MECH.ROOM,WATER SERVICE CONTAINMENT.

24 EAST MAIN STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

06404

☐

ZANESVILLE, OH 43701

Account #: SZANESMUNICIPALBLD

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM. MED.

Type:

DCVA

☐

Mailing Address

Size:

1.50

☐

DAN WISEMAN

SOUTH ZANESVILLE MUNICIPAL BLDG.

24 EAST MAIN STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/12/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2684

Backflow Prevention Assembly Test Report

SOUTH ZANESVILLE MUNICIPAL

Location: MECH.ROOM,WATER SERVICE CONTAINMENT.

24 EAST MAIN STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

438410

☐

ZANESVILLE, OH 43701

Account #: SZANESMUNICIPALBLD

Manufacturer:

WATTS

☐

Site Use:

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

DAN WISEMAN

SOUTH ZANESVILLE MUNICIPAL BLDG.

24 EAST MAIN STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/12/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4611

Backflow Prevention Assembly Test Report

SOUTH ZANESVILLE MUNICIPAL

Location: WATER TRUCK FILL.

24 EAST MAIN STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

207920

☐

ZANESVILLE, OH 43701

Account #: SZANESMUNICIPALBLD

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: ISOLATION LOW

Type:

DCVA

☐

Mailing Address

Size:

2.00

☐

DAN WISEMAN

SOUTH ZANESVILLE MUNICIPAL BLDG.

24 EAST MAIN STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/12/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1855

Backflow Prevention Assembly Test Report

SOUTH ZANESVILLE FAMILY MED

Location: MECH. ROOM.

200 NORTH MAYSVILLE PIKE

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

50904

Account #: S.ZANESFAMMEDICAL

Manufacturer:

WATTS

Site Use:

Model:

009

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

Mailing Address

Size:

1.50

Orientation:

Protection:

DR. BRADLEY COLMAN

SOUTH ZANESVILLE FAMILY MED

200 NORTH MAYSVILLE PIKE

ZANESVILLE, OH 43701

Test Due No Later than:

09/10/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2726

Backflow Prevention Assembly Test Report

SOUTH ZANESVILLE FAMILY MED

Location: MECH. RM. WATER SERVICE CONTAINMENT.

200 NORTH MAYSVILLE PIKE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

13264

☐

ZANESVILLE, OH 43701

Account #: S.ZANESFAMMEDICAL

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

1.50

☐

DR. BRADLEY COLMAN

SOUTH ZANESVILLE FAMILY MED

200 NORTH MAYSVILLE PIKE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

09/10/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 627

Backflow Prevention Assembly Test Report

SOUTHEAST AREA TRANSIT

Location: ISOLATION* MECH ROOM, FIRE.

224 MAIN STREET

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

66288

Account #: S.E. AREA TRANSIT

Manufacturer:

WATTS

Site Use: BUS

Model:

007

Hazard: FIRE LINE CONNECTION-LOW

Type:

DCVA

Mailing Address

Size:

1.50

Orientation:

Protection:

ATTN:DARREN TOLBERT
SOUTHEAST AREA TRANSIT
375 FAIRBANKS STREET

ZANESVILLE, OH 43701

Test Due No Later than:

10/13/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4977

Backflow Prevention Assembly Test Report

SOUTHEAST AREA TRANSIT

Location: MECH. ROOM.

224 MAIN STREET

Meter#:

Serial #:

Check if Correct

Corrections

134157

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: BUS

Model:

009QT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

2.00

☐

ATTN:DARREN TOLBERT

SOUTHEAST AREA TRANSIT

375 FAIRBANKS STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

10/13/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 985

Backflow Prevention Assembly Test Report

SOUTHSIDE COLLISION CENTER

Location: WATER SERVICE CONTAINMENT. - WEST SIDE OF SHOP AREA.

2879 MAYSVILLE PIKE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

162208

Account #: SOUTHSIDECOLLISION

Manufacturer:

WATTS

Site Use:

Model:

009

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

Mailing Address

Size:

0.75

Orientation:

Protection:

SOUTHSIDE COLLISION CENTER
2879 MAYSVILLE PIKE

ZANESVILLE, OH 43701

Test Due No Later than:

05/27/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3694

Backflow Prevention Assembly Test Report

SPA AND POOL WORLD,OLD

Location: MIDDLE OF STORE,BY INTERIOR WALL.

969 LINDEN AVE.

Meter#:

Serial #:
28917

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: SPA & POOL WORLD

Manufacturer:
WATTS

Site Use: Retail

Model:

Hazard: CONTAINMENT COMM.LOW

719

Mailing Address

Type:

DCVA

JOHN MELSHIMER
SPACE 969
933 LINDEN AVE.

Size:

0.75

Orientation:

ZANESVILLE, OH 43701

Protection:

PAST DUE

Test Due No Later than:

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3017

Backflow Prevention Assembly Test Report

SPECTRUM-CALL CENTER

Location: *MECH. RM. * FIRE LINE.

3940 NORTH POINTE DRIVE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

104576-0808

Account #: SPECTRUM-03

Manufacturer:

AMES

Site Use: Business Office

Model:

5000

Hazard: FIRE LINE CONNECTION-MEDIUM

Mailing Address

Type:

RPDA

MARY COLLINS

Size:

6.00

SPECTRUM- CALL CENTER

Orientation:

3940 NORTHPOINTE DRIVE

ZANESVILLE, OH 43701

Protection:

Test Due No Later than:

02/13/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3019

Backflow Prevention Assembly Test Report

SPECTRUM-CALL CENTER

3940 NORTH POINTE DRIVE

ZANESVILLE, OH 43701

Site Use: Business Office

Hazard: CONTAINMENT COMM. MED.

Mailing Address

MARY COLLINS

SPECTRUM- CALL CENTER

3940 NORTHPOINTE DRIVE

ZANESVILLE, OH 43701

Location: *MECH.ROOM. *WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: SPECTRUM-03

Serial #:

2871762

Check if Correct

Corrections

Manufacturer:

WILKINS

Model:

975XL

Type:

RP

Size:

1.50

Orientation:

Protection:

Test Due No Later than:

02/13/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3020

Backflow Prevention Assembly Test Report

SPECTRUM-CALL CENTER

3940 NORTH POINTE DRIVE

ZANESVILLE, OH 43701

Site Use: Business Office

Hazard: IRRIGATION MED-ISOLATION

Mailing Address

MARY COLLINS

SPECTRUM- CALL CENTER

3940 NORTHPOINTE DRIVE

ZANESVILLE, OH 43701

Location: *MECH. RM. * LAWN SPRINKLER. *DUE IN SPRING.

Meter#:

LID/Service:

Account #: SPECTRUM-03

Serial #:

1976579

Check if Correct

Corrections

Manufacturer:

WILKINS

Model:

975XL

Type:

RP

Size:

2.00

Orientation:

Protection:

Test Due No Later than:

02/13/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5050

Backflow Prevention Assembly Test Report

SPECTRUM-CALL CENTER

3940 NORTH POINTE DRIVE

ZANESVILLE, OH 43701

Site Use: Business Office

Hazard: CONTAINMENT COMM. MED.

Mailing Address

MARY COLLINS

SPECTRUM- CALL CENTER

3940 NORTHPOINTE DRIVE

ZANESVILLE, OH 43701

Location: _____

Meter#:

LID/Service:

Account #: SPECTRUM-03

Serial #:

226419

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

LF009M3QT

Type:

RP

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

02/13/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2736

Backflow Prevention Assembly Test Report

SPEEDWAY SUPER AMERICA LLC

Location: MECH RM.BACK OF STORE BY 3- COMP.SINK.

111 MAYSVILLE PIKE

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

13418

☐

ZANESVILLE, OH 43701

Account #: SPEEDWAY-MAYSVILLE

Manufacturer:

WATTS

☐

Site Use: Convenience/gas

Model:

919

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

SPEEDWAY LLC

500 SPEEDWAY DR.

Orientation:

☐

ENON, OH 45323

Protection:

☐

Test Due No Later than:

04/10/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2221

Backflow Prevention Assembly Test Report

SPEEDWAY SUPER AMERICA LLC

Location: BACK OF STORE ROOM, BY 3 COMP. SINK.

3170 NORTH MAPLE AVENUE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

2104284

Account #: SPEEDWAY-MAPLE

Manufacturer:

WILKINS

Site Use:

Model:

Hazard: CONTAINMENT COMM. MED.

975XL

Mailing Address

Type:

RP

Size:

0.75

Orientation:

Protection:

SPEEDWAY SUPER AMERICA LLC
500 SPEEDWAY DR.

ENON, OH 45323

Test Due No Later than:

04/10/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1595

Backflow Prevention Assembly Test Report

SPEEDY B'S CAR WASH

Location: MECH ROOM,RADIANT FLOOR HEAT. *BOILER FEED.

23101 CO. RD. 621

Meter#:

Serial #: 112521 Check if Correct Corrections

COSHOCTON, OH 43812

LID/Service:

112521

Account #: SPEEDYBSCARWASH

Manufacturer:

WATTS

Site Use:

Model:

009

Hazard: ISOLATION MED.

Type:

RPPA

Mailing Address

Size:

0.75

Orientation:

Protection:

BOB ALLENSWORTH, OWNER
SPEEDY B'S CAR WASH
23101 CO. RD. 621

COSHOCTON, OH 43812

Test Due No Later than:

01/12/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1596

Backflow Prevention Assembly Test Report

SPEEDY B'S CAR WASH

Location: MECH.ROOM,*WATER SERVICE CONTAINMENT.

23101 CO. RD. 621

Meter#:

Serial #:

Check if Correct

Corrections

SL273

☐

COSHOCKTON, OH 43812

LID/Service:

Manufacturer:

CONBRACO

☐

Site Use:

Model:

40-208-02

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

BOB ALLENSWORTH, OWNER

SPEEDY B'S CAR WASH

23101 CO. RD. 621

Orientation:

☐

COSHOCKTON, OH 43812

Protection:

☐

Test Due No Later than:

01/12/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1796

Backflow Prevention Assembly Test Report

SPENCER GIFTS

3575 MAPLE AVE #56

ZANESVILLE, OH 43701

Site Use: Retail

Hazard: CONTAINMENT COMM.LOW

Mailing Address

DAVE STAHL, STORE MANAGER
SPENCER GIFTS
3575 MAPLE AVE #56

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT. * ABOVE BATHROOM.

Meter#:

LID/Service:

Account #: COSQMALL#56

Serial #:

50005

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

01/29/2021

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 283

Backflow Prevention Assembly Test Report

SPORTS BARBER

1434 LINDEN AVENUE

ZANESVILLE, OH 43701

Site Use: Beauty Salon/Barber

Hazard: CONTAINMENT COMM.LOW

Mailing Address

OWNER
SPORTS BARBER
1434 LINDEN AVENUE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: SPORTSBARBER

Serial #:

191923

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

09/20/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3436

Backflow Prevention Assembly Test Report

SPORTS BARBER

Location: BASEMENT OF SPORTS BARBER.

3200 MAYSVILLE PIKE (1ST FLOC

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

09448

☐

Account #: SPORTS BARBER

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

JIM BROWN

SPORTS BARBER

3200 MAYSVILLE PIKE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

05/18/2013

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1536

Backflow Prevention Assembly Test Report

SPRINGLEAF FINANCIAL SERVIC

Location: WATER SERVICE CONTAINMENT - MECH ROOM - BATH ROOM

2560 MAYSVILLE PIKE

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

49938

☐

ZANESVILLE, OH 43701

Account #: HAWKINSR-3

Manufacturer:

WATTS

☐

Site Use: Business Office

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐CHARLES HAWKINS DDS
SPRINGLEAF FINANCIAL
P.O.BOX 1752

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

06/17/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2394

Backflow Prevention Assembly Test Report

SPRINT PHONES

3934 TARYN TRACE, M3

ZANESVILLE, OH 43701

Site Use: Retail

Hazard: CONTAINMENT COMM.LOW

Mailing Address

SPRINT PHONES

3934 TARYN TRACE, UNIT M3

UNIT M3

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: ZAREMBA-SPRINT

Serial #:

07248

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

10/16/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 161

Backflow Prevention Assembly Test Report

SPRINT PRINT

520 MAIN STREET

COSHOCTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

SPRINT PRINT
520 MAIN ST.

COSHOCTON, OH 43812

Location: *BASEMENT - WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: SPRINTPRINT

Serial #:

23759

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

04/17/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 165

Backflow Prevention Assembly Test Report

SPRINT PRINT

520 MAIN STREET

COSHOCTON, OH 43812

Site Use:

Hazard: FIRE LINE CONNECTION-MEDIUM

Mailing Address

SPRINT PRINT
520 MAIN ST.

COSHOCTON, OH 43812

Location: *BASEMENT. - FIRE LINE

Meter#:

LID/Service:

Account #: SPRINTPRINT

Serial #:

11864

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RP

Size:

2.50

Orientation:

Protection:

Test Due No Later than:

04/17/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2571

Backflow Prevention Assembly Test Report

SPRINT

75 N. MAYSVILLE AVE.UNIT-B

SO.ZANESVILLE, OH 43701

Site Use: Retail

Hazard: CONTAINMENT COMM.LOW

Mailing Address

MANAGER
SPRINT

75 N. MAYSVILLE AVE.UNIT-B

SO.ZANESVILLE, OH 43701

Location: *REAR OF STORE,LEFT SIDE OF REST ROOM.(WATER SERVICE CONTAINMENT.)

Meter#:

LID/Service:

Account #: SPRINTSOUTH

Serial #:

09031

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

02/01/2008

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 323

Backflow Prevention Assembly Test Report

SPRINTER MARKING

1805 CHANDLERSVILLE ROAD

ZANESVILLE, OH 43701

Site Use: Business Office

Hazard: CONTAINMENT COMM.LOW

Mailing Address

M. BISHOP
SPRINTER MARKING
1805 CHANDLERSVILLE ROAD

ZANESVILLE, OH 43701

Location: *BESIDE RESTROOM, ON SOUTH SIDE OF BLDG.

Meter#:

LID/Service:

Account #: SPRINTERMARKING

Serial #:

11817

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

04/22/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2422

Backflow Prevention Assembly Test Report

SQUIGGLY'S CAR WASH

Location: MECH. RM., CONTAINMENT.

2415 MAPLE AVE.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

260636

☐

ZANESVILLE, OH 43701

Account #: SQUIGGLY CAR WASH

Manufacturer:

WATTS

☐

Site Use: Car Wash

Model:

009

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐LARRY CORDIAL
SQUIGGLY'S CAR WASH
2415 MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

07/31/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2423

Backflow Prevention Assembly Test Report

SQUIGGLY'S CAR WASH

Location: MECH. RM., DOMESTIC WATER SERVICE.

2415 MAPLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

08976

☐

ZANESVILLE, OH 43701

Account #: SQUIGGLY CAR WASH

Manufacturer:

WATTS

☐

Site Use: Car Wash

Model:

719

☐

Hazard: CONTAINMENT COMM. MED.

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

LARRY CORDIAL

SQUIGGLY'S CAR WASH

2415 MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

07/31/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3457

Backflow Prevention Assembly Test Report

ST. PAUL'S A.M.E. CHURCH

Location: *IN CORNER OF OFFICE. * BOX MUST BE REMOVED.

561 PINE STREET

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

24785

Account #: STPAULSAMECHURCH

Manufacturer:

WATTS

Site Use: Church

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

05/24/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3116

Backflow Prevention Assembly Test Report

ST. THOMAS RECTORY

Location: BOILER ROOM - BOILER ISOLATION

130 FIFTH STREET

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

634304

Account #: STTHOMASRECTORY

Manufacturer:

WATTS

Site Use:

Model:

Hazard: ISOLATION MED.

009

Mailing Address

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

06/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3117

Backflow Prevention Assembly Test Report

ST. THOMAS RECTORY

Location: WATER SERVICE CONTAINMENT.

130 FIFTH STREET

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

A00168

Account #: STTHOMASRECTORY

Manufacturer:

WATTS

Site Use:

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

1.00

Orientation:

Protection:

ST. THOMAS RECTORY

144 FIFTH STREET

ZANESVILLE, OH 43701

Test Due No Later than:

06/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐ ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4281

Backflow Prevention Assembly Test Report

ST.JAMES EPISCOPAL CHURCH

Location: BOILER ROOM ,GROUND FLOOR. BOILER FEED.

155 N.6TH ST.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

31201

☐

ZANESVILLE, OH 43701

Account #: ST.JAMES EPISCOPAL

Manufacturer:

WATTS

☐

Site Use: Church

Model:

719

☐

Hazard: ISOLATION MED.

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐ST.JAMES EPISCOPAL CHURCH
P.O.BOX 1445

Orientation:

☐

ZANESVILLE, OH 43702-1445

Protection:

☐

Test Due No Later than:

05/16/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4580

Backflow Prevention Assembly Test Report

ST.JAMES EPISCOPAL CHURCH

Location: MECH ROOM ,FURNACE ROOM.BY WATER HEATER.

155 N.6TH ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

11543

☐

ZANESVILLE, OH 43701

Account #: ST.JAMES EPISCOPAL

Manufacturer:

WATTS

☐

Site Use: Church

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐ST.JAMES EPISCOPAL CHURCH
P.O.BOX 1445

Orientation:

☐

ZANESVILLE, OH 43702-1445

Protection:

☐

Test Due No Later than:

05/16/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4581

Backflow Prevention Assembly Test Report

ST.JAMES EPISCOPAL CHURCH

Location: BASEMENT NORTHWEST WALL.

155 N.6TH ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

31222

☐

ZANESVILLE, OH 43701

Account #: ST.JAMES EPISCOPAL

Manufacturer:

WATTS

☐

Site Use: Church

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐ST.JAMES EPISCOPAL CHURCH
P.O.BOX 1445

Orientation:

☐

ZANESVILLE, OH 43702-1445

Protection:

☐

Test Due No Later than:

05/16/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4282

Backflow Prevention Assembly Test Report

ST.JOHN'S LUTHERAN CHURCH

Location: DOWNSTAIRS MENS REST ROOM.(SANCTUARY)

116 N.7TH ST.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

29827

Account #: ST.JOHN'S CHURCH

Manufacturer:

WATTS

Site Use: Church

Model:

719QT

Hazard: CONTAINMENT COMM.LOW

Type:

DC

Mailing Address

Size:

0.75

Orientation:

Protection:

ST.JOHN'S LUTHERAN CHURCH
116 N.7TH ST.

ZANESVILLE, OH 43701

Test Due No Later than:

03/23/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4533

Backflow Prevention Assembly Test Report

ST.JOHN'S LUTHERAN CHURCH

Location: MAIN CHURCH BOILER ROOM.BOILER FEED

116 N.7TH ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

30678

☐

ZANESVILLE, OH 43701

Account #: ST.JOHN'S CHURCH

Manufacturer:

WATTS

☐

Site Use: Church

Model:

719QT

☐

Hazard: ISOLATION MED.

Type:

DC

☐

Mailing Address

Size:

0.75

☐

ST.JOHN'S LUTHERAN CHURCH

Orientation:

116 N.7TH ST.

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/23/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4534

Backflow Prevention Assembly Test Report

ST.JOHN'S LUTHERAN CHURCH

Location: BY BOILER ROOM.

116 N.7TH ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

08587

☐

ZANESVILLE, OH 43701

Account #: ST.JOHN'S CHURCH

Manufacturer:

WATTS

☐

Site Use: Church

Model:

719QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

1.50

☐

ST.JOHN'S LUTHERAN CHURCH

Orientation:

116 N.7TH ST.

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/22/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4283

Backflow Prevention Assembly Test Report

ST.LUKE LUTHERAN CHURCH

Location: BASEMENT BEHIND FURNACE.

1330 PINE ST.

Meter#:

Serial #:
11939

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: ST.LUKE CHURCH

Manufacturer:
WATTS

Site Use: Church

Hazard: CONTAINMENT COMM.LOW

Model:
719

Mailing Address

Type:

DCVA

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

06/20/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐

Leaked

☐

Closed Tight

☐

Held at _____ PSID

Leaked

☐

Closed Tight

☐

Held at _____ PSID

Did not open

☐

Opened at _____ PSID

Did not open

☐

Opened Fully

Yes ☐No ☐

Opened at _____ PSID

Leaked

☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned

☐

Rubber Kit

☐

Rebuild

☐

Replaced

☐

Other

☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐

Closed Tight

☐

Held at _____ PSID

Closed Tight

☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully

☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4607

Backflow Prevention Assembly Test Report

ST.LUKE LUTHERAN CHURCH

Location: BASEMENT BEHIND FURNACE.

1330 PINE ST.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

13497

☐

ZANESVILLE, OH 43701

Account #: ST.LUKE CHURCH

Manufacturer:

WATTS

☐

Site Use: Church

Model:

LF009M3QT

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

0.75

☐

ST.LUKE LUTHERAN CHURCH

Orientation:

1330 PINE ST.

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

06/20/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4285

Backflow Prevention Assembly Test Report

ST.NICHOLAS

Location: BASEMENT,MECH. ROOM.

925 EAST MAIN ST.

Meter#:

Serial #:
30530

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: ST. NICHOLAS

Manufacturer:
WATTS

Site Use: Offices

Model:

Hazard: CONTAINMENT RESIDENTIAL LOW

719

Mailing Address

Type:

DCVA

Size:

0.75

Orientation:

Protection:

ST.NICHOLAS,ADULT MINISTRIES OFFICE
955 MAIN ST.

ZANESVILLE, OH 43701

Test Due No Later than:

03/20/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4585

Backflow Prevention Assembly Test Report

ST.NICHOLAS

Location: BASEMENT,MECH. ROOM.

925 EAST MAIN ST.

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

30659

☐

Account #: ST. NICHOLAS

Manufacturer:

WATTS

☐

Site Use: Offices

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐ST.NICHOLAS,ADULT MINISTRIES OFFICE
955 MAIN ST.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4586

Backflow Prevention Assembly Test Report

ST.NICHOLAS

925 EAST MAIN ST.

ZANESVILLE, OH 43701

Site Use: Offices

Hazard: ISOLATION MED.

Mailing Address

ST.NICHOLAS,ADULT MINISTRIES OFFICE
955 MAIN ST.

ZANESVILLE, OH 43701

Location: BASEMENT,MECH. ROOM. BOILER FEED.

Meter#:

LID/Service:

Account #: ST. NICHOLAS

Serial #:

30663

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

03/20/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4587

Backflow Prevention Assembly Test Report

ST.NICHOLAS

925 EAST MAIN ST.

ZANESVILLE, OH 43701

Site Use: Offices

Hazard: CONTAINMENT COMM.LOW

Mailing Address

ST.NICHOLAS,ADULT MINISTRIES OFFICE
955 MAIN ST.

ZANESVILLE, OH 43701

Location: BASEMENT,MECH. ROOM. BOILER FEED.

Meter#:

LID/Service:

Account #: ST. NICHOLAS

Serial #:

08653

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

1.50

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

03/20/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4804

Backflow Prevention Assembly Test Report

ST.THOMAS CHURCH

Location: BOILER ROOM. CONTAINMENT.

144 NORTH 5TH. ST.

Meter#:

Serial #: 11418

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: ST.THOMAS CHURCH

Manufacturer:

WATTS

Site Use: Church

Hazard: CONTAINMENT COMM.LOW

Model:

719

Mailing Address

Type:

DCVA

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

06/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4805

Backflow Prevention Assembly Test Report

ST.THOMAS CHURCH

Location: BOILER ROOM.BOILER MAKEUP WATER.

144 NORTH 5TH. ST.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

381033

☐

ZANESVILLE, OH 43701

Account #: ST.THOMAS CHURCH

Manufacturer:

WATTS

☐

Site Use: Church

Model:

009

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

ST.THOMAS CHURCH

Orientation:

144 NORTH 5TH. ST.

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

06/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4942

Backflow Prevention Assembly Test Report

ST.THOMAS CHURCH

Location: WATER HEATER ROOM.

144 NORTH 5TH. ST.

Meter#:

Serial #:

Check if Correct

Corrections

17543

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Church

Model:

719QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

1.00

☐

ST.THOMAS CHURCH

Orientation:

144 NORTH 5TH. ST.

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

06/05/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 447

Backflow Prevention Assembly Test Report

SANCAST, INC

4500 2ND STREET

COSHOCTON, OH 43812

Site Use:

Hazard: FIRE LINE CONNECTION-MEDIUM

Mailing Address

SANCAST, INC.
STANDARD FABRICATORS
535 CLOW LANE

COSHOCTON, OH 43812

Location: FIRE LINE * WEST SIDE OF BLDG.

Meter#:

LID/Service:

Account #: STDFABRICATORSBLDG

Serial #:

40024M0436

Check if Correct

Corrections

Manufacturer:

AMES

Model:

4000 SILVER

Type:

RPPA

Size:

6.00

Orientation:

Protection:

Test Due No Later than:

08/26/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 170

Backflow Prevention Assembly Test Report

STAR BRITE CAR WASH

803 SOUTH 2ND STREET

COSHOCTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

CHRIS BICKLE
STAR BRITE CAR WASH
803 S. 2ND. ST.

COSHOCTON, OH 43812

Location: *MECH ROOM. - WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: STARBRITECARWASH

Serial #:

105460

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

LF009M2QT

Type:

RP

Size:

2.00

Orientation:

Protection:

Test Due No Later than:

07/30/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2202

Backflow Prevention Assembly Test Report

STAR BRITE CAR WASH

659 WALNUT STREET

COSHOCTON, OH 43812

Site Use: Car Wash

Hazard: CONTAINMENT COMM. MED.

Mailing Address

STAR BRITE CAR WASH
875 S.WASHINGTON ST.

MILLERSBURG, OH 44654-1707

Location: *MECH ROOM.

Meter#:

LID/Service:

Account #: STARBRITECARWASH

Serial #:

210998

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

2.00

Orientation:

Protection:

Test Due No Later than:

02/03/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2528

Backflow Prevention Assembly Test Report

STARBUCK'S #11067-OH

Location: *MECH. ROOM, *BACK OF STORE, * CONTAINMENT.

3934 TARYN TRACE,M1

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

07056

☐

ZANESVILLE, OH 43701

Account #: ZAREMBA-STARBUCKS

Manufacturer:

WATTS

☐

Site Use: COFFEE HOUSE

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

GARY BURKE LLC

STARBUCKS/STORE# 11067-oh

2330 WESTPOINT ROAD

Orientation:

☐

LANCASTER, OH 43130

Protection:

PAST DUE

☐

Test Due No Later than:

01/22/2020

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3029

Backflow Prevention Assembly Test Report

STARCHER RESIDENCE

Location: WATER SERVICE CONTAINMENT - BASEMENT

5430 SHEILA LANE

Meter#:

Serial #: Check if Correct Corrections

12173

☐

ROSEVILLE, OH 43777

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: CONTAINMENT RESIDENTAL MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

TABITHA & BUDDY STARCHER
STARCHER RESIDENCE
5430 SHEILA LANE

Orientation:

☐

ROSEVILLE, OH 43777

Protection:

PAST DUE

☐

Test Due No Later than:

02/06/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1415

Backflow Prevention Assembly Test Report

STARLIGHT SCHOOL

Location: BOILER.*MECH.RM.

1330 NEWARK ROAD

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

158316

Account #: STARLIGHT SCHOOL

Manufacturer:

WATTS

Site Use:

Model:

Hazard: ISOLATION MED.

009

Mailing Address

Type:

RPPA

FACILITIES MANAGEMENT-PAT FISHER

Size:

0.75

STARLIGHT SCHOOL

Orientation:

1304 NEWARK RD.

Protection:

ZANESVILLE, OH 43701

Test Due No Later than:

03/14/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1416

Backflow Prevention Assembly Test Report

STARLIGHT SCHOOL

Location: BOILER

1330 NEWARK ROAD

Meter#:

Serial #:

Check if Correct

Corrections

158304

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

FACILITIES MANAGEMENT-PAT FISHER

STARLIGHT SCHOOL

1304 NEWARK RD.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/14/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1419

Backflow Prevention Assembly Test Report

STARLIGHT SCHOOL

Location: IN MECH RM.

1330 NEWARK ROAD

Meter#:

Serial #:

Check if Correct

Corrections

50805

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

007M1QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

2.00

☐

FACILITIES MANAGEMENT-PAT FISHER

STARLIGHT SCHOOL

1304 NEWARK RD.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/17/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5157

Backflow Prevention Assembly Test Report

MUSKINGUM COUNTY BOARD OF

Location: MECH. ROOM.

1304 NEWARK RD.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

10776

☐

ZANESVILLE, OH 43701

Account #: STARLIGHT SCHOOL

Manufacturer:

WATTS

☐

Site Use:

Model:

719QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

1.00

☐

FACILITIES MANAGEMENT-PAT FISHER

STARLIGHT SCHOOL

1304 NEWARK RD.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/14/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5158

Backflow Prevention Assembly Test Report

MUSKINGUM COUNTY BOARD OF
1304 NEWARK RD.

Location: MECH. ROOM

ZANESVILLE, OH 43701

Meter#:

LID/Service:

Account #: STARLIGHT SCHOOL

Serial #:

06641

Check if Correct

Corrections

☐

Manufacturer:

WATTS

☐

Model:

LF719QT

☐

Type:

DC

☐

Size:

1.25

☐

Orientation:

☐

Protection:

☐

Site Use:

Hazard: LIMITED AREA SPRINKLER

Mailing Address

FACILITIES MANAGEMENT-PAT FISHER
 STARLIGHT SCHOOL
 1304 NEWARK RD.

ZANESVILLE, OH 43701

Test Due No Later than:

03/14/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
 Test Report:

Fax:

Service Address

Hazard/CCID: 5159

Backflow Prevention Assembly Test Report

STARLIGHT SCHOOL

Location: AT SCHOOL IN FRONT OF BUILDING.

1330 NEWARK ROAD

Meter#:

Serial #:

Check if Correct

Corrections

001539

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

LF709

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

3.00

☐

FACILITIES MANAGEMENT-PAT FISHER

STARLIGHT SCHOOL

1304 NEWARK RD.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/14/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1610

Backflow Prevention Assembly Test Report

STATE FARM INSURANCE

1038 LINDEN AVENUE

ZANESVILLE, OH 43701

Site Use: Business Office

Hazard: CONTAINMENT COMM.LOW

Mailing Address

RICK LUMAN
STATE FARM INSURANCE
1038 LINDEN AVENUE

ZANESVILLE, OH 43701

Location: *BASEMENT,*WATER SERVICE.

Meter#:

LID/Service:

Account #: STATEFARMINSURANCE

Serial #:

01068

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

07/15/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3873

Backflow Prevention Assembly Test Report

STATE FARM INSURANCE

Location: BASEMENT.

2525 BELL ST.

Meter#:

Serial #: Check if Correct Corrections

31592

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Business Office

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

DAVID CRIST-AGENCY
STATE FARM INSURANCE
2525 BELL ST.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

01/13/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3820

Backflow Prevention Assembly Test Report

STATE FARM INSURANCE

716 ARCH ST.

ZANESVILLE, OH 43701

Site Use: Offices

Hazard: CONTAINMENT COMM.LOW

Mailing Address

JEFF DIXON
STATE FARM INSURANCE
716 ARCH ST.

ZANESVILLE, OH 43701

Location: BASEMENT.

Meter#:

LID/Service:

Account #: STATE FARM-2

Serial #:

30824

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

08/19/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____



Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 454

Backflow Prevention Assembly Test Report

STATE STREET MARKET

Location: *WATER SERVICE CONTAINMENT.

11 STATE STREET

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

11642

☐

Account #: STATESTREETMARKET

Manufacturer:

WATTS

☐

Site Use: Convenience/gas

Model:

007

☐

Hazard: CONTAINMENT COMM. MED.

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

MATUN PATEL, OWNER

STATE STREET MARKET (SUNOCO)

11 STATE STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

10/27/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4653

Backflow Prevention Assembly Test Report

STATE STREET MARKET

11 STATE ST.

ZANESVILLE, OH 43701

Site Use: Car Wash

Hazard: CONTAINMENT COMM. MED.

Mailing Address

KEN SMITH
STATE STREET MARKET
11 STATE STREET

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT. - MECH ROOM

Meter#:

LID/Service:

Account #: STATE ST. MARKET

Serial #:

40970

Manufacturer:

WATTS

Model:

919

Type:

RPPA

Size:

1.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

10/27/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1421

Backflow Prevention Assembly Test Report

STEAK 'N SHAKE #441

Location: *WATER SERVICE -

914 ZANE STREET

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

280020

740-588-9015

Account #: STEAKNSHAKE

Manufacturer:

WATTS

Site Use: Restaurant

Model:

009

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

Mailing Address

Size:

1.00

Orientation:

Protection:

KEVIN RICH

STEAK 'N SHAKE

914 ZANE STREET

ZANESVILLE, OH 43701

Test Due No Later than:

02/19/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1423

Backflow Prevention Assembly Test Report

STEAK 'N SHAKE #441

Location: *FIRE LINE.

914 ZANE STREET

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

02590

☐

740-588-9015

Account #: STEAKNSHAKE

Manufacturer:

AMES

☐

Site Use: Restaurant

Model:

2000B

☐

Hazard: FIRE LINE CONNECTION-LOW

Type:

DC

☐

Mailing Address

Size:

1.50

☐

Orientation:

☐

Protection:

☐

KEVIN RICH

STEAK 'N SHAKE

914 ZANE STREET

ZANESVILLE, OH 43701

Test Due No Later than:

02/19/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3123

Backflow Prevention Assembly Test Report

STEAK 'N SHAKE #441

Location: LAWN SPRINKLER

914 ZANE STREET

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

217389

☐

740-588-9015

Account #: STEAKNSHAKE

Manufacturer:

FEBCO

☐

Site Use: Restaurant

Model:

825Y

☐

Hazard: IRRIGATION MED-ISOLATION

Type:

RP

☐

Mailing Address

Size:

1.00

☐

Orientation:

☐

Protection:

☐

KEVIN RICH

STEAK 'N SHAKE

914 ZANE STREET

ZANESVILLE, OH 43701

Test Due No Later than:

02/19/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1426

Backflow Prevention Assembly Test Report

STEWART PLUMBING

2650 EAST PIKE

ZANESVILLE, OH 43701

Site Use: AUTO SALES/REPAIR

Hazard: CONTAINMENT COMM.LOW

Mailing Address

CHRIS STEWART
STEWART PLUMBING
2650 EAST PIKE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT. - GARAGE AREA.

Meter#:

LID/Service:

Account #: STEWART PLUMBING

Serial #:

08404

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

1.00

Orientation:

Protection:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Test Due No Later than:

04/17/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3559

Backflow Prevention Assembly Test Report

STEWART-GLAPAT CORP.

Location: MECH. ROOM.

1639 MOXAHALA AVE.

Meter#:

Serial #:

Check if Correct

Corrections

28834

☐

ZANESVILLE, OH 43701

LID/Service:

Account #: STEWART-GLAPAT-1

Manufacturer:

WATTS

☐

Site Use: ENGINEERING OFFICE

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

SCOTT SIEMER, PLANT MANAGER

STEWART-GLAPAT CORP.

1639 MOXAHALA AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

01/13/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3563

Backflow Prevention Assembly Test Report

STEWART-GLAPAT CORP.

Location: IN BASEMENT OF PLANT.

1639 MOXAHALA AVE

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

28826

☐

Account #: STEWART-GLAPAT-2

Manufacturer:

WATTS

☐

Site Use: Office/PLANT

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

SCOTT SIEMER, PLANT MANAGER

STEWART-GLAPAT CORP.

1639 MOXAHALA AVE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

01/13/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1425

Backflow Prevention Assembly Test Report

STIEGLER CHIROPRACTIC

1927 MAYSVILLE AVE.

ZANESVILLE, OH 43701

Site Use: Chiropractic

Hazard: FIRE LINE CONNECTION-LOW

Mailing Address

LIZ & DREW STEIGLER
STIEGLER CHIROPRACTIC
1927 MAYSVILLE AVE.

ZANESVILLE, OH 43701

Location: * FIRE LINE ,IN *BASEMENT MECH ROOM.

Meter#:

LID/Service:

Account #: STEIGLERCHIROPRACT

Serial #:

04253

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

1.50

Orientation:

Protection:

Test Due No Later than:

02/11/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1424

Backflow Prevention Assembly Test Report

STIEGLER CHIROPRACTIC

1927 MAYSVILLE AVE.

ZANESVILLE, OH 43701

Site Use: Chiropractic

Hazard: CONTAINMENT COMM.LOW

Mailing Address

LIZ & DREW STEIGLER
STIEGLER CHIROPRACTIC
P.O. BOX 8170

ZANESVILLE, OH 43702-8170

Location: WATER SERVICE CONTAINMENT.* BASEMENT MECH ROOM.

Meter#:

LID/Service:

Account #: STEIGLERCHIROPRACT

Serial #:

30980

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

02/11/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4230

Backflow Prevention Assembly Test Report

STRATOS WEALTH PARTNERS

Location: MECH. ROOM.

3596 MAPLE AVE.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

29931

Account #: STRATOS

Manufacturer:

WATTS

Site Use: Business Office

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

STRATOS WEALTH PARTNERS
3596 MAPLE AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

09/07/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 186

Backflow Prevention Assembly Test Report

STUBBINS, WATSON & BRYAN

59 NORTH 4TH STREET

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

STUBBINS, WATSON & BRYAN
59 NORTH 4TH STREET

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: STUBBINSWATSONERHA

Serial #:

177968

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

06/05/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 187

Backflow Prevention Assembly Test Report

STUBBINS, WATSON & BRYAN

Location: FIRE LINE.

59 NORTH 4TH STREET

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

03029

☐

Account #: STUBBINSWATSONERHA

Manufacturer:

AMES

☐

Site Use:

Model:

4000B

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐

STUBBINS, WATSON & BRYAN

59 NORTH 4TH STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

06/05/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 188

Backflow Prevention Assembly Test Report

STUBBINS, WATSON & BRYAN

Location: FIRE LINE.

59 NORTH 4TH STREET

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

100762

☐

Account #: STUBBINSWATSONERHA

Manufacturer:

AMES

☐

Site Use:

Model:

5000

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

2.50

☐

STUBBINS, WATSON & BRYAN

59 NORTH 4TH STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

06/05/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1845

Backflow Prevention Assembly Test Report

STUDIO B HAIR DESIGNS

245 MARKET STREET

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

TINA STRAUSS, OWNER
STUDIO B HAIR DESIGNS
245 MARKET STREET

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT.REST ROOM

Meter#:

LID/Service:

Account #: FREIGHTSHOP-01

Serial #:

115119

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

02/08/2015

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1845

Backflow Prevention Assembly Test Report

STUDIO B HAIR DESIGNS

245 MARKET STREET

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

JRS VENTURES
STUDIO B HAIR DESIGNS
P.O. BOX 2665

ZANESVILLE, OH 43702-2665

Location: WATER SERVICE CONTAINMENT.REST ROOM

Meter#:

LID/Service:

Account #: FREIGHTSHOP-01

Serial #:

115119

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

02/08/2015

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 972

Backflow Prevention Assembly Test Report

STUDIO BLU

3931 NORTH POINTE DRIVE

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

CONNIE COVER
STUDIO BLU
3931 NORTH POINTE DRIVE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT. * MECH ROOM.

Meter#:

LID/Service:

Account #: STUDIOBLU

Serial #:

13841

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

10/01/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1611

Backflow Prevention Assembly Test Report

COLONY CENTRE

3556 MAPLE AVENUE

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

TINA CUMMINS, OWNER
STYLE OUT LOUD
3556 MAPLE AVENUE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT. *MECH ROOM.

Meter#:

LID/Service:

Account #: THOMAS-3

Serial #:

70001

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

09/25/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 685

Backflow Prevention Assembly Test Report

STYLISH SCENE

1958 EAST PIKE

ZANESVILLE, OH 43701

Site Use: Beauty Salon/Barber

Hazard: CONTAINMENT COMM.LOW

Mailing Address

DEENA DAVIS, OWNER
STYLISH SCENE
1958 EAST PIKE

ZANESVILLE, OH 43701

Location: WATER SERVICE. *TANNING ROOM #3, IN WALL.

Meter#:

LID/Service:

Account #: STYLISHSCENE

Serial #:

89136

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

01/17/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1428

Backflow Prevention Assembly Test Report

SUBWAY - FRAZEYSBURG

Location: WATER SERVICE CONTAINMENT. *BASEMENT.

35 STATE STREET

Meter#:

Serial #: Check if Correct Corrections

FRAZEYSBURG, OH 43822

LID/Service:

58954

Account #: SUBWAY-FRAZEYSBURG

Manufacturer:

WATTS

Site Use:

Model:

Hazard: CONTAINMENT COMM.LOW

007

Mailing Address

Type:

DCVA

E.RIC ROMINE

Size:

0.75

SUBWAY - FRAZEYSBURG

Orientation:

P.O. BOX 349

Protection:

Test Due No Later than:

10/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1657

Backflow Prevention Assembly Test Report

SUBWAY - OUZ

Location: WATER SERVICE CONTAINMENT.

1305 NEWARK ROAD

Meter#:

Serial #: Check if Correct Corrections

160530

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

RICHARD ECKELS

SUBWAY - OUZ

1305 NEWARK ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

02/26/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4950

Backflow Prevention Assembly Test Report

SUBWAY RESTAURANT

Location: IN 3217 MAPLE AVE. HOT HEADS

3219 MAPLE AVE.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

159646

☐

ZANESVILLE, OH 43701

Account #: SUBWAY

Manufacturer:

WATTS

☐

Site Use: Restaurant

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐RICHARD ECKELS
SUBWAY RESTAURANT
3219 MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

01/22/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3284

Backflow Prevention Assembly Test Report

SUBWAY WAL-MART

2850 MAPLE AVE.

ZANESVILLE, OH 43701

Site Use: Restaurant

Hazard: CONTAINMENT COMM.LOW

Mailing Address

RICHARD ECKELS
SUBWAY WAL-MART
2850 MAPLE AVE.

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT (COLD WATER)

Meter#:

LID/Service:

Account #: SUBWAY WAL-MART

Serial #:

09769

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

02/26/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Submit completed
Test Report:

Fax:



Service Address

Hazard/CCID: 3372

Backflow Prevention Assembly Test Report

SUBWAY WAL-MART

2850 MAPLE AVE.

ZANESVILLE, OH 43701

Site Use: Restaurant

Hazard: CONTAINMENT COMM.LOW

Mailing Address

RICHARD ECKELS
SUBWAY WAL-MART
2850 MAPLE AVE.

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT (HOT WATER)

Meter#:

LID/Service:

Account #: SUBWAY WAL-MART

Serial #:

09810

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

02/26/2023

Existing ☐ New ☐

Removed ☐ Replaced ☐

Commercial ☐ Industrial ☐

Residential ☐

Construction ☐

Domestic ☐

Irrigation ☐

Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3334

Backflow Prevention Assembly Test Report

SUBWAY,WAL-MART

2850 MAYSVILLE AVE.

ZANESVILLE, OH 43701

Site Use: Restaurant

Hazard: CONTAINMENT COMM.LOW

Mailing Address

RICHARD ECKELS
SUBWAY,WAL-MART
2850 MAYSVILLE AVE.

ZANESVILLE, OH 43701

Location: ABOVE CEILING 3-BAY SINK,NEED 8' LADDER,***HOT WATER DEVICE.

Meter#:

LID/Service:

Account #: SUBWAY-WAL-MART

Serial #:

09853

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

02/26/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3335

Backflow Prevention Assembly Test Report

SUBWAY,WAL-MART

Location: ABOVE 3 BAY SINK IN CEILING,NEED 8' LADDER.* COLD WATER DEVICE

2850 MAYSVILLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

09813

☐

ZANESVILLE, OH 43701

Account #: SUBWAY-WAL-MART

Manufacturer:

WATTS

☐

Site Use: Restaurant

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

RICHARD ECKELS

SUBWAY,WAL-MART

2850 MAYSVILLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

02/26/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4348

Backflow Prevention Assembly Test Report

SUBWAY,WAL-MART

Location: IN BEHIND CABINET,UNDER SODA FOUNTAIN IN DINNING ROOM.

2850 MAYSVILLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

517341

☐

LID/Service:

Manufacturer:

WATTS

☐

ZANESVILLE, OH 43701

Account #: SUBWAY-WAL-MART

Model:

009M3QT

☐

Site Use: Restaurant

Hazard: ISOLATION LOW

Type:

RP

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

Protection:

☐

RICHARD ECKELS

SUBWAY,WAL-MART

2850 MAYSVILLE AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

02/26/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2564

Backflow Prevention Assembly Test Report

SUBWAY

75 N. MAYSVILLE AVE.UNIT-A

S.ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

RICHARD ECKELS

SUBWAY

75 N. MAYSVILLE AVE.UNIT-A

S.ZANESVILLE, OH 43701

Location: *METER RM.(WATER SERVICE CONTAINMENT).

Meter#:

LID/Service:

Account #: SUBWAY SOUTH

Serial #:

08194

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

02/26/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1429

Backflow Prevention Assembly Test Report

SUNRISE BOWLING CENTER**1940 EAST PIKE**

ZANESVILLE, OH 43701

Site Use:

Hazard: **CONTAINMENT COMM.LOW**

Mailing Address

Leslie Bryan
SUNRISE BOWLING CENTER
1940 EAST PIKE

ZANESVILLE, OH 43701

Location: **WATER SERVICE CONTAINMENT.* BEHIND KITCHEN UTILITY ROOM.**

Meter#:

LID/Service:

Account #: **SUNRISEBOWLING**

Serial #:

18223

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

1.00

Orientation:

Protection:

Check if Correct

Corrections

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Test Due No Later than:

09/29/2022Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
 Test Report:

Fax:

Service Address

Hazard/CCID: 2658

Backflow Prevention Assembly Test Report

SUNRISE BOWLING CENTER

Location: OUTSIDE HYDRANTS ,*BACKSIDE WEST OF BUILDING.

1940 EAST PIKE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

283723

☐

ZANESVILLE, OH 43701

Account #: SUNRISEBOWLING

Manufacturer:

WATTS

☐

Site Use:

Model:

800

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.75

☐

Leslie Bryan

SUNRISE BOWLING CENTER

1940 EAST PIKE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

09/29/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3898

Backflow Prevention Assembly Test Report

SUNRISE TV RENTAL

Location: MECHANICAL ROOM.

720 MAIN ST.

Meter#:

Serial #: 32531

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: SUNRISE TV RENTAL

Manufacturer: WATTS

Site Use: RENTAL

Model:

Hazard: CONTAINMENT COMM.LOW

719

Mailing Address

Type:

DCVA

SHAWN MERKLE
SUNRISE TV RENTAL
720 MAIN ST.

Size:

0.75

Orientation:

ZANESVILLE, OH 43701

Protection:

Test Due No Later than:

10/31/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3558

Backflow Prevention Assembly Test Report

SUNSHINE SHOPPE

802-804 PUTNAM AVE.

ZANESVILLE, OH 43701

Site Use: FLOWER SHOP

Hazard: CONTAINMENT COMM.LOW

Mailing Address

SUNSHINE SHOPPE
802 PUTNAM AVE.

ZANESVILLE, OH 43701

Location: BY WATER METER

Meter#:

LID/Service:

Account #: SUNSHINE SHOPPE

Serial #:

28896

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

06/04/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2309

Backflow Prevention Assembly Test Report

SUNSPOT**3 N. MAYSVILLE AVE.**

S. ZANESVILLE, OH 43701

Site Use:

Hazard: **CONTAINMENT COMM.LOW**

Mailing Address

TONIA MORRISON
SUNSPOT
3 N.MAYSVILLE AVE.

S. ZANESVILLE, OH 43701

Location: ***IN REST RM.**

Meter#:

LID/Service:

Account #: **SUNSPOT**

Serial #:

202501

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

775

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

07/06/2014Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1431

Backflow Prevention Assembly Test Report

SUPER 8 MOTEL

Location: FIRE LINE.

2440 NATIONAL ROAD

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

2AK0128

Account #: SUPER8MOTEL

Manufacturer:

AMES

Site Use: Motels/Hotels

Model:

2000 SILVER

Hazard: FIRE LINE CONNECTION-LOW

Mailing Address

Type:

DCVA

Size:

6.00

Orientation:

Protection:

SUPER 8 MOTEL

2440 NATIONAL ROAD

ZANESVILLE, OH 43701

Test Due No Later than:

06/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2566

Backflow Prevention Assembly Test Report

SUPER 8 MOTEL

2440 NATIONAL ROAD

ZANESVILLE, OH 43701

Site Use: Motels/Hotels

Hazard: CONTAINMENT COMM.LOW

Mailing Address

SUPER 8 MOTEL

2440 NATIONAL ROAD

ZANESVILLE, OH 43701

Location: *MECH.RM. WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: SUPER8MOTEL

Serial #:

A01183

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

2.00

Orientation:

Protection:

Test Due No Later than:

06/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 629

Backflow Prevention Assembly Test Report

SUPERIOR AUTO

1800 MAYSVILLE AVENUE

ZANESVILLE, OH 43701

Site Use: RENTAL

Hazard: CONTAINMENT COMM.LOW

Mailing Address

SUPERIOR AUTO

1800 MAYSVILLE AVENUE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT, MECH. RM.

Meter#:

LID/Service:

Account #: SUPERIOR AUTO

Serial #:

07936

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

02/28/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4315

Backflow Prevention Assembly Test Report

SWINGLE COUNTERTOP SALES

Location: WEST WALL IN SHOP.

620 MOXAHALA AVE.

Meter#:

Serial #: 33169

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

Site Use: Retail

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

03/17/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1432

Backflow Prevention Assembly Test Report

SYCAMORE VALLEY TRAILER CC

Location: WATER SERVICE CONTAINMENT. * PIT IN TRAILER YARD.

5870 EAST PIKE

Meter#:

Serial #: 18756

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

Site Use: TRAILOR PARK

Model:

007

Hazard: CONTAINMENT COMM.LOW

Mailing Address

Type:

DCVA

Size:

2.00

Orientation:

Protection:

SYCAMORE VALLEY TRAILER COURT
880 SPRY ROAD

ZANESVILLE, OH 43701

Test Due No Later than:

04/07/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2335

Backflow Prevention Assembly Test Report

T & C ICHIBAN JAPANESE STEAKHOUSE
2542 MAPLE AVE.

ZANESVILLE, OH 43701

Site Use: Restaurant

Hazard: CONTAINMENT COMM.LOW

Mailing Address

TIAN YIC HEN
T&C ICHIBAN JAPANESE STEAKHOUSE
2542 MAPLE AVE.

ZANESVILLE, OH 43701

Location: IN KITCHEN.

Meter#:

LID/Service:

Account #: T & C ICHIBAN

Serial #:

25541

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

06/01/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____



Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3155

Backflow Prevention Assembly Test Report

TACO BELL #4959

795 SOUTH 2ND STREET

COSHOCTON, OH 43812

740-622-0024

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

MANAGER

TACO BELL #4959

114 DORCHESTER SQUARE

WESTERVILLE, OH 43081-3350

Location: WATER SERVICE CONTAINMENT - MECH ROOM

Meter#:

LID/Service:

Account #: TACOBELL#4959

Serial #:

24901

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

1.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

04/12/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1797

Backflow Prevention Assembly Test Report

TACO BELL #21460

2145 JUNE PARKWAY

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

MANAGER
TACO BELL
114 DORCHESTER SQUARE

WESTERVILLE, OH 43081

Location: WATER SERVICE CONTAINMENT. * MECH ROOM.

Meter#:

LID/Service:

Account #: TACOBELL-JUNEPKWY

Serial #:

W069397

Manufacturer:

WILKINS

Model:

975XL

Type:

RP

Size:

1.50

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

03/02/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5051

Backflow Prevention Assembly Test Report

TACO BELL

2454 MAPLE AVE

ZANESVILLE, OH 43701

Site Use: Fast Food

Hazard: CONTAINMENT COMM. MED.

Mailing Address

TACO BELL
2454 MAPLE AVE

ZANESVILLE, OH 43701

Location: MECH ROOM

Meter#:

LID/Service:

Account #: TACOBELL

Serial #:

A34189

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007M3QT

Type:

DC

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

03/02/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4319

Backflow Prevention Assembly Test Report

TAHYI PEGGY VIDEO & COURT R

Location: BASEMENT.

334 MAIN ST.

Meter#:

Serial #: 11707

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

Site Use: Business Office

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

1.00

Orientation:

Protection:

TERRY & PEGGY TAHYI

TAHYI PEGGY VIDEO & COURT REPORTING

45756 TWP.RD. 288

CONESVILLE, OH 43811

Test Due No Later than:

05/16/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4319

Backflow Prevention Assembly Test Report

TAHYI PEGGY VIDEO & COURT R

Location: BASEMENT.

334 MAIN ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

11707

☐

ZANESVILLE, OH 43701

Account #: TAHYI PEGGY VIDEO

Manufacturer:

WATTS

☐

Site Use: Business Office

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

TERRY & PEGGY

TAHYI PEGGY VIDEO & COURT REPORTING

P.O. BOX 935

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

05/16/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2737

Backflow Prevention Assembly Test Report

TAPAS CARIBBEAN KITCHEN LLC

Location: BASEMENT, WATER SERVICE CONTAINMENT. closed

57 SOUTH SIXTH STREET

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

10457

☐

ZANESVILLE, OH 43701

Account #: TAPAS CARIBBEAN

Manufacturer:

WATTS

☐

Site Use: Restaurant

Model:

719

☐

Hazard: CONTAINMENT COMM. LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

DWAYNE PARKER

TAPAS CARIBBEAN KITCHEN LLC

57 SOUTH SIXTH STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

02/21/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3289

Backflow Prevention Assembly Test Report

TAT'S PIZZERIA SOUTH

Location: BASEMENT, BY WATER HEATER.

2440 MAYSVILLE PIKE

Meter#:

Serial #: 14059

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: TAT'S PIZZERIA

Manufacturer:

WATTS

Site Use: Restaurant

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

JOHN TATMAN

TAT'S PIZZERIA SOUTH

2440 MAYSVILLE PIKE

ZANESVILLE, OH 43701

Test Due No Later than:

01/17/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3500

Backflow Prevention Assembly Test Report

TAYLOR LINEN COMPANY

1043 MUSKINGUM AVE.

ZANESVILLE, OHIO 43701

Site Use: Laundromat

Hazard: FIRE LINE CONNECTION-MEDIUM

Mailing Address

LARRY TAYLOR
TAYLOR LINEN COMPANY
P.O.BOX 402

ZANESVILLE, OH 43702-0402

Location: MIDDLE OF BUILDING EAST WALL.

Meter#:

LID/Service:

Account #: TAYLOR LINEN

Serial #:

0818H29

Check if Correct

Corrections

Manufacturer:

AMES

Model:

3000 SILVER

Type:

DCDA

Size:

6.00

Orientation:

Protection:

Test Due No Later than:

05/01/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3501

Backflow Prevention Assembly Test Report

TAYLOR LINEN COMPANY

1043 MUSKINGUM AVE.

ZANESVILLE, OHIO 43701

Site Use: Laundromat

Hazard: CONTAINMENT COMM. MED.

Mailing Address

LARRY TAYLOR
TAYLOR LINEN COMPANY
P.O. BOX 402

ZANESVILLE, OH 43702-0402

Location: BACK WALL SOUTHERN CORNER.

Meter#:

LID/Service:

Account #: TAYLOR LINEN

Serial #:

191613

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

909

Type:

RP

Size:

3.00

Orientation:

Protection:

Test Due No Later than:

05/01/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4423

Backflow Prevention Assembly Test Report

TAYLOR LINEN COMPANY

1043 MUSKINGUM AVE.

ZANESVILLE, OHIO 43701

Site Use: Laundromat

Hazard: CONTAINMENT COMM.LOW

Mailing Address

LARRY TAYLOR
TAYLOR LINEN COMPANY
P.O.BOX 402

ZANESVILLE, OH 43702-0402

Location: BACK WALL, WEST SIDE.

Meter#:

LID/Service:

Account #: TAYLOR LINEN

Serial #:

29294

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

05/01/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5429

Backflow Prevention Assembly Test Report

TAYLOR MADE NAILS

1306 LINDEN AVENUE

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

ZEMBA

TAYLOR MADE NAILS

1306 LINDEN AVENUE

ZANESVILLE, OH 43701

Location: MECH. ROOM,BY WATER HEATER.

Meter#:

LID/Service:

Account #: TAYLOR MADE NAILS

Serial #:

44950

Manufacturer:

WATTS

Model:

LF719QT

Type:

DC

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

09/10/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4695

Backflow Prevention Assembly Test Report

TEE JAYE'S COUNTRY PLACE

Location: BANQUET/ MEETING ROOM, BACK LEFT CORNER.

1542 MAPLE AVE.

Meter#:

Serial #: Check if Correct Corrections

12109

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Restaurant

Model:

719

☐

Hazard: FIRE LINE CONNECTION-LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

TEE JAYE'S COUNTRY PLACE

P.O. BOX 6646

Orientation:

☐

COLUMBUS, OH 43206

Protection:

PAST DUE

☐

Test Due No Later than:

01/22/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4708

Backflow Prevention Assembly Test Report

TEE JAYE'S COUNTRY PLACE

Location: BANQUET/ MEETING ROOM, BACK LEFT CORNER.

1542 MAPLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

003351

☐

ZANESVILLE, OH 43701

Account #: TEE JAYE'S

Manufacturer:

WATTS

☐

Site Use: Restaurant

Model:

LF007M2QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

1.50

☐TEE JAYE'S COUNTRY PLACE
P.O. BOX 6646

Orientation:

☐

COLUMBUS, OH 43206

Protection:

PAST DUE

☐

Test Due No Later than:

01/22/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3541

Backflow Prevention Assembly Test Report

TERMINIX

2695 SONORA ROAD

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

KURT COLLINS

TERMINIX

2695 SONORA ROAD

ZANESVILLE, OH 43701

Location: INSIDE GARAGE DOOR ON LEFT SIDE OF BUILDING

Meter#:

LID/Service:

Account #: TERMINIX

Serial #:

26050

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

02/06/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3142

Backflow Prevention Assembly Test Report

TERRY'S TAVERN

700 LINDEN AVE.

ZANESVILLE, OH 43701

Site Use: Bar and Grill

Hazard: CONTAINMENT COMM.LOW

Mailing Address

CHRIS CAMERON
TERRY'S TAVERN
700 LINDEN AVE.

ZANESVILLE, OH 43701

Location: BASEMENT,FRONT WALL.

Meter#:

LID/Service:

Account #: TERRY'S TAVERN

Serial #:

16733

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

08/13/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4903

Backflow Prevention Assembly Test Report

TEXAS ROAD HOUSE

Location: MECH. ROOM.

635 ZANE ST.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

36884

☐

Account #: TEXAS ROAD HOUSE

Manufacturer:

WATTS

☐

Site Use: Restaurant

Model:

919QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RP

☐

Mailing Address

Size:

2.00

☐

Orientation:

☐

Protection:

PAST DUE

☐

Test Due No Later than:

09/24/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4904

Backflow Prevention Assembly Test Report

TEXAS ROAD HOUSE

Location: MECH. ROOM.

635 ZANE ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

69872

☐

ZANESVILLE, OH 43701

Account #: TEXAS ROAD HOUSE

Manufacturer:

WATTS

☐

Site Use: Restaurant

Model:

919QT

☐

Hazard: IRRIGATION MED-ISOLATION

Type:

RP

☐

Mailing Address

Size:

1.00

☐

TEXAS ROAD HOUSE

635 ZANE ST.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

09/24/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4905

Backflow Prevention Assembly Test Report

TEXAS ROAD HOUSE

Location: MECH. ROOM.

635 ZANE ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

258286

☐

ZANESVILLE, OH 43701

Account #: TEXAS ROAD HOUSE

Manufacturer:

WATTS

☐

Site Use: Restaurant

Model:

009M3QT

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

0.75

☐

TEXAS ROAD HOUSE

635 ZANE ST.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

09/24/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3981

Backflow Prevention Assembly Test Report

THE ANCHOR CHURCH

Location: MECH ROOM.

1365 CHAMBERLIN ST.

Meter#:

Serial #: Check if Correct Corrections

459105

☐

ZANESVILLE, OH 43701

LID/Service:

Account #: ANCHOR CHURCH

Manufacturer:

APOLLO/CONBRAC

☐

Site Use: Church

Model:

DC4A

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

1.00

☐

THE ANCHOR CHURCH

1365 CHAMBERLIN ST.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

01/06/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4676

Backflow Prevention Assembly Test Report

THE ANCHOR CHURCH

Location: MECH ROOM.BACK OF BLDG.RISER #2

1365 CHAMBERLIN ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

49514

☐

ZANESVILLE, OH 43701

Account #: ANCHOR CHURCH

Manufacturer:

WATTS

☐

Site Use: Church

Model:

919

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

THE ANCHOR CHURCH

1365 CHAMBERLIN ST.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

01/06/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4677

Backflow Prevention Assembly Test Report

THE ANCHOR CHURCH

Location: MECH ROOM.BACK OF BLDG. RISER #2

1365 CHAMBERLIN ST.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

NK 1015

☐

Account #: ANCHOR CHURCH

Manufacturer:

AMES

☐

Site Use: Church

Model:

C500 COLT

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

6.00

☐

Orientation:

☐

Protection:

PAST DUE

☐

Test Due No Later than:

01/06/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4678

Backflow Prevention Assembly Test Report

THE ANCHOR CHURCH

Location: MECH ROOM.FRONT OF BLDG.RISER #1

1365 CHAMBERLIN ST.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

NK-1013

☐

ZANESVILLE, OH 43701

Account #: ANCHOR CHURCH

Manufacturer:

AMES

☐

Site Use: Church

Model:

C500 COLT

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

6.00

☐THE ANCHOR CHURCH
1365 CHAMBERLIN ST.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

01/06/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4679

Backflow Prevention Assembly Test Report

THE ANCHOR CHURCH

1365 CHAMBERLIN ST.

ZANESVILLE, OH 43701

Site Use: Church

Hazard: FIRE LINE BYPASS-MEDIUM

Mailing Address

THE ANCHOR CHURCH
1365 CHAMBERLIN ST.

ZANESVILLE, OH 43701

Location: MECH ROOM.FRONT OF BLDG.RISER #1

Meter#:

LID/Service:

Account #: ANCHOR CHURCH

Serial #:

49383

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

919

Type:

RPPA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

01/06/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2761

Backflow Prevention Assembly Test Report

THE BARN - DRESDEN

19 EAST 6TH STREET

DRESDEN, OH 43821

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

TERRY NETHERS
THE BARN - DRESDEN
P.O. BOX 355

TRINWAY, OH 43842

Location: WATER SERVICE CONTAINMENT. *BATHROOM.

Meter#:

LID/Service:

Account #: THEBARNDRESDEN

Serial #:

11393

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

11/02/2012

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2118

Backflow Prevention Assembly Test Report

THE BARN

1947 LINDEN AVENUE

ZANESVILLE, OH 43701

Site Use: Bar and Grill

Hazard: CONTAINMENT COMM.LOW

Mailing Address

THE BARN

1947 LINDEN AVENUE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT. * BASEMENT.

Meter#:

LID/Service:

Account #: THE BARN

Serial #:

06058

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

1.00

Orientation:

Protection:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Test Due No Later than:

06/08/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4688

Backflow Prevention Assembly Test Report

THE BOATHOUSE TAVERN

Location: BASEMENT RESTROOM UNDER LAVATORIES

51 PINE STREET

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

08977

☐

COSHOCTON, OH 43812

Account #: BOATHOUSE TAV.

Manufacturer:

WATTS

☐

Site Use: Bar and Grill

Model:

719QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

1.50

☐

SHARON TATRO

THE BOATHOUSE TAVERN

51 PINE STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

PAST DUE

☐

Test Due No Later than:

01/17/2024

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3973

Backflow Prevention Assembly Test Report

THE BUSINESS ADVOCATE

1322 MAPLE AVE.

ZANESVILLE, OH 43701

Site Use: Business Office

Hazard: CONTAINMENT COMM.LOW

Mailing Address

THE BUSINESS ADVOCATE
4534 SUMMER LKS

SUGAR LAND, TX 77479

Location: BASEMENT.

Meter#:

LID/Service:

Account #: THE BUSINESS ADV.

Serial #:

32081

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

07/18/2020

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3684

Backflow Prevention Assembly Test Report

THE CHILDREN'S PLACE

Location: MECH.RM. ABOVE WATER HEATER

3575 MAPLE AVE #152

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

30974

☐

ZANESVILLE, OH 43701

Account #: COSQMALL-#152

Manufacturer:

WATTS

☐

Site Use: Retail

Model:

919

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐DUANE PAISLEY
THE CHILDREN'S PLACE
3575 MAPLE AVE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

03/29/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4482

Backflow Prevention Assembly Test Report

COMMUNITY BANK

Location: IN MECH ROOM.

199 WEST MAIN ST.

Meter#:

Serial #:
29341

Check if Correct

Corrections

NEW CONCORD, OH 43762

LID/Service:

Account #: COMMUNITY BANK-2

Manufacturer:
WATTS

Site Use:

Hazard: CONTAINMENT COMM.LOW

Model:

719

Mailing Address

Type:

DCVA

MANAGER

THE COMMUNITY BANK
199 WEST MAIN ST.

Size:

0.75

Orientation:

NEW CONCORD, OH 43762

Protection:

Test Due No Later than:

01/21/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5274

Backflow Prevention Assembly Test Report

THE FIELD HOUSE

Location: MECH ROOM

300 SUNRISE CENTER RD.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

83571

☐

Account #: FIELDHOUSE

Manufacturer:

WATTS

☐

Site Use: Health Club

Model:

919QT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

Protection:

☐THE FIELD HOUSE
300 SUNRISE ROAD

ZANESVILLE, OH 43701

Test Due No Later than:

07/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4623

Backflow Prevention Assembly Test Report

MUSKINGUM STARLIGHT INDUST

Location: MECHANICAL ROOM.

5010 NORTHPOINTE DR.

Meter#:

Serial #: 11649

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

Site Use: Office Complex

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

1.00

Orientation:

Protection:

PAST DUE

THE FUSE NETWORK

5010 NORTHPOINTE DR.

ZANESVILLE, OH 43701

Test Due No Later than:

01/08/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3347

Backflow Prevention Assembly Test Report

THE HORSESHOE BAR & GRILL

Location: BASEMENT STAIRWAY.

213 MAIN ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

28720

☐

DUNCAN FALLS, OH 43734

Account #: THE HORSESHOE BAR

Manufacturer:

WATTS

☐

Site Use: Bar and Grill

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

DANNY WILSON

THE HORSESHOE BAR & GRILL

1535 IRISH RIDGE RD.

Orientation:

☐

PHILO, OH 43771

Protection:

PAST DUE

☐

Test Due No Later than:

01/10/2017

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1074

Backflow Prevention Assembly Test Report

ALLEN ROTHENBERG

Location: WATER SERVICE CONTAINMENT. * BASEMENT.

209 AMES DR.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

09470

☐

DRESDEN, OH 43821

Account #: THEINNATDRESDEN

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

☐

Mailing Address

Size:

1.50

☐THE INN AT DRESDEN
209 AMES DR.

Orientation:

☐

DRESDEN, OH 43821

Protection:

PAST DUE

☐

Test Due No Later than:

04/08/2019

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1860

Backflow Prevention Assembly Test Report

THE LANDING/ cedar ridge behavi

Location: BOILER MAKE UP WATER.MECH ROOM.

5559 RAIDERS ROAD

Meter#:

Serial #:

Check if Correct

Corrections

01917

☐

FRAZEYSBURG, OH 43822

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: ISOLATION MED.

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

THE LANDING

Orientation:

5559 RAIDERS ROAD

☐

FRAZEYSBURG, OH 43822

Protection:

☐

Test Due No Later than:

01/27/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1110

Backflow Prevention Assembly Test Report

THE LEARNING GARDEN

Location: WATER SERVICE CONTAINMENT. * MECH ROOM.

231 PINE STREET

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

120193

☐

COSHOCTON, OH 43812

Account #: LEARNING GARDEN

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

WENDY RUST

THE LEARNING GARDEN

231 PINE STREET

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

01/06/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4925

Backflow Prevention Assembly Test Report

THE LITTLE BARNYARD

Location: MECH. ROOM.

1592 FAIRVIEW RD.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

40506

Account #: LITTLE BARNYARD

Manufacturer:

WATTS

Site Use: DAYCARE

Model:

LF719QT

Hazard: CONTAINMENT COMM.LOW

Type:

DC

Mailing Address

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

01/11/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1410

Backflow Prevention Assembly Test Report

THE LITTLE BARNYARD

3949 NORTH POINTE DRIVE

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

THE LITTLE BARNYARD
1592 FAIRVIEW ROAD

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT - MECH ROOM.

Meter#:

LID/Service:

Account #: THE LITTLE BARNYAR

Serial #:

107269

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

03/18/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4645

Backflow Prevention Assembly Test Report

THE OAKS AT BETHESDA

Location: MECH. ROOM

2971 MAPLE AVE.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

106062-1113

Account #: THE OAKS -I

Manufacturer:

AMES

Site Use: Retirement Home

Model:

5000

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

Mailing Address

Size:

4.00

Orientation:

Protection:

Aaron George

THE OAKS AT BETHESDA

2971 MAPLE AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

09/03/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4646

Backflow Prevention Assembly Test Report

THE OAKS AT BETHESDA

Location: MECH. ROOM

2971 MAPLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

10554

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

AMES

☐

Site Use: Retirement Home

Model:

4000B

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐

Aaron George

THE OAKS AT BETHESDA

2971 MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

09/03/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4647

Backflow Prevention Assembly Test Report

THE OAKS AT BETHESDA

Location: MECH. ROOM

2971 MAPLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

ND-2498

Manufacturer:

WATTS

Site Use: Retirement Home

Model:

957

Hazard: CONTAINMENT COMM. MED.

Type:

RP

Mailing Address

Size:

3.00

Orientation:

Protection:

Aaron George

THE OAKS AT BETHESDA

2971 MAPLE AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

09/03/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4664

Backflow Prevention Assembly Test Report

THE OAKS AT BETHESDA

Location: MECH. ROOM

2971 MAPLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

21392

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Retirement Home

Model:

919

☐

Hazard: IRRIGATION MED-ISOLATION

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

Aaron George

THE OAKS AT BETHESDA

2971 MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

09/03/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4665

Backflow Prevention Assembly Test Report

THE OAKS AT BETHESDA

2971 MAPLE AVE.

ZANESVILLE, OH 43701

Site Use: Retirement Home

Hazard: ISOLATION MED.

Mailing Address

Aaron George

THE OAKS AT BETHESDA
2971 MAPLE AVE.

ZANESVILLE, OH 43701

Location: MECH. ROOM,

Meter#:

LID/Service:

Account #: THE OAKS -I

Serial #:

45731

Check if Correct

Corrections

☐

Manufacturer:

WATTS

☐

Model:

919

☐

Type:

RPPA

☐

Size:

0.75

☐

Orientation:

☐

Protection:

PAST DUE

☐

Test Due No Later than:

09/03/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5256

Backflow Prevention Assembly Test Report

THE OAKS AT BETHESDA

Location: MECH ROOM - BOILER

2971 MAPLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

15731

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Retirement Home

Model:

LF919QT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

0.75

☐

Aaron George

THE OAKS AT BETHESDA

2971 MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

09/03/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Date _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4630

Backflow Prevention Assembly Test Report

THE OAKS AT NORTHPOINTE

Location: MECH. ROOM

3291 NORTHPOINTE DRIVE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

1059501112

Account #: THE OAKS AT NP-2

Manufacturer:

AMES

Site Use:

Model:

5000

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

Mailing Address

Size:

4.00

Orientation:

Protection:

JOE METZ

THE OAKS AT NORTHPOINTE

3291 NORTHPOINTE DRIVE

ZANESVILLE, OH 43701

Test Due No Later than:

08/29/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4631

Backflow Prevention Assembly Test Report

THE OAKS AT NORTHPOINTE

Location: MECH. ROOM

3291 NORTHPOINTE DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

12382

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

AMES

☐

Site Use:

Hazard: FIRE LINE BYPASS-MEDIUM

Model:

4000B

☐

Mailing Address

Type:

RP

☐

Size:

0.75

☐

Orientation:

☐

Protection:

☐

JOE METZ

THE OAKS AT NORTHPOINTE

3291 NORTHPOINTE DRIVE

ZANESVILLE, OH 43701

Test Due No Later than:

08/29/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4661

Backflow Prevention Assembly Test Report

THE OAKS AT NORTHPOINTE

Location: MECH. ROOM

3291 NORTHPOINTE DRIVE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

NC-0588

Account #: THE OAKS AT NP-2

Manufacturer:

WATTS

Site Use:

Model:

957

Hazard: CONTAINMENT COMM. MED.

Type:

RP

Mailing Address

Size:

3.00

Orientation:

Protection:

JOE METZ

THE OAKS AT NORTHPOINTE

3291 NORTHPOINTE DRIVE

ZANESVILLE, OH 43701

Test Due No Later than:

08/29/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐ ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4662

Backflow Prevention Assembly Test Report

THE OAKS AT NORTHPOINTE

Location: MECH. ROOM

3291 NORTHPOINTE DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

21390

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

919

☐

Hazard: IRRIGATION MED-ISOLATION

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

Orientation:

☐

Protection:

☐

JOE METZ

THE OAKS AT NORTHPOINTE

3291 NORTHPOINTE DRIVE

ZANESVILLE, OH 43701

Test Due No Later than:

08/29/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4663

Backflow Prevention Assembly Test Report

THE OAKS AT NORTHPOINTE

Location: MECH. ROOM, BOILER FEED

3291 NORTHPOINTE DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

45710

☐

ZANESVILLE, OH 43701

Account #: THE OAKS AT NP-2

Manufacturer:

WATTS

☐

Site Use:

Model:

919

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

JOE METZ

THE OAKS AT NORTHPOINTE

3291 NORTHPOINTE DRIVE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

08/29/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2763

Backflow Prevention Assembly Test Report

AAA OHIO AUTO CLUB

3934 TARYN TRACE,M5

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

THE OHIO AUTOMOBILE CLUB
90 E.WILSON BRIDGE RD.

WORTHINGTON, OH 43085

Location: STORAGE ROOM,WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: ZAREMBA-AAA

Serial #:

1876867

Check if Correct

Corrections

Manufacturer:

WILKINS

Model:

950XL

Type:

DC

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

04/09/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3687

Backflow Prevention Assembly Test Report

THE ROCK FULL GOSPEL CHURCH

Location: MECH. ROOM OFF KITCHEN AREA.

5800 NATIONAL ROAD

Meter#:

Serial #:
28199

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

Site Use:

Hazard: CONTAINMENT COMM.LOW

Model:

919

Mailing Address

Type:

RPPA

Size:

1.00

Orientation:

Protection:

THE ROCK FULL GOSPEL CHURCH OF ZANESVILLE
P.O. BOX 2512

ZANESVILLE, OH 43702-2512

Test Due No Later than:

05/30/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4317

Backflow Prevention Assembly Test Report

THE SUN SHACK

643 MCINTIRE AVE.

ZANESVILLE, OH 43701

Site Use: TANNING

Hazard: CONTAINMENT COMM.LOW

Mailing Address

MARILYN INMAN
THE SUN SHACK
643 MCINTIRE AVE.

ZANESVILLE, OH 43701

Location: BASEMENT.

Meter#:

LID/Service:

Account #: THE SUN SHACK

Serial #:

32715

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

LF719QT

Type:

DC

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

12/06/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Submit completed
Test Report:

Fax:



Service Address

Hazard/CCID: 3578

Backflow Prevention Assembly Test Report

THE TATTOO SHOP

205 BRIGHTON BLVD.

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

TIMOTHY ROBERTS
THE TATTOO SHOP
205 BRIGHTON BLVD.

ZANESVILLE, OH 43701

Location: BASEMENT

Meter#:

LID/Service:

Account #: THE TATTOO SHOP

Serial #:

39838

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

LF719QT

Type:

DC

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

04/10/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Submit completed
Test Report:

Fax:



Service Address

Hazard/CCID: 143

Backflow Prevention Assembly Test Report

THOMAS RENTAL-7

Location: MECH ROOM - WATER SERVICE CONTAINMENT (in back hall of stores)

3576 MAPLE AVENUE

Meter#:

Serial #: Check if Correct Corrections

01803

☐

ZANEVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Retail

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

JASON THOMAS

THE THOMAS COMPANY

3596 MAPLE AVE.SUITE C

Orientation:

☐

ZANEVILLE, OH 43701

Protection:

☐

Test Due No Later than:

09/07/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 890

Backflow Prevention Assembly Test Report

**THE UPPER ROOM ASSEMBLY &
331 MAIN STREET**

COSHOCTON, OH 43812

Site Use:

Hazard: FIRE LINE BYPASS-MEDIUM

Mailing Address

**THE UPPER ROOM ASSEMBLY & WORSHIP CENTER
331 MAIN STREET**

COSHOCTON, OH 43812

Location: FIRE LINE . *BASEMENT.

Meter#:

LID/Service:

Account #: THE UPPER ROOM

Serial #:

06567

Manufacturer:

AMES

Model:

2000B

Type:

DC

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

06/06/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 891

Backflow Prevention Assembly Test Report

**THE UPPER ROOM ASSEMBLY &
331 MAIN STREET**

Location: *BASEMENT, ACCESSIBLE FROM 1ST FLOOR STAIRWAY IN FRONT OF BLDG.

COSHOCOTON, OH 43812

Meter#:

LID/Service:

Account #: THE UPPER ROOM

Serial #:

135922

Check if Correct

Corrections

☐

Manufacturer:

WATTS

☐

Model:

007

☐

Type:

DCVA

☐

Size:

1.00

☐

Orientation:

☐

Protection:

☐

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

**THE UPPER ROOM ASSEMBLY & WORSHIP CENTER
331 MAIN STREET**

COSHOCOTON, OH 43812

Test Due No Later than:

06/06/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 892

Backflow Prevention Assembly Test Report

**THE UPPER ROOM ASSEMBLY &
331 MAIN STREET**

Location: FIRE LINE. * BASEMENT.

Meter#:

LID/Service:

Account #: THE UPPER ROOM

Serial #:

303147

Check if Correct

Corrections

☐

Manufacturer:

AMES

☐

Model:

3000 SILVER

☐

Type:

DCDA

☐

Size:

6.00

☐

Orientation:

☐

Protection:

☐

Site Use:

Hazard: FIRE LINE CONNECTION-MEDIUM

Mailing Address

**THE UPPER ROOM ASSEMBLY & WORSHIP CENTER
331 MAIN STREET**

COSHOCOTON, OH 43812

Test Due No Later than:

06/06/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2699

Backflow Prevention Assembly Test Report

THE WALK BAKERY

1329 MAYSVILLE AVE.

ZANESVILLE, OH 43701

Site Use: Restaurant

Hazard: CONTAINMENT COMM.LOW

Mailing Address

THE WALK BAKERY
1329 MAYSVILLE AVE.

ZANESVILLE, OH 43701

Location: MECH. RM. WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: THE WALK BAKERY

Serial #:

10570

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

08/22/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3046

Backflow Prevention Assembly Test Report

THE WILDS

14000 INTERNATIONAL RD.

CUMBERLAND, OH 43732

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

THE WILDS

14000 INTERNATIONAL RD.

CUMBERLAND, OH 43732

Location: OPERATION SUPPORT CENTER,*STORAGE ROOM.

Meter#:

LID/Service:

Account #: THE WILDS

Serial #:

A44811

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

2.00

Orientation:

Protection:

Test Due No Later than:

06/13/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3699

Backflow Prevention Assembly Test Report

THE WILDS

14000 INTERNATIONAL RD.

CUMBERLAND, OH 43732

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

THE WILDS

14000 INTERNATIONAL RD.

JOHNSON CENTER

CUMBERLAND, OH 43732

Location: WATER SERVICE CONTAINMENT.*MECH ROOM

Meter#:

LID/Service:

Account #: THEWILDSJOHNSON

Serial #:

07569

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

1.50

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

06/13/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4930

Backflow Prevention Assembly Test Report

THE WILDS

Location: MECH. ROOM.

14000 INTERNATIONAL RD.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

06178

☐

CUMBERLAND, OH 43732

Account #: THE WILDS

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.25

☐

THE WILDS

Orientation:

☐

14000 INTERNATIONAL RD.

Protection:

☐

CUMBERLAND, OH 43732

Test Due No Later than:

06/13/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4931

Backflow Prevention Assembly Test Report

THE WILDS

Location: MECH. ROOM.

14000 INTERNATIONAL RD.

Meter#:

Serial #:

Check if Correct

Corrections

53260

☐

CUMBERLAND, OH 43732

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

LF919QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RP

☐

Mailing Address

Size:

1.00

☐

THE WILDS

Orientation:

☐

14000 INTERNATIONAL RD.

Protection:

☐

CUMBERLAND, OH 43732

Test Due No Later than:

06/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4932

Backflow Prevention Assembly Test Report

THE WILDS

14000 INTERNATIONAL RD.

CUMBERLAND, OH 43732

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

THE WILDS

14000 INTERNATIONAL RD.

CUMBERLAND, OH 43732

Location: MECH. ROOM , FEED WATER FOR ANIMALS FLOAT FILL.

Meter#:

LID/Service:

Account #: THE WILDS

Serial #:

29883

Manufacturer:

WATTS

Model:

LF009M3QT

Type:

RP

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

06/13/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4933

Backflow Prevention Assembly Test Report

THE WILDS

14000 INTERNATIONAL RD.

CUMBERLAND, OH 43732

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

THE WILDS

14000 INTERNATIONAL RD.

CUMBERLAND, OH 43732

Location: MECH. ROOM. MAKEUP WATER BOILER FLOOR HEAT.

Meter#:

LID/Service:

Account #: THE WILDS

Serial #:

100049

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

LF009QT

Type:

RP

Size:

0.50

Orientation:

Protection:

Test Due No Later than:

06/13/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4934

Backflow Prevention Assembly Test Report

THE WILDS

14000 INTERNATIONAL RD.

CUMBERLAND, OH 43732

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

THE WILDS

14000 INTERNATIONAL RD.

JOHNSON CENTER

CUMBERLAND, OH 43732

Location: MECH. ROOM.

Meter#:

LID/Service:

Account #: THEWILDSJOHNSON

Serial #:

40415

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719QT

Type:

DC

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

06/13/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1530

Backflow Prevention Assembly Test Report

THE WILDS

14000 INTERNATIONAL RD.

CUMBERLAND, OH 43732

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

THE WILDS

14000 INTERNATIONAL ROAD

CUMBERLAND, OH 43732

Location: YURT'S SHOWER ROOM,MECH ROOM.

Meter#:

LID/Service:

Account #: THEWILDS YURTS

Serial #:

112354

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

1.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

06/13/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1531

Backflow Prevention Assembly Test Report

THE WILDS

14000 INTERNATIONAL RD.

CUMBERLAND, OH 43732

Site Use:

Hazard: ISOLATION MED.

Mailing Address

THE WILDS

14000 INTERNATIONAL ROAD

CUMBERLAND, OH 43732

Location: RHINO BARN #2, *MECH ROOM.

Meter#:

LID/Service:

Account #: THEWILDS

Serial #:

111104

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

06/13/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1532

Backflow Prevention Assembly Test Report

THE WILDS

Location: *ADMINISTRATION BUILDING

14000 INTERNATIONAL RD.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

99830

☐

CUMBERLAND, OH 43732

Account #: THEWILDS

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

THE WILDS

Orientation:

☐

14000 INTERNATIONAL ROAD

Protection:

☐

CUMBERLAND, OH 43732

Test Due No Later than:

06/13/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1533

Backflow Prevention Assembly Test Report

THE WILDS

14000 INTERNATIONAL RD.

CUMBERLAND, OH 43732

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

THE WILDS

14000 INTERNATIONAL ROAD

CUMBERLAND, OH 43732

Location: RHINO BARN #2, *MECH ROOM.

Meter#:

LID/Service:

Account #: THEWILDS

Serial #:

50122

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

2.00

Orientation:

Protection:

Test Due No Later than:

06/13/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1534

Backflow Prevention Assembly Test Report

THE WILDS

14000 INTERNATIONAL RD.

CUMBERLAND, OH 43732

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

THE WILDS

14000 INTERNATIONAL ROAD

CUMBERLAND, OH 43732

Location: *MECH. ROOM , *RESTAURANT & GIFT SHOP.

Meter#:

LID/Service:

Account #: THEWILDS-OVERLOOK

Serial #:

324829

Manufacturer:

WATTS

Model:

909

Type:

RPPA

Size:

1.50

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

06/13/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1535

Backflow Prevention Assembly Test Report

THE WILDS

Location: *THE CABIN

14000 INTERNATIONAL RD.

Meter#:

Serial #:

Check if Correct

Corrections

58321

☐

CUMBERLAND, OH 43732

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.50

☐

THE WILDS

Orientation:

☐

14000 INTERNATIONAL ROAD

Protection:

☐

CUMBERLAND, OH 43732

Test Due No Later than:

06/13/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2771

Backflow Prevention Assembly Test Report

THE WILDS

14000 INTERNATIONAL RD.

CUMBERLAND, OH 43732

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

THE WILDS

14000 INTERNATIONAL ROAD

CUMBERLAND, OH 43732

Location: *CARNIVORE CENTER,POTABLE WATER-CONTAINMENT DEVICE.

Meter#:

LID/Service:

Account #: THEWILDSCARNIVORE

Serial #:

07043

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

06/13/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4929

Backflow Prevention Assembly Test Report

THE WILDS

Location: IN MECH. ROOM.

14000 INTERNATIONAL RD.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

10351

☐

CUMBERLAND, OH 43732

Account #: THE WILDS CABINS

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.50

☐

THE WILDS

Orientation:

☐

14000 INTERNATIONAL ROAD

Protection:

☐

CUMBERLAND, OH 43732

Test Due No Later than:

06/13/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4935

Backflow Prevention Assembly Test Report

THE WILDS

Location: MECH. ROOM.

14000 INTERNATIONAL RD.

Meter#:

Serial #:

Check if Correct

Corrections

17367

☐

CUMBERLAND, OH 43732

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM. MED.

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

THE WILDS

14000 INTERNATIONAL ROAD

Orientation:

☐

CUMBERLAND, OH 43732

Protection:

☐

Test Due No Later than:

06/13/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5253

Backflow Prevention Assembly Test Report

THE WINERY

9065 CLAY PIKE

CHANDLERSVILLE, OH 43727

Site Use: winery

Hazard: CONTAINMENT COMM.LOW

Mailing Address

WILLIAM RUDINSKY
THE WINERY
9065 CLAY PIKE

ZANESVILLE, OH 43701

Location: _____

Meter#:

LID/Service:

Account #: THE WINERY

Serial #:

37353

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Test Due No Later than:

04/20/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3163

Backflow Prevention Assembly Test Report

THOMPkins CHILD & ADOLESCENCE

Location: WATER SERVICE CONTAINMENT - BASEMENT

1199 SOUTH 2ND STREET

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

01511

☐

COSHOCOTON, OH 43812

Account #: THOMPkinsCOSHOCOTON

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

ERIC HARE

THOMPkins CHILD&ADOLESCENT SERVICES

1175 NEWARK RD.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

08/26/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3688

Backflow Prevention Assembly Test Report

THORNE PLUMBING, HEATING AND A/C INC.
212 VAN HORN AVE.

ZANESVILLE, OH 43701

Site Use: Business Office

Hazard: CONTAINMENT COMM. LOW

Mailing Address

MIKE THORNE
THORNE PLUMBING, HEATING AND A/C INC.
212 VAN HORN AVE.

ZANESVILLE, OH 43701

Location: MECHANICAL ROOM

Meter#:

LID/Service:

Account #: THORNE PLBG.

Serial #:

15938

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

03/15/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3064

Backflow Prevention Assembly Test Report

THREE RIVER ENERGY

18137 COUNTY ROAD 271

COSHOCTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM. HIGH

Mailing Address

ERIC CHAFFER, MAINTENANCE MGR.
THREE RIVER ENERGY
18137 COUNTY ROAD 271

COSHOCTON, OH 43812

Location: PROCESS WATER - SOUTH BUILDING

Meter#:

LID/Service:

Account #: THREE RIVER ENERGY

Serial #: Check if Correct Corrections

NFG51

Manufacturer:

CONBRACO

Model:

40-20E-03

Type:

RPPA

Size:

8.00

Orientation:

Protection:

Test Due No Later than:

03/08/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3066

Backflow Prevention Assembly Test Report

THREE RIVER ENERGY

18137 COUNTY ROAD 271

COSHOCOTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

ERIC CHAFFER, MAINTENANCE MGR.

THREE RIVER ENERGY

18137 COUNTY ROAD 271

COSHOCOTON, OH 43812

Location: WATER SERVICE CONTAINMENT - ADMIN. BLDG.

Meter#:

LID/Service:

Account #: THREE RIVER ENERGY

Serial #:

2257085

Check if Correct

Corrections

Manufacturer:

WILKINS

Model:

975XL

Type:

RP

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

03/08/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3067

Backflow Prevention Assembly Test Report

THREE RIVER ENERGY

18137 COUNTY ROAD 271

COSHOCOTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

ERIC CHAFFER, MAINTENANCE MGR.

THREE RIVER ENERGY

18137 COUNTY ROAD 271

COSHOCOTON, OH 43812

Location: WATER SERVICE CONTAINMENT - MTCE. BLDG.

Meter#:

LID/Service:

Account #: THREE RIVER ENERGY

Serial #:

2824960

Check if Correct

Corrections

Manufacturer:

WILKINS

Model:

975XL

Type:

RP

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

03/08/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3068

Backflow Prevention Assembly Test Report

THREE RIVER ENERGY

18137 COUNTY ROAD 271

COSHOCOTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM. HIGH

Mailing Address

ERIC CHAFFER, MAINTENANCE MGR.

THREE RIVER ENERGY

18137 COUNTY ROAD 271

COSHOCOTON, OH 43812

Location: MECH ROOM, BESIDE CONTROL ROOM.

Meter#:

LID/Service:

Account #: THREE RIVER ENERGY

Serial #:

2776811

Check if Correct

Corrections

Manufacturer:

WILKINS

Model:

975XL

Type:

RP

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

03/08/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3069

Backflow Prevention Assembly Test Report

THREE RIVER ENERGY

18137 COUNTY ROAD 271

COSHOCOTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM. HIGH

Mailing Address

ERIC CHAFFER, MAINTENANCE MGR.

THREE RIVER ENERGY

18137 COUNTY ROAD 271

COSHOCOTON, OH 43812

Location: PUMP HOUSE, NORTH BLDG. INCOMING WELL WATER, TANK FEED.

Meter#:

LID/Service:

Account #: THREE RIVER ENERGY

Serial #:

A22962

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

2.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

03/08/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3070

Backflow Prevention Assembly Test Report

THREE RIVER ENERGY

18137 COUNTY ROAD 271

COSHOCOTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM. HIGH

Mailing Address

ERIC CHAFFER, MAINTENANCE MGR.

THREE RIVER ENERGY

18137 COUNTY ROAD 271

COSHOCOTON, OH 43812

Location: PUMP HOUSE POTABLE WATER. NORTH BLDG.

Meter#:

LID/Service:

Account #: THREE RIVER ENERGY

Serial #:

81265

Check if Correct

Corrections

Manufacturer:

APOLLO

Model:

RPLF4A

Type:

RP

Size:

4.00

Orientation:

Protection:

PAST DUE

Test Due No Later than:

03/18/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3071

Backflow Prevention Assembly Test Report

THREE RIVER ENERGY

18137 COUNTY ROAD 271

COSHOCOTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM. HIGH

Mailing Address

ERIC CHAFFER, MAINTENANCE MGR.

THREE RIVER ENERGY

18137 COUNTY ROAD 271

COSHOCOTON, OH 43812

Location: PUMP HOUSE,BYPASS.POTABLE WATER BLDG.

Meter#:

LID/Service:

Account #: THREE RIVER ENERGY

Serial #:

101188

Check if Correct

Corrections

☐

Manufacturer:

CONBRACO

☐

Model:

40-204-TC2

☐

Type:

RPPA

☐

Size:

0.75

☐

Orientation:

☐

Protection:

☐

Test Due No Later than:

03/08/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2785

Backflow Prevention Assembly Test Report

THREE RIVERS FIRE STATION

24199 S.R.621

COSHOCTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

THREE RIVERS FIRE STATION
P.O. BOX 304

COSHOCTON, OH 43812

Location: *BACK WALL AT WATER METER. *WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: THREERIVERSFIREST

Serial #:

2744599

Manufacturer:

WILKINS

Model:

975XL

Type:

RP

Size:

2.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

09/10/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1548

Backflow Prevention Assembly Test Report

THREE RIVERS THERAPY

353 WALNUT STREET

COSHOCTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

THREE RIVERS THERAPY
353 WALNUT STREET

COSHOCTON, OH 43812

Location: WATER SERVICE CONTAINMENT - SE CORNER BY BACK DOOR

Meter#:

LID/Service:

Account #: THREERIVERSTHERAPY

Serial #:

123580

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

01/04/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1086

Backflow Prevention Assembly Test Report

TIM HORTON'S RESTAURANT
131 CHESTNUT & 2ND STREET

COSHOCTON, OH 43812

Site Use:

Hazard: **CONTAINMENT COMM.LOW**

Mailing Address

PAUL KLOUDA
TIM HORTON'S RESTAURANT
131 CHESTNUT & 2ND STREET

COSHOCTON, OH 43812

Location: **WATER SERVICE CONTAINMENT.* MECH.RM.**

Meter#:

LID/Service:

Account #: **TIMHORTONSCOSH**

Serial #:

1827828

Manufacturer:

WILKINS

Model:

975XL

Type:

RP

Size:

1.50

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

10/14/2019Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2806

Backflow Prevention Assembly Test Report

TIM HORTON'S RESTAURANT

Location: *MECH.ROOM. *WATER SERVICE CONTAINMENT.

3231 N.MAPLE AVE.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

2848625

Account #: TIMHORTON

Manufacturer:

WILKINS

Site Use:

Model:

Hazard: CONTAINMENT COMM.LOW

975XL

Mailing Address

Type:

RP

PAUL KLOUDA

TIM HORTON'S RESTAURANT

3231 N.MAPLE AVE.

Size:

1.50

Orientation:

ZANESVILLE, OH 43701

Protection:

PAST DUE

Test Due No Later than:

07/01/2019

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4923

Backflow Prevention Assembly Test Report

TIM HORTON'S RESTAURANT

Location: OUT SIDE UNDER HOT BOX.

44 NORTH MAYSVILLE AVENUE

Meter#:

Serial #: Check if Correct Corrections

SOUTH ZANESVILLE, OH 43701

LID/Service:

085541

☐

Account #: TIMHORTONS

Manufacturer:

WATTS

☐

Site Use:

Model:

009M2QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RP

☐

Mailing Address

Size:

1.50

☐

Orientation:

☐

Protection:

PAST DUE

☐

Test Due No Later than:

12/14/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4618

Backflow Prevention Assembly Test Report

TIM LINN

1908 HOGE AVE.

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

TIM LINN

1908 HOGE AVE.

ZANESVILLE, OH 43701

Location: BATHROOM.

Meter#:

LID/Service:

Account #: TIM LINN-2

Serial #:

32061

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

08/21/2014

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1082

Backflow Prevention Assembly Test Report

TIM McLAIN

2765 CENTER DRIVE

ZANESVILLE, OH 43701

Site Use: LAWN IRRIGATION

Hazard: IRRIGATION MED-ISOLATION

Mailing Address

TIM & DEBBIE McLAIN

TIM McLAIN

2765 CENTER DRIVE

ZANESVILLE, OH 43701

Location: LAWN SPRINKLER. *BASEMENT LAUNDRY AREA.

Meter#:

LID/Service:

Account #: MCLAINTIM&DEBBIE

Serial #:

146625

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

07/08/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3545

Backflow Prevention Assembly Test Report

TIMBER RUN FARMS

3072 LICKING ROAD

ZANESVILLE, OH 43701

Location: OFFICE BUILDING GREENHOUSE.

Meter#:

LID/Service:

Account #: TIMBER RUN FARMS

Serial #:

259493

Check if Correct

Corrections

Manufacturer:

APOLLO/CONBRAC

Model:

RP4A

Type:

RP

Size:

0.75

Orientation:

Protection:

Site Use:

Hazard: CONT.COMM.HIGH HEALTH HAZARD

Mailing Address

ATTN:STEVE CARTER
TIMBER RUN GARDENS
4350 WEST PIKE

ZANESVILLE, OH 43701

Test Due No Later than:

03/04/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Submit completed
Test Report:

Fax:



Service Address

Hazard/CCID: 2010

Backflow Prevention Assembly Test Report

TINA'S DINER & DAIRY STOP

Location: *BACK OF TRAILER ON WEST SIDE OF BLDG.

4315 MADISON STREET

Meter#:

Serial #: Check if Correct Corrections

65166

☐

ROSEVILLE, OH 43777

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Restaurant

Model:

009

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

TINA BURKETT

TINA'S DINER & DAIRY STOP

4285 ROSEVILLE ROAD

Orientation:

☐

ZANESVILLE, OH 43701-9482

Protection:

☐

Test Due No Later than:

07/17/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3296

Backflow Prevention Assembly Test Report

TINY TAP CAFE

1944 RIDGE AVE.

ZANESVILLE, OH 43701

Site Use: Bar and Grill

Hazard: CONTAINMENT COMM.LOW

Mailing Address

TINY TAP CAFE
1944 RIDGE AVE.

ZANESVILLE, OH 43701

Location: BASEMENT.

Meter#:

LID/Service:

Account #: TINY TAP CAFE

Serial #:

31203

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

09/12/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1691

Backflow Prevention Assembly Test Report

TLAQUEPAQUE

3090 MAPLE AVENUE

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

RAFAEL MADUIGEL OWNER
TLAQUEPAQUE
3090 MAPLE AVENUE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT. * MECH ROOM .

Meter#:

LID/Service:

Account #: TLAQUEPAQUE-2

Serial #:

01226

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

1.50

Orientation:

Protection:

Test Due No Later than:

05/25/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4548

Backflow Prevention Assembly Test Report

TLAQUEPAQUE-COSH.

Location: BASEMENT.

131 N.3RD. ST.

Meter#:

Serial #: Check if Correct Corrections

COSHOCTON, OH 43812

LID/Service:

10366

Account #: TLAQUEPAQUE-COSH.

Manufacturer:

WATTS

Site Use: Restaurant

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

1.00

Orientation:

Protection:

PAST DUE

Test Due No Later than:

03/11/2015

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3023

Backflow Prevention Assembly Test Report

TOFINO LLC

26 NORTH THIRD STREET

ZANESVILLE, OH 43701

Site Use: ART WORK

Hazard: CONTAINMENT COMM.LOW

Mailing Address

TOFINO LLC
1835 W MAIN ST

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT. * BASEMENT.

Meter#:

LID/Service:

Account #: TOFINO LLC

Serial #:

14089

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

11/26/2015

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 763

Backflow Prevention Assembly Test Report

TOM'S AUTO REPAIR

541 LOCUST STREET

COSHOCTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

TOM WHITIS, OWNER
TOM'S AUTO REPAIR
541 LOCUST STREET

COSHOCTON, OH 43812

Location: WATER SERVICE CONTAINMENT. *MECH ROOM.

Meter#:

LID/Service:

Account #: TOM'S AUTO REPAIR

Serial #:

20735

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

09/10/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____



Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2570

Backflow Prevention Assembly Test Report

TOM'S ICE CREAM BOWL

532 MCINTIRE AVE.

ZANESVILLE, OH 43701

Site Use: Restaurant

Hazard: CONTAINMENT COMM.LOW

Mailing Address

BILL SULLIVAN
TOM'S ICE CREAM BOWL
532 MCINTIRE AVE.

ZANESVILLE, OH 43701

Location: *BASEMENT, BOTTOM OF STEPS. WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: TOM'S ICE CREAM

Serial #:

09559

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

03/24/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3787

Backflow Prevention Assembly Test Report

TOUELL HEATING,AIR COND.&

Location: BASEMENT,FRONT WALL.

17 N.7TH ST.

Meter#:

Serial #:
29841

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: ROGER TOUELL

Manufacturer:
WATTS

Site Use: Business Office

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

01/27/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 169

Backflow Prevention Assembly Test Report

TRACEY'S FLOWERS

145 NORTH MAIN STREET

ROSEVILLE, OH 43777

Site Use: FLOWER SHOP

Hazard: CONTAINMENT COMM.LOW

Mailing Address

BOBBY TRACEY
TRACEY'S FLOWERS
145 NORTH MAIN STREET

ROSEVILLE, OH 43777

Location: *BASEMENT. WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: TRACEYSFLOWERS

Serial #:

01065

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

11/08/2019

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 13

Backflow Prevention Assembly Test Report

TRACTOR SUPPLY Co. #715

Location: *MECH.ROOM.RISER ROOM. WATER SERVICE CONTAINMENT.

3660 NORTH MAPLE AVE.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

1402201

☐

Account #: TSC-#715

Manufacturer:

WILKINS

☐

Site Use: Retail

Model:

975XL

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RP

☐

Mailing Address

Size:

1.50

☐

Orientation:

☐

Protection:

PAST DUE

☐

Test Due No Later than:

12/06/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3525

Backflow Prevention Assembly Test Report

TRACTOR SUPPLY Co. #715

Location: *MECH.RM.FRONT CORNER, BEHIND DRESSING ROOM. *FIRE.

3660 NORTH MAPLE AVE.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

105286-0310

☐

ZANESVILLE, OH 43701

Account #: TSC-#715

Manufacturer:

AMES

☐

Site Use: Retail

Model:

5000

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

4.00

☐

JOHN PARKER, MANAGER

TRACTOR SUPPLY Co. #715

3660 NORTH MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

12/06/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3526

Backflow Prevention Assembly Test Report

TRACTOR SUPPLY Co. #715

Location: *MECH.ROOM. BYPASS LINE.*FIRE.

3660 NORTH MAPLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

11060

☐

LID/Service:

Manufacturer:

AMES

☐

ZANESVILLE, OH 43701

Account #: TSC-#715

Model:

4000B

☐

Site Use: Retail

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐

JOHN PARKER, MANAGER

TRACTOR SUPPLY Co. #715

3660 NORTH MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

12/06/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 978

Backflow Prevention Assembly Test Report

L J'S TRADING POST

1239 LINDEN AVENUE

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

LARRY J. PARKER, OWNER
TRADING POST
1239 LINDEN AVENUE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT.*INSTALLED BEFORE REGULATOR.

Meter#:

LID/Service:

Account #: LJSTRADINGPOST

Serial #:

89891

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

09/17/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3662

Backflow Prevention Assembly Test Report

TRAVEL INN

58 N.6TH ST.

ZANESVILLE, OH 43701

Site Use: Motels/Hotels

Hazard: CONTAINMENT COMM.LOW

Mailing Address

TRAVEL INN

58 N.6TH ST.

ZANESVILLE, OH 43701

Location: MECHANICAL ROOM.

Meter#:

LID/Service:

Account #: TRAVEL INN

Serial #:

09686

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

2.00

Orientation:

Protection:

Test Due No Later than:

12/11/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1509

Backflow Prevention Assembly Test Report

TREADWAY HONDA & SUZUKI

Location: WATER SERVICE CONTAINMENT. *MECH ROOM.

2503 MAYSVILLE PIKE

Meter#:

Serial #:

Check if Correct

Corrections

01141

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

MIKE TREADWAY, OWNER
TREADWAY HONDA & SUZUKI
2503 MAYSVILLE PIKE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

12/16/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2153

Backflow Prevention Assembly Test Report

TRI-COUNTY FOOT & ANKLE

3777 JAMES COURT

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

TRI-COUNTY FOOT & ANKLE
3777 JAMES COURT

ZANESVILLE, OH 43701

Location: * MECH ROOM.

Meter#:

LID/Service:

Account #: TRI-COUNTYFOOT&ANK

Serial #:

07245

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

01/24/2021

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1143

Backflow Prevention Assembly Test Report

TRINITY EVANGELICAL LUTHERAN
128 SOUTH 7TH STREET

ZANESVILLE, OH 43701

Site Use:

Hazard: ISOLATION MED.

Mailing Address

TRINITY EVANGELICAL LUTHERAN CHURCH
128 SOUTH 7TH STREET

ZANESVILLE, OH 4370

Location: BOILER FEED, BASEMENT, MECH. ROOM.

Meter#:

LID/Service:

Account #: TRINITYLUTHERAN

Serial #:

96419

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

03/09/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1144

Backflow Prevention Assembly Test Report

TRINITY EVANGELICAL LUTHERAN

Location: FIRE LINE.*MECH.RM.BASEMENT.

128 SOUTH 7TH STREET

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

01039

☐

Account #: TRINITYLUTHERAN

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: FIRE LINE CONNECTION-LOW

Type:

DCVA

☐

Mailing Address

Size:

1.25

☐

TRINITY EVANGELICAL LUTHERAN CHURCH

128 SOUTH 7TH STREET

Orientation:

☐

ZANESVILLE, OH 4370

Protection:

☐

Test Due No Later than:

03/09/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4538

Backflow Prevention Assembly Test Report

TRINITY EVANGELICAL LUTHERA/

Location: BASEMENT.*MECH.RM.

128 SOUTH 7TH STREET

Meter#:

Serial #:

Check if Correct

Corrections

11498

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐TRINITY EVANGELICAL LUTHERAN CHURCH
128 SOUTH 7TH STREET

Orientation:

☐

ZANESVILLE, OH 4370

Protection:

☐

Test Due No Later than:

03/09/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2764

Backflow Prevention Assembly Test Report

TRINITY FULL GOSPEL CHURCH

Location: *MECH ROOM, WATER SERVICE CONTAINMENT.

545 PINE ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

10093

☐

ZANESVILLE, OH 43701

Account #: TRINITYFULLGOSPEL

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

ATTN: JEFF SMITH

TRINITY FULL GOSPEL CHURCH

535 MUNSON AVENUE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

11/07/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4335

Backflow Prevention Assembly Test Report

TRINITY FULL GOSPEL

Location: MECH ROOM.

535 MUNSON AVE.

Meter#:

Serial #: 09168

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

Site Use: Church

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

1.50

Orientation:

Protection:

TRINITY FULL GOSPEL
535 MUNSON AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

11/07/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4336

Backflow Prevention Assembly Test Report

TRINITY UNITED PRESBYTERIAN

Location: STORAGE ROOM #103 BASEMENT

830 MILITARY RD.

Meter#:

Serial #: 08628

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

Site Use: Church

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

1.50

Orientation:

Protection:

TRINITY UNITED PRESBYTERIAN CHURCH
830 MILITARY RD.

ZANESVILLE, OH 43701

Test Due No Later than:

09/13/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4644

Backflow Prevention Assembly Test Report

TRINITY UNITED PRESBYTERIAN

Location: MECH. ROOM. BOILER FEED

830 MILITARY RD.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

32125

☐

ZANESVILLE, OH 43701

Account #: T.U.PRESBYTERIAN

Manufacturer:

WATTS

☐

Site Use: Church

Model:

719

☐

Hazard: ISOLATION MED.

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐TRINITY UNITED PRESBYTERIAN CHURCH
830 MILITARY RD.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

09/13/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 312

Backflow Prevention Assembly Test Report

TRIPLETT & ADAMS LLC

172 S. FRIENDSHIP DRIVE

NEW CONCORD, OH 43762

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

CYNTHIA RHODES FINANCIAL ADMIN.
TRIPLETT & ADAMS LLC
P.O. BOX 8

NEW CONCORD, OH 43762

Location: WATER SERVICE CONTAINMENT. *BASEMENT MECH ROOM.

Meter#:

LID/Service:

Account #: TRIPLETT & ADAMS-2

Serial #:

09521

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

2.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

02/09/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2786

Backflow Prevention Assembly Test Report

TRI-VALLEY ADAMSVILLE ELEME

7950 EAST ST.

ADAMSVILLE, OH 43802

Site Use: School

Hazard: ISOLATION MED.

Mailing Address

MAINTENANCE TECH.
TRI-VALLEY ADMINISTRATION
36 EAST MUSKINGUM AVE.

DRESDEN, OH 43821

Location: MECH. ROOM,*ISOLATION BOILER FEED.

Meter#:

LID/Service:

Account #: TRIVALLEY-SCH-07

Serial #:

09697

Manufacturer:

WATTS

Model:

009M2QT

Type:

RP

Size:

1.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

06/09/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2788

Backflow Prevention Assembly Test Report

TRI-VALLEY ADAMSVILLE ELEME

Location: MECH.ROOM,*FIRE LINE.

7950 EAST ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

103667

☐

ADAMSVILLE, OH 43802

Account #: TRIVALLEY-SCH-07

Manufacturer:

AMES

☐

Site Use: School

Model:

5000

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

4.00

☐

Orientation:

☐

Protection:

☐

MAINTENANCE TECH.

TRI-VALLEY ADMINISTRATION

36 EAST MUSKINGUM AVE.

DRESDEN, OH 43821

Test Due No Later than:

06/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2789

Backflow Prevention Assembly Test Report

TRI-VALLEY ADAMSVILLE ELEME

Location: MECH ROOM,* FIRE LINE BYPASS.

7950 EAST ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

05739

☐

ADAMSVILLE, OH 43802

Account #: TRIVALLEY-SCH-07

Manufacturer:

AMES

☐

Site Use: School

Model:

4000B

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

Protection:

☐

MAINTENANCE TECH.

TRI-VALLEY ADMINISTRATION

36 EAST MUSKINGUM AVE.

DRESDEN, OH 43821

Test Due No Later than:

06/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2819

Backflow Prevention Assembly Test Report

TRI-VALLEY SCHOOLS

Location: MECH. ROOM,*FIRE LINE.

1318 MAIN ST.

Meter#:

Serial #: Check if Correct Corrections

DRESDEN, OH 43821

LID/Service:

1041010807

Account #: TRIVALLEY-SCH-08

Manufacturer:

AMES

Site Use: School

Model:

5000

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

Mailing Address

Size:

4.00

Orientation:

Protection:

MAINTENANCE TECH

TRI-VALLEY ADMINISTRATION

36 EAST MUSKINGUM AVE.

DRESDEN, OH 43821

Test Due No Later than:

06/09/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2820

Backflow Prevention Assembly Test Report

TRI-VALLEY SCHOOLS

Location: MECH ROOM,*FIRE LINE READER.

1318 MAIN ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

09405

☐

DRESDEN, OH 43821

Account #: TRIVALLEY-SCH-08

Manufacturer:

AMES

☐

Site Use: School

Model:

4000B

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐

MAINTENANCE TECH

TRI-VALLEY ADMINISTRATION

36 EAST MUSKINGUM AVE.

Orientation:

☐

DRESDEN, OH 43821

Protection:

☐

Test Due No Later than:

06/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2824

Backflow Prevention Assembly Test Report

TRI-VALLEY SCHOOLS-NASHPOF

Location: MECH RM.*FIRE LINE BYPASS.

3775 CREAMERY RD.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

09158

☐

NASHPORT, OH 43830

Account #: TRIVALLEY-SCH-09

Manufacturer:

AMES

☐

Site Use: School

Model:

4000B

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

Protection:

☐

MAINTENANCE TECH

TRI-VALLEY ADMINISTRATION

36 EAST MUSKINGUM AVE.

DRESDEN, OH 43821

Test Due No Later than:

06/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2825

Backflow Prevention Assembly Test Report

TRI-VALLEY SCHOOLS-NASHPOF

Location: MECH. RM.*FIRE MAIN.

3775 CREAMERY RD.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

1040010707

☐

NASHPORT, OH 43830

Account #: TRIVALLEY-SCH-09

Manufacturer:

AMES

☐

Site Use: School

Model:

5000

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

4.00

☐

Orientation:

☐

Protection:

☐

MAINTENANCE TECH

TRI-VALLEY ADMINISTRATION

36 EAST MUSKINGUM AVE.

DRESDEN, OH 43821

Test Due No Later than:

06/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2888

Backflow Prevention Assembly Test Report

TRI-VALLEY SCHOOLS-NASHPOF

Location: MECH ROOM,*WATER SERVICE CONTAINMENT.

3775 CREAMERY RD.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

637867

☐

NASHPORT, OH 43830

Account #: TRIVALLEY-SCH-09

Manufacturer:

WILKINS

☐

Site Use: School

Model:

375

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPDA

☐

Mailing Address

Size:

3.00

☐

MAINTENANCE TECH

TRI-VALLEY ADMINISTRATION

36 EAST MUSKINGUM AVE.

Orientation:

☐

DRESDEN, OH 43821

Protection:

☐

Test Due No Later than:

06/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2889

Backflow Prevention Assembly Test Report

TRI-VALLEY SCHOOLS-NASHPOF

Location: MECH. ROOM,*BOILER MAKEUP.

3775 CREAMERY RD.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

2802145

☐

NASHPORT, OH 43830

Account #: TRIVALLEY-SCH-09

Manufacturer:

WILKINS

☐

Site Use: School

Model:

975XL

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

1.00

☐

MAINTENANCE TECH

TRI-VALLEY ADMINISTRATION

36 EAST MUSKINGUM AVE.

Orientation:

☐

DRESDEN, OH 43821

Protection:

☐

Test Due No Later than:

06/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2890

Backflow Prevention Assembly Test Report

TRI-VALLEY SCHOOLS-NASHPOF

Location: MECH. ROOM,*CHILLED WATER MAKEUP.

3775 CREAMERY RD.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

2802005

☐

NASHPORT, OH 43830

Account #: TRIVALLEY-SCH-09

Manufacturer:

WILKINS

☐

Site Use: School

Model:

975XL

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

1.00

☐

MAINTENANCE TECH

TRI-VALLEY ADMINISTRATION

36 EAST MUSKINGUM AVE.

Orientation:

☐

DRESDEN, OH 43821

Protection:

☐

Test Due No Later than:

06/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2891

Backflow Prevention Assembly Test Report

TRI-VALLEY SCHOOLS

Location: MECH.ROOM,*CHILLED WATER MAKEUP.

1318 MAIN ST.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

2802126

☐

DRESDEN, OH 43821

Account #: TRIVALLEY-SCH-08

Manufacturer:

WILKINS

☐

Site Use: School

Model:

975XL

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

1.00

☐

MAINTENANCE TECH

TRI-VALLEY ADMINISTRATION

36 EAST MUSKINGUM AVE.

Orientation:

☐

DRESDEN, OH 43821

Protection:

☐

Test Due No Later than:

06/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2892

Backflow Prevention Assembly Test Report

TRI-VALLEY SCHOOLS

Location: MECH. ROOM,*WATER SERVICE CONTAINMENT.

1318 MAIN ST.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

L37856

☐

DRESDEN, OH 43821

Account #: TRIVALLEY-SCH-08

Manufacturer:

WILKINS

☐

Site Use: School

Model:

375

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPDA

☐

Mailing Address

Size:

3.00

☐

MAINTENANCE TECH

TRI-VALLEY ADMINISTRATION

36 EAST MUSKINGUM AVE.

Orientation:

☐

DRESDEN, OH 43821

Protection:

☐

Test Due No Later than:

06/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2893

Backflow Prevention Assembly Test Report

TRI-VALLEY SCHOOLS

Location: MECH.ROOM,*HOTWATER MAKEUP.

1318 MAIN ST.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

2802065

☐

DRESDEN, OH 43821

Account #: TRIVALLEY-SCH-08

Manufacturer:

WILKINS

☐

Site Use: School

Model:

975XL

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

1.00

☐

MAINTENANCE TECH

TRI-VALLEY ADMINISTRATION

36 EAST MUSKINGUM AVE.

Orientation:

☐

DRESDEN, OH 43821

Protection:

☐

Test Due No Later than:

06/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4946

Backflow Prevention Assembly Test Report

TRI-VALLEY ADAMSVILLE ELEME

Location: MECH. ROOM.

7950 EAST ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

06698

☐

ADAMSVILLE, OH 43802

Account #: TRIVALLEY-SCH-07

Manufacturer:

WATTS

☐

Site Use: School

Model:

009

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

3.00

☐

MAINTENANCE TECH.

TRI-VALLEY ADMINISTRATION

36 EAST MUSKINGUM AVE.

Orientation:

☐

DRESDEN, OH 43821

Protection:

☐

Test Due No Later than:

06/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 548

Backflow Prevention Assembly Test Report

TRI-VALLEY ADMINISTRATION
36 EAST MUSKINGUM AVENUE

DRESDEN, OH 43821

Site Use: **Offices**Hazard: **CONTAINMENT COMM.LOW**

Mailing Address

TRI-VALLEY ADMINISTRATION
36 EAST MUSKINGUM AVENUE

DRESDEN, OH 43821

Location: **WATER SERVICE CONTAINMENT. *MECH.ROOM,BASEMENT.**

Meter#:

LID/Service:

Account #: **TRIVALLEY-SCH-01**

Serial #:

29177

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

1.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

06/09/2022Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3452

Backflow Prevention Assembly Test Report

TRI-VALLEY FITNESS CENTER

Location: MECH ROOM

35 EAST MUSKINGUM AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

07436

☐

DRESDEN, OH 43821

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.50

☐

MAINTENANCE TECH.

TRI-VALLEY ADMINISTRATION

36 EAST MUSKINGUM AVENUE

Orientation:

☐

DRESDEN, OH 43821

Protection:

☐

Test Due No Later than:

06/09/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4944

Backflow Prevention Assembly Test Report

TRI-VALLEY ADMINISTRATION

Location: ATHLETIC FIELD REST ROOM.

36 EAST MUSKINGUM AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

34558

☐

DRESDEN, OH 43821

Account #: TRIVALLEY-SCH-01

Manufacturer:

WATTS

☐

Site Use: Offices

Model:

919QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RP

☐

Mailing Address

Size:

2.00

☐TRI-VALLEY ADMINISTRATION
36 EAST MUSKINGUM AVENUE

Orientation:

☐

DRESDEN, OH 43821

Protection:

☐

Test Due No Later than:

06/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 536

Backflow Prevention Assembly Test Report

TRI-VALLEY MIDDLE SCHOOL

Location: SOCCER FIELD. - LAWN SPRINKLER.

1360 MAIN STREET

Meter#:

Serial #: Check if Correct Corrections

DRESDEN, OH 43821

LID/Service:

016356

Account #: TRIVALLEY-SCH-05

Manufacturer:

WATTS

Site Use: School

Model:

800

Hazard: IRRIGATION MED-ISOLATION

Type:

PVB

Mailing Address

Size:

2.00

Orientation:

Protection:

MAINTENANCE TECH.

TRI-VALLEY SCHOOLS

36 EAST MUSKINGUM AVENUE

DRESDEN, OH 43821

Test Due No Later than:

06/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 537

Backflow Prevention Assembly Test Report

TRI-VALLEY MIDDLE SCHOOL

Location: WATER SERVICE CONTAINMENT. * MECH ROOM.

1360 MAIN STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

09419

☐

DRESDEN, OH 43821

Account #: TRIVALLEY-SCH-05

Manufacturer:

WATTS

☐

Site Use: School

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.50

☐

MAINTENANCE TECH.

TRI-VALLEY SCHOOLS

36 EAST MUSKINGUM AVENUE

Orientation:

☐

DRESDEN, OH 43821

Protection:

☐

Test Due No Later than:

06/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 544

Backflow Prevention Assembly Test Report

TRI-VALLEY HIGH SCHOOL

Location: WATER SERVICE CONTAINMENT.

46 EAST MUSKINGUM AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

207136

☐

DRESDEN, OH 43821

Account #: TRIVALLEY-SCH-02

Manufacturer:

WATTS

☐

Site Use: School

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

4.00

☐

MAINTENANCE TECH.

TRI-VALLEY SCHOOLS

36 EAST MUSKINGUM AVENUE

Orientation:

☐

DRESDEN, OH 43821

Protection:

☐

Test Due No Later than:

06/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 547

Backflow Prevention Assembly Test Report

TRI-VALLEY HIGH SCHOOL

Location: WATER SERVICE CONTAINMENT.

46 EAST MUSKINGUM AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

218215

☐

DRESDEN, OH 43821

Account #: TRIVALLEY-SCH-02

Manufacturer:

WATTS

☐

Site Use: School

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

MAINTENANCE TECH.

TRI-VALLEY SCHOOLS

36 EAST MUSKINGUM AVENUE

Orientation:

☐

DRESDEN, OH 43821

Protection:

☐

Test Due No Later than:

06/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 549

Backflow Prevention Assembly Test Report

TRI-VALLEY HIGH SCHOOL

Location: FIRE LINE. *MECH.ROOM.

46 EAST MUSKINGUM AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

277172

☐

DRESDEN, OH 43821

Account #: TRIVALLEY-SCH-02

Manufacturer:

WATTS

☐

Site Use: School

Model:

909

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPPA

☐

Mailing Address

Size:

1.25

☐

Orientation:

☐

Protection:

☐

MAINTENANCE TECH.

TRI-VALLEY SCHOOLS

36 EAST MUSKINGUM AVENUE

DRESDEN, OH 43821

Test Due No Later than:

06/09/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked

☐

Leaked

☐

Did not open

☐

Date _____

Closed Tight

☐

Closed Tight

☐

Did not open

☐

Opened Fully

☐

Time _____

Pass ☐ Fail ☐

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Leaked

☐

Held at _____ PSID

Repairs

Cleaned

☐

Rubber Kit

☐

Date _____

Rebuild

☐

Replaced

☐

Time _____

Other

☐

Final Test

Date _____

Closed Tight

☐

Closed Tight

☐

Opened Fully

☐

Time _____

Pass ☐ Fail ☐

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 550

Backflow Prevention Assembly Test Report

TRI-VALLEY HIGH SCHOOL

Location: WATER SERVICE CONTAINMENT. *CUSTODIAN ROOM.

46 EAST MUSKINGUM AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

09356

☐

DRESDEN, OH 43821

Account #: TRIVALLEY-SCH-02

Manufacturer:

WATTS

☐

Site Use: School

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

2.00

☐

MAINTENANCE TECH.

TRI-VALLEY SCHOOLS

36 EAST MUSKINGUM AVENUE

Orientation:

☐

DRESDEN, OH 43821

Protection:

☐

Test Due No Later than:

06/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 560

Backflow Prevention Assembly Test Report

TRI-VALLEY MIDDLE SCHOOL

Location: MOP SINK. *CEILING, CENTRAL STORAGE.

1360 MAIN STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

28127

☐

DRESDEN, OH 43821

Account #: TRIVALLEY-SCH-05

Manufacturer:

WATTS

☐

Site Use: School

Model:

800

☐

Hazard: ISOLATION LOW

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

MAINTENANCE TECH.

TRI-VALLEY SCHOOLS

36 EAST MUSKINGUM AVENUE

Orientation:

☐

DRESDEN, OH 43821

Protection:

☐

Test Due No Later than:

06/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 561

Backflow Prevention Assembly Test Report

TRI-VALLEY MIDDLE SCHOOL

Location: FIRE LINE BYPASS. *MECH.RM.

1360 MAIN STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

05514

☐

DRESDEN, OH 43821

Account #: TRIVALLEY-SCH-05

Manufacturer:

AMES

☐

Site Use: School

Model:

4000B

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐

MAINTENANCE TECH.

TRI-VALLEY SCHOOLS

36 EAST MUSKINGUM AVENUE

Orientation:

☐

DRESDEN, OH 43821

Protection:

☐

Test Due No Later than:

06/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 565

Backflow Prevention Assembly Test Report

TRI-VALLEY MIDDLE SCHOOL

Location: MOP SINK.*MECH ROOM,2ND FLOOR.

1360 MAIN STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

202882

☐

DRESDEN, OH 43821

Account #: TRIVALLEY-SCH-05

Manufacturer:

WATTS

☐

Site Use: School

Model:

800

☐

Hazard: ISOLATION LOW

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

MAINTENANCE TECH.

TRI-VALLEY SCHOOLS

36 EAST MUSKINGUM AVENUE

Orientation:

☐

DRESDEN, OH 43821

Protection:

☐

Test Due No Later than:

06/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 568

Backflow Prevention Assembly Test Report

TRI-VALLEY MIDDLE SCHOOL

Location: MOP SINK - CEILING S.E. ENTRY - LOADING/RECEIVING

1360 MAIN STREET

Meter#:

Serial #:

Check if Correct

Corrections

DRESDEN, OH 43821

LID/Service:

28291

☐

Account #: TRIVALLEY-SCH-05

Manufacturer:

WATTS

☐

Site Use: School

Model:

800

☐

Hazard: ISOLATION LOW

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

MAINTENANCE TECH.

TRI-VALLEY SCHOOLS

36 EAST MUSKINGUM AVENUE

Orientation:

☐

DRESDEN, OH 43821

Protection:

☐

Test Due No Later than:

06/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 569

Backflow Prevention Assembly Test Report

TRI-VALLEY MIDDLE SCHOOL

Location: MOP SINK - CEILING S.E. ENTRY LOADING/RECEIVING.

1360 MAIN STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

28089

☐

DRESDEN, OH 43821

Account #: TRIVALLEY-SCH-05

Manufacturer:

WATTS

☐

Site Use: School

Model:

800

☐

Hazard: ISOLATION LOW

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

MAINTENANCE TECH.

TRI-VALLEY SCHOOLS

36 EAST MUSKINGUM AVENUE

Orientation:

☐

DRESDEN, OH 43821

Protection:

☐

Test Due No Later than:

06/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 571

Backflow Prevention Assembly Test Report

TRI-VALLEY MIDDLE SCHOOL

Location: MOP SINK - 2ND FLOOR MECH ROOM.

1360 MAIN STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

28286

☐

DRESDEN, OH 43821

Account #: TRIVALLEY-SCH-05

Manufacturer:

WATTS

☐

Site Use: School

Model:

800

☐

Hazard: ISOLATION LOW

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

MAINTENANCE TECH.

TRI-VALLEY SCHOOLS

36 EAST MUSKINGUM AVENUE

Orientation:

☐

DRESDEN, OH 43821

Protection:

☐

Test Due No Later than:

06/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2104

Backflow Prevention Assembly Test Report

TRI-VALLEY HIGH SCHOOL

Location: HIGH SCHOOL. *FIRE LINE.

46 EAST MUSKINGUM AVENUE

Meter#:

Serial #: Check if Correct Corrections

DRESDEN, OH 43821

LID/Service:

W181061XLD

Account #: TRIVALLEY-SCH-02

Manufacturer:

WILKINS

Site Use: School

Model:

975XL

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

Mailing Address

Size:

0.75

Orientation:

Protection:

MAINTENANCE TECH.

TRI-VALLEY SCHOOLS

36 EAST MUSKINGUM AVENUE

DRESDEN, OH 43821

Test Due No Later than:

06/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2802

Backflow Prevention Assembly Test Report

TRI VALLEY SCHOOL/FRAZEYSB

Location: *MECH.ROOM, *FIRE LINE.

120 EAST THIRD ST

Meter#:

Serial #: Check if Correct Corrections

FRAZEYSBURG, OH 43822

LID/Service:

1037410207

Account #: TRIVALLEY-SCH-03

Manufacturer:

AMES

Site Use: School

Model:

5000

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

Mailing Address

Size:

4.00

Orientation:

Protection:

MAINTENANCE TECH.

TRI-VALLEY SCHOOLS

36 EAST MUSKINGUM AVENUE

DRESDEN, OH 43821

Test Due No Later than:

06/09/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2803

Backflow Prevention Assembly Test Report

TRI VALLEY SCHOOL/FRAZEYSB

Location: *MECH. ROOM. *FIRE LINE READER.

120 EAST THIRD ST

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

08534

☐

FRAZEYSBURG, OH 43822

Account #: TRIVALLEY-SCH-03

Manufacturer:

AMES

☐

Site Use: School

Model:

4000B

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐

MAINTENANCE TECH.

TRI-VALLEY SCHOOLS

36 EAST MUSKINGUM AVENUE

Orientation:

☐

DRESDEN, OH 43821

Protection:

☐

Test Due No Later than:

06/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2804

Backflow Prevention Assembly Test Report

TRI VALLEY SCHOOL/FRAZEYSB

Location: *MECH. ROOM. *WATER SERVICE CONTAINMENT.

120 EAST THIRD ST

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

27166

☐

FRAZEYSBURG, OH 43822

Account #: TRIVALLEY-SCH-03

Manufacturer:

WATTS

☐

Site Use: School

Model:

009

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

3.00

☐

MAINTENANCE TECH.

TRI-VALLEY SCHOOLS

36 EAST MUSKINGUM AVENUE

Orientation:

☐

DRESDEN, OH 43821

Protection:

☐

Test Due No Later than:

06/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2805

Backflow Prevention Assembly Test Report

TRI VALLEY SCHOOL/FRAZEYSB

Location: *MECH.ROOM. *BOILER FEED.

120 EAST THIRD ST

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

A28854

☐

FRAZEYSBURG, OH 43822

Account #: TRIVALLEY-SCH-03

Manufacturer:

WATTS

☐

Site Use: School

Model:

009M2QT

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

1.00

☐

MAINTENANCE TECH.

TRI-VALLEY SCHOOLS

36 EAST MUSKINGUM AVENUE

Orientation:

☐

DRESDEN, OH 43821

Protection:

☐

Test Due No Later than:

06/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3454

Backflow Prevention Assembly Test Report

TRI-VALLEY HIGH SCHOOL

Location: MECH.ROOM 32, BY FRONT OFFICE,ENTRY BATH ROOMS.

46 EAST MUSKINGUM AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

2279799

☐

DRESDEN, OH 43821

Account #: TRIVALLEY-SCH-02

Manufacturer:

WILKINS

☐

Site Use: School

Model:

975XL

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RP

☐

Mailing Address

Size:

2.00

☐

MAINTENANCE TECH.

TRI-VALLEY SCHOOLS

36 EAST MUSKINGUM AVENUE

Orientation:

☐

DRESDEN, OH 43821

Protection:

☐

Test Due No Later than:

06/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3455

Backflow Prevention Assembly Test Report

TRI-VALLEY HIGH SCHOOL

Location: MECH. ROOM 32, BY FRONT OFFICE, ENTRY BATHROOMS.

46 EAST MUSKINGUM AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

2773346

☐

DRESDEN, OH 43821

Account #: TRIVALLEY-SCH-02

Manufacturer:

WILKINS

☐

Site Use: School

Model:

975XL

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RP

☐

Mailing Address

Size:

2.00

☐

MAINTENANCE TECH.

TRI-VALLEY SCHOOLS

36 EAST MUSKINGUM AVENUE

Orientation:

☐

DRESDEN, OH 43821

Protection:

☐

Test Due No Later than:

06/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3479

Backflow Prevention Assembly Test Report

TRI-VALLEY MIDDLE SCHOOL

Location: MECH ROOM.

1360 MAIN STREET

Meter#:

Serial #: Check if Correct Corrections

DRESDEN, OH 43821

LID/Service:

1002390610

Account #: TRIVALLEY-SCH-05

Manufacturer:

AMES

Site Use: School

Model:

4000 SILVER

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPPA

Mailing Address

Size:

4.00

Orientation:

Protection:

MAINTENANCE TECH.

TRI-VALLEY SCHOOLS

36 EAST MUSKINGUM AVENUE

DRESDEN, OH 43821

Test Due No Later than:

06/09/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

	Yes	No
Proper Installation	<input type="checkbox"/>	<input type="checkbox"/>
RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>
#2 Shutoff Closed	<input type="checkbox"/>	<input type="checkbox"/>
Service Restored	<input type="checkbox"/>	<input type="checkbox"/>

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4945

Backflow Prevention Assembly Test Report

TRI-VALLEY HIGH SCHOOL

Location: ACROSS ROAD FROM HIGH SCHOOL, IN BUILDING NEXT TO FOOTBALL FIELD.

46 EAST MUSKINGUM AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

044589

☐

DRESDEN, OH 43821

Account #: TRIVALLEY-SCH-02

Manufacturer:

WATTS

☐

Site Use: School

Model:

007

☐

Hazard: ISOLATION LOW

Type:

DCVA

☐

Mailing Address

Size:

2.00

☐

MAINTENANCE TECH.

TRI-VALLEY SCHOOLS

36 EAST MUSKINGUM AVENUE

Orientation:

☐

DRESDEN, OH 43821

Protection:

☐

Test Due No Later than:

06/09/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4947

Backflow Prevention Assembly Test Report

TRI-VALLEY HIGH SCHOOL

Location: MECH. ROOM, BOILER MAKEUP WATER.

46 EAST MUSKINGUM AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

27623

☐

DRESDEN, OH 43821

Account #: TRIVALLEY-SCH-02

Manufacturer:

WATTS

☐

Site Use: School

Model:

919

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

MAINTENANCE TECH.

TRI-VALLEY SCHOOLS

36 EAST MUSKINGUM AVENUE

Orientation:

☐

DRESDEN, OH 43821

Protection:

☐

Test Due No Later than:

06/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4948

Backflow Prevention Assembly Test Report

TRI-VALLEY MIDDLE SCHOOL

Location: MECH. ROOM

1360 MAIN STREET

Meter#:

Serial #:

Check if Correct

Corrections

L117260

☐

DRESDEN, OH 43821

LID/Service:

Manufacturer:

WILKINS

☐

Site Use: School

Model:

375

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

4.00

☐

Orientation:

☐

Protection:

☐

MAINTENANCE TECH.

TRI-VALLEY SCHOOLS

36 EAST MUSKINGUM AVENUE

DRESDEN, OH 43821

Test Due No Later than:

06/09/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4949

Backflow Prevention Assembly Test Report

TRI-VALLEY MIDDLE SCHOOL

Location: ABOVE SHELF IN CENTRAL STORAGE, NEED LADDER.

1360 MAIN STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

28123

☐

DRESDEN, OH 43821

Account #: TRIVALLEY-SCH-05

Manufacturer:

WATTS

☐

Site Use: School

Model:

800M4QT

☐

Hazard: ISOLATION LOW

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

MAINTENANCE TECH.

TRI-VALLEY SCHOOLS

36 EAST MUSKINGUM AVENUE

Orientation:

☐

DRESDEN, OH 43821

Protection:

☐

Test Due No Later than:

06/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5016

Backflow Prevention Assembly Test Report

TRI-VALLEY HIGH SCHOOL

Location: MECH. ROOM, HIGH SCHOOL.

46 EAST MUSKINGUM AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

133618

☐

DRESDEN, OH 43821

Account #: TRIVALLEY-SCH-02

Manufacturer:

WILKINS

☐

Site Use: School

Model:

375

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

6.00

☐

MAINTENANCE TECH.

TRI-VALLEY SCHOOLS

36 EAST MUSKINGUM AVENUE

Orientation:

☐

DRESDEN, OH 43821

Protection:

☐

Test Due No Later than:

06/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5263

Backflow Prevention Assembly Test Report

TRI-VALLEY HIGH SCHOOL

Location: MOP SINK

46 EAST MUSKINGUM AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

25605

☐

DRESDEN, OH 43821

LID/Service:

Manufacturer:

WATTS

☐

Site Use: School

Model:

800

☐

Hazard: CONTAINMENT COMM. MED.

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

MAINTENANCE TECH.

TRI-VALLEY SCHOOLS

36 EAST MUSKINGUM AVENUE

Orientation:

☐

DRESDEN, OH 43821

Protection:

☐

Test Due No Later than:

06/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5264

Backflow Prevention Assembly Test Report

TRI-VALLEY HIGH SCHOOL

Location: MOP SINK

46 EAST MUSKINGUM AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

25616

☐

DRESDEN, OH 43821

LID/Service:

Manufacturer:

WATTS

☐

Site Use: School

Model:

800

☐

Hazard: CONTAINMENT COMM. MED.

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

MAINTENANCE TECH.

TRI-VALLEY SCHOOLS

36 EAST MUSKINGUM AVENUE

Orientation:

☐

DRESDEN, OH 43821

Protection:

☐

Test Due No Later than:

06/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5265

Backflow Prevention Assembly Test Report

TRI-VALLEY HIGH SCHOOL

Location: MOP SINK - KITCHEN

46 EAST MUSKINGUM AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

30826

☐

DRESDEN, OH 43821

Account #: TRIVALLEY-SCH-02

Manufacturer:

WATTS

☐

Site Use: School

Model:

800

☐

Hazard: CONTAINMENT COMM. MED.

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

MAINTENANCE TECH.

TRI-VALLEY SCHOOLS

36 EAST MUSKINGUM AVENUE

Orientation:

☐

DRESDEN, OH 43821

Protection:

☐

Test Due No Later than:

08/02/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

	Yes	No
Proper Installation	<input type="checkbox"/>	<input type="checkbox"/>
RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>
#2 Shutoff Closed	<input type="checkbox"/>	<input type="checkbox"/>
Service Restored	<input type="checkbox"/>	<input type="checkbox"/>

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5266

Backflow Prevention Assembly Test Report

TRI-VALLEY HIGH SCHOOL

Location: MOP SINK KITCHCEN

46 EAST MUSKINGUM AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

30548

☐

DRESDEN, OH 43821

Account #: TRIVALLEY-SCH-02

Manufacturer:

WATTS

☐

Site Use: School

Model:

800

☐

Hazard: CONTAINMENT COMM. MED.

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

MAINTENANCE TECH.

TRI-VALLEY SCHOOLS

36 EAST MUSKINGUM AVENUE

Orientation:

☐

DRESDEN, OH 43821

Protection:

☐

Test Due No Later than:

06/09/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5267

Backflow Prevention Assembly Test Report

TRI-VALLEY HIGH SCHOOL

Location: MOP SINK

46 EAST MUSKINGUM AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

25337

☐

DRESDEN, OH 43821

Account #: TRIVALLEY-SCH-02

Manufacturer:

WATTS

☐

Site Use: School

Model:

800

☐

Hazard: CONTAINMENT COMM. MED.

Type:

PVB

☐

Mailing Address

Size:

0.50

☐

MAINTENANCE TECH.

TRI-VALLEY SCHOOLS

36 EAST MUSKINGUM AVENUE

Orientation:

☐

DRESDEN, OH 43821

Protection:

☐

Test Due No Later than:

06/09/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 730

Backflow Prevention Assembly Test Report

TRUE NORTH FITNESS

1525 HIGH POINTE COURT

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

Jennifer McLaughlin
True North Fitness
1525 HIGH POINTE COURT

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT - UTILITY ROOM

Meter#:

LID/Service:

Account #: TRUENORTHFITNESS

Serial #:

89896

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

10/21/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 212

Backflow Prevention Assembly Test Report

TUMBLEWEED RESTAURANT

Location: WATER SERVICE CONTAINMENT.*MECH.RM.

746 MONROE STREET

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

506087

☐

Account #: TUMBLEWEED

Manufacturer:

WILKINS

☐

Site Use: Restaurant

Model:

975XL

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

2.00

☐

Orientation:

☐

Protection:

☐GENERAL MANAGER
TUMBLEWEED
746 MONROE STREET

ZANESVILLE, OH 43701

Test Due No Later than:

04/07/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 213

Backflow Prevention Assembly Test Report

TUMBLEWEED RESTAURANT

Location: FIRE LINE.*MECH.RM.

746 MONROE STREET

Meter#:

Serial #:

Check if Correct

Corrections

534141

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WILKINS

☐

Site Use: Restaurant

Model:

950XL

☐

Hazard: FIRE LINE CONNECTION-LOW

Type:

DC

☐

Mailing Address

Size:

2.00

☐

Orientation:

☐

Protection:

☐

GENERAL MANAGER

TUMBLEWEED

746 MONROE STREET

ZANESVILLE, OH 43701

Test Due No Later than:

04/07/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3037

Backflow Prevention Assembly Test Report

ARMED FORCES RECRUITING CE

Location: MECH. ROOM.*WATER SERVICE CONTAINMENT.

3934 TARYN TRACE,M7

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

14474

☐

ZANESVILLE, OH 43701

Account #: ZAREMBA-ARMED

Manufacturer:

WATTS

☐

Site Use:

Model:

919QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RP

☐

Mailing Address

Size:

1.00

☐

ATTN: CELRL-RE

U.S. ARMY CORPS OF ENGINEERS

P.O. BOX 59

Orientation:

☐

LOUISVILLE, KY 40201-0059

Protection:

☐

Test Due No Later than:

07/16/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 894

Backflow Prevention Assembly Test Report

U.S. POSTAL SERVICE

516 CHESTNUT STREET

COSHOCTON, OH 43812

Site Use:

Hazard: ISOLATION MED.

Mailing Address

RICHARD KENT, BLDG.& GROUNDS MTCE.

U.S. POSTAL SERVICE
516 CHESTNUT STREET

COSHOCTON, OH 43812

Location: BOILER.*MECH.RM. *NEED B/F ON WATER SERVICE.

Meter#:

LID/Service:

Account #: POSTOFFICECOSH

Serial #:

707034

Check if Correct

Corrections

Manufacturer:

WILKINS

Model:

975XL

Type:

RP

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

04/17/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 895

Backflow Prevention Assembly Test Report

U.S. POSTAL SERVICE

Location: CHILLER.*MECH.RM.

516 CHESTNUT STREET

Meter#:

Serial #:

Check if Correct

Corrections

1115606

☐

COSHOCOTON, OH 43812

LID/Service:

Manufacturer:

WILKINS

☐

Site Use:

Model:

975XL

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

0.75

☐

RICHARD KENT, BLDG.& GROUNDS MTCE.

U.S. POSTAL SERVICE

516 CHESTNUT STREET

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

04/17/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3852

Backflow Prevention Assembly Test Report

U-HAUL CO.

618 PINE ST.

ZANESVILLE, OH 43701

Site Use: RENTAL

Hazard: CONTAINMENT COMM.LOW

Mailing Address

U-HAUL CO.

618 PINE ST.

ZANESVILLE, OH 43701

Location: MECH. ROOM.

Meter#:

LID/Service:

Account #: U-HAUL CO.

Serial #:

29560

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

03/17/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Submit completed
Test Report:

Fax:



Service Address

Hazard/CCID: 1834

Backflow Prevention Assembly Test Report

ULTIMATE IMAGE

25 NORTH STANLEY AVENUE

SOUTH ZANESVILLE, OH 43701

Site Use: Beauty Salon/Barber

Hazard: CONTAINMENT COMM.LOW

Mailing Address

TOM BASH
ULTIMATE IMAGE
25 NORTH STANLEY AVENUE

SOUTH ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT.* DOMESTIC MECH ROOM.

Meter#:

LID/Service:

Account #: UNTIMATEIMAGE

Serial #:

06150

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

02/09/2009

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2800

Backflow Prevention Assembly Test Report

UNDERWOOD/GIBBONS

Location: BOILER FEED.*BASEMENT.

522 MARKET STREET

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

158011

Account #: UNDERWOOD/GIBBONS

Manufacturer:

WATTS

Site Use: Apartments

Model:

919

Hazard: ISOLATION MED.

Type:

RPPA

Mailing Address

Size:

0.75

Orientation:

CARLETON B. UNDERWOOD
UNDERWOOD APARTMENTS
P.O. BOX 2053

ZANESVILLE, OH 43701

Protection:

PAST DUE

Test Due No Later than:

12/13/2015

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3349

Backflow Prevention Assembly Test Report

UNDERWOOD/GIBBONS

Location: BASEMENT.

522 MARKET STREET

Meter#:

Serial #:

Check if Correct

Corrections

24175

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Apartments

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐CARLETON B. UNDERWOOD
UNDERWOOD APARTMENTS
P.O. BOX 2053

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

07/24/2019

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2108

Backflow Prevention Assembly Test Report

UNION BAPTIST CHURCH

56 8TH STREET

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

UNION BAPTIST CHURCH

56 8TH STREET

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT. * BASEMENT.

Meter#:

LID/Service:

Account #: UNIONBAPTISTCHURCH

Serial #:

06143

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

05/19/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4338

Backflow Prevention Assembly Test Report

UNION TABERNACLE CHURCH

Location: IN KITCHEN BEHIND STOVE.

2433 HARTFORD AVE.

Meter#:

Serial #: 39617

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: TABERNACLE CHURCH

Manufacturer:

WATTS

Site Use: Church

Hazard: CONTAINMENT COMM.LOW

Model:

719QT

Mailing Address

Type:

DC

Size:

0.75

Orientation:

Protection:

UNION TABERNACLE CHURCH
2433 HARTFORD AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

02/12/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5255

Backflow Prevention Assembly Test Report

UNION TABERNACLE CHURCH

Location: LADIES RESTROOM

2433 HARTFORD AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

38787

☐

ZANESVILLE, OH 43701

Account #: TABERNACLE CHURCH

Manufacturer:

WATTS

☐

Site Use: Church

Model:

719QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

0.75

☐UNION TABERNACLE CHURCH
2433 HARTFORD AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

02/12/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 302

Backflow Prevention Assembly Test Report

UNITED CANDLE COMPANY

Location: BOILER FEED.

102 SUNDALE ROAD

Meter#:

Serial #: Check if Correct Corrections

NORWICH, OH 43767

LID/Service:

87299

Account #: UNITED CANDLE CO

Manufacturer:

WATTS

Site Use: Factory

Model:

007

Hazard: ISOLATION MED.

Type:

DCVA

Mailing Address

Size:

0.75

UNITED CANDLE COMPANY

102 SUNDALE ROAD

Orientation:

NORWICH, OH 43767

Protection:

PAST DUE

Test Due No Later than:

08/09/2020

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 303

Backflow Prevention Assembly Test Report

UNITED CANDLE COMPANY

Location: WATER SERVICE CONTAINMENT.

102 SUNDALE ROAD

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

413648

☐

NORWICH, OH 43767

Account #: UNITED CANDLE CO

Manufacturer:

WATTS

☐

Site Use: Factory

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

UNITED CANDLE COMPANY

102 SUNDALE ROAD

Orientation:

☐

NORWICH, OH 43767

Protection:

PAST DUE

☐

Test Due No Later than:

08/09/2020

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 304

Backflow Prevention Assembly Test Report

UNITED CANDLE COMPANY

Location: BOILER.

102 SUNDALE ROAD

Meter#:

Serial #:

Check if Correct

Corrections

92634

☐

NORWICH, OH 43767

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Factory

Model:

007

☐

Hazard: ISOLATION MED.

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

UNITED CANDLE COMPANY

102 SUNDALE ROAD

Orientation:

☐

NORWICH, OH 43767

Protection:

PAST DUE

☐

Test Due No Later than:

08/09/2020

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 305

Backflow Prevention Assembly Test Report

UNITED CANDLE COMPANY

Location: BOILER.

102 SUNDALE ROAD

Meter#:

Serial #:

Check if Correct

Corrections

191491

☐

NORWICH, OH 43767

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Factory

Model:

007

☐

Hazard: ISOLATION MED.

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

UNITED CANDLE COMPANY

102 SUNDALE ROAD

Orientation:

☐

NORWICH, OH 43767

Protection:

PAST DUE

☐

Test Due No Later than:

08/09/2020

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4629

Backflow Prevention Assembly Test Report

UNITED METHODIST CHURCH-MT

Location: BASEMENT.

8185 HOPEWELL NATIONAL RD.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

30698

☐

MT. STERLING, OH 43746

Account #: METHODIST CHURCH

Manufacturer:

WATTS

☐

Site Use: Church

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

C/O JOY MILLER

UNITED METHODIST CHURCH- MT.STERLING

7670 PINECREST DR.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/25/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3565

Backflow Prevention Assembly Test Report

UNITED WAY

526 PUTNAM AVE.

ZANESVILLE, OH 43701

Site Use: Business Office

Hazard: CONTAINMENT COMM.LOW

Mailing Address

UNITED WAY
526 PUTNAM AVE.

ZANESVILLE, OH 43701

Location: BASEMENT.BACK WALL.

Meter#:

LID/Service:

Account #: UNITED WAY

Serial #:

28597

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

04/13/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5120

Backflow Prevention Assembly Test Report

UNITED WAY

526 PUTNAM AVE.

ZANESVILLE, OH 43701

Site Use: Business Office

Hazard: CONTAINMENT COMM.LOW

Mailing Address

UNITED WAY
526 PUTNAM AVE.

ZANESVILLE, OH 43701

Location: boiler room, boiler feed

Meter#:

LID/Service:

Account #: UNITED WAY

Serial #:

82701

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

04/13/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

	Yes	No
Proper Installation	<input type="checkbox"/>	<input type="checkbox"/>
RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>
#2 Shutoff Closed	<input type="checkbox"/>	<input type="checkbox"/>
Service Restored	<input type="checkbox"/>	<input type="checkbox"/>

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4431

Backflow Prevention Assembly Test Report

UP THE CREEK CAMPGROUNDS

Location: IN BOX IN YARD

3765 ROSEVILLE ROAD

Meter#:

Serial #:

Check if Correct

Corrections

15312

☐

ZANESVILLE, OH 43701

LID/Service:

Account #: UPTHECREEK CAMP

Manufacturer:

WATTS

☐

Site Use: CAMPGROUNDS

Model:

919QT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

2.00

☐

WALTER E. TAYLOR

UP THE CREEK CAMPGROUNDS

3765 ROSEVILLE ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

05/25/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3901

Backflow Prevention Assembly Test Report

UPS DELIVERY

1507 AUGUSTA ST.

ZANESVILLE, OH 43701

Site Use: Business Office

Hazard: CONTAINMENT COMM.LOW

Mailing Address

UPS DELIVERY

1507 AUGUSTA ST.

ZANESVILLE, OH 43701

Location: MEN'S REST ROOM.

Meter#:

LID/Service:

Account #: UPS DELIVERY

Serial #:

137850

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

07/26/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3917

Backflow Prevention Assembly Test Report

US AUTO COLOR

1530 W.MAIN ST.

ZANESVILLE, OH 43701

Site Use: Retail

Hazard: CONTAINMENT COMM.LOW

Mailing Address

US AUTO COLOR
1530 W.MAIN ST.

ZANESVILLE, OH 43701

Location: MECH. ROOM

Meter#:

LID/Service:

Account #: US AUTO COLOR

Serial #:

30411

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

01/10/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1513

Backflow Prevention Assembly Test Report

US POSTAL SERVICE ZANESVILL

Location: * BOILER & CHILLER MAKE-UP FEED WATER.

900 McINTIRE AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

W051791

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WILKINS

☐

Site Use: Business Office

Model:

975XL

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

0.75

☐

PHIL DODSON, MTCE. MGR.

USPS ZANESVILLE

900 McINTIRE AVENUE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

06/03/2020

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1514

Backflow Prevention Assembly Test Report

US POSTAL SERVICE ZANESVILL

Location: WATER SERVICE CONTAINMENT.

1035 ZANE STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

514984

☐

ZANESVILLE, OH 43701

Account #: POSTOFFICEZANES-2

Manufacturer:

WILKINS

☐

Site Use: Business Office

Model:

950XL

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

1.50

☐

PHIL DODSON, MTCE. MGR.

USPS ZANESVILLE

900 McINTIRE AVENUE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

06/03/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1515

Backflow Prevention Assembly Test Report

US POSTAL SERVICE ZANESVILL

Location: FIRE LINE.

1035 ZANE STREET

Meter#:

Serial #:

Check if Correct

Corrections

22247

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Business Office

Model:

007

☐

Hazard: FIRE LINE CONNECTION-LOW

Type:

DCVA

☐

Mailing Address

Size:

1.50

☐

PHIL DODSON, MTCE. MGR.

USPS ZANESVILLE

900 McINTIRE AVENUE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

06/03/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4910

Backflow Prevention Assembly Test Report

US POSTAL SERVICE ZANESVILL

900 McINTIRE AVENUE

ZANESVILLE, OH 43701

Site Use: Business Office

Hazard: ISOLATION MED.

Mailing Address

PHIL DODSON, MTCE. MGR.
USPS ZANESVILLE
900 McINTIRE AVENUE

ZANESVILLE, OH 43701

Location: _____

Meter#:

LID/Service:

Account #: POSTOFFICEZANES-1

Serial #:

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

500GV

Type:

1047

Size:

8.00

Orientation:

Protection:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Test Due No Later than:

06/03/2020

 Existing ☐
 New ☐

 Removed ☐
 Replaced ☐

 Commercial ☐
 Industrial ☐

 Residential ☐
 Construction ☐

 Domestic ☐
 Irrigation ☐

 Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

	Yes	No
Proper Installation	<input type="checkbox"/>	<input type="checkbox"/>
RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>
#2 Shutoff Closed	<input type="checkbox"/>	<input type="checkbox"/>
Service Restored	<input type="checkbox"/>	<input type="checkbox"/>

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐
 Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4911

Backflow Prevention Assembly Test Report

US POSTAL SERVICE ZANESVILL

900 McINTIRE AVENUE

ZANESVILLE, OH 43701

Site Use: Business Office

Hazard: ISOLATION MED.

Mailing Address

PHIL DODSON, MTCE. MGR.
USPS ZANESVILLE
900 McINTIRE AVENUE

ZANESVILLE, OH 43701

Location: _____

Meter#:

LID/Service:

Account #: POSTOFFICEZANES-1

Serial #:

Check if Correct

Corrections

Manufacturer:

Model:

Type:

Size:

0.00

Orientation:

Protection:

☐☐☐☐☐☐☐

Test Due No Later than:

06/03/2020

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4912

Backflow Prevention Assembly Test Report

US POSTAL SERVICE ZANESVILL

900 McINTIRE AVENUE

ZANESVILLE, OH 43701

Site Use: Business Office

Hazard: ISOLATION MED.

Mailing Address

PHIL DODSON, MTCE. MGR.
USPS ZANESVILLE
900 McINTIRE AVENUE

ZANESVILLE, OH 43701

Location: _____

Meter#:

LID/Service:

Account #: POSTOFFICEZANES-1

Serial #:

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

500GV

Type:

1047

Size:

8.00

Orientation:

Protection:

☐☐☐☐☐☐☐

Test Due No Later than:

06/03/2020

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4913

Backflow Prevention Assembly Test Report

US POSTAL SERVICE ZANESVILL

Location: MECH. ROOM.

900 McINTIRE AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

08813

☐

ZANESVILLE, OH 43701

Account #: POSTOFFICEZANES-1

Manufacturer:

WATTS

☐

Site Use: Business Office

Model:

719QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

1.50

☐

PHIL DODSON, MTCE. MGR.

USPS ZANESVILLE

900 McINTIRE AVENUE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

06/03/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2012

Backflow Prevention Assembly Test Report

THE HIGHLANDS

229 AMES DRIVE

DRESDEN, OH 43821

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

VACANT

229 AMES DRIVE

DRESDEN, OH 43821

Location: WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: THEHIGHLANDS

Serial #:

447424

Manufacturer:

WATTS

Model:

909

Type:

RPPA

Size:

1.00

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

03/30/2003

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2619

Backflow Prevention Assembly Test Report

VALERO'S GAS STATION-CLOSE

Location: *BACK BY REST RMS.BACK WALL.

716 WEST MAIN STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

43147

☐

ZANESVILLE, OH 43701

Account #: VALERO'S

Manufacturer:

WATTS

☐

Site Use: GAS/CONVENIENCE

Model:

009

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐BRAD ALDERMAN
VALERO'S GAS STATION
716 WEST MAIN STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

04/16/2015

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4914

Backflow Prevention Assembly Test Report

VALLEY VIEW APARTMENTS

3200 JANE CIRCLE

ZANESVILLE, OH 43701

Site Use: Apartments

Hazard: CONTAINMENT COMM.LOW

Mailing Address

VALLEY VIEW APARTMENTS
3200 JANE CIRCLE

ZANESVILLE, OH 43701

Location: GARAGE MECH. ROOM CLOSET APT. #3204.

Meter#:

LID/Service:

Account #: VALLEY VIEW APTS.

Serial #:

16087

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

LF719AQT

Type:

DC

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

12/02/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4915

Backflow Prevention Assembly Test Report

VALLEY VIEW APARTMENTS

Location: GARAGE MECH. ROOM CLOSET APT.#3289.

3200 JANE CIRCLE

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

16219

Account #: VALLEY VIEW APTS.

Manufacturer:

WATTS

Site Use: Apartments

Model:

LF719QT

Hazard: CONTAINMENT COMM.LOW

Type:

DC

Mailing Address

Size:

1.00

Orientation:

Protection:

VALLEY VIEW APARTMENTS
3200 JANE CIRCLE

ZANESVILLE, OH 43701

Test Due No Later than:

12/02/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4916

Backflow Prevention Assembly Test Report

VALLEY VIEW APARTMENTS

Location: GARAGE MECH. ROOM CLOSET APT.#3269.

3200 JANE CIRCLE

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

16199

☐

Account #: VALLEY VIEW APTS.

Manufacturer:

WATTS

☐

Site Use: Apartments

Model:

LF719QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

1.00

☐

Orientation:

☐

Protection:

☐VALLEY VIEW APARTMENTS
3200 JANE CIRCLE

ZANESVILLE, OH 43701

Test Due No Later than:

12/02/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4917

Backflow Prevention Assembly Test Report

VALLEY VIEW APARTMENTS

Location: GARAGE MECH. ROOM APT.#3261.

3200 JANE CIRCLE

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

16220

Account #: VALLEY VIEW APTS.

Manufacturer:

WATTS

Site Use: Apartments

Model:

LF719QT

Hazard: CONTAINMENT COMM.LOW

Type:

DC

Mailing Address

Size:

1.00

Orientation:

Protection:

VALLEY VIEW APARTMENTS
3200 JANE CIRCLE

ZANESVILLE, OH 43701

Test Due No Later than:

12/02/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4918

Backflow Prevention Assembly Test Report

VALLEY VIEW APARTMENTS

Location: GARAGE MECH. ROOM APT.#3242.

3200 JANE CIRCLE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

16600

☐

ZANESVILLE, OH 43701

Account #: VALLEY VIEW APTS.

Manufacturer:

WATTS

☐

Site Use: Apartments

Model:

LF719QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

1.00

☐

VALLEY VIEW APARTMENTS

3200 JANE CIRCLE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

12/02/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4919

Backflow Prevention Assembly Test Report

VALLEY VIEW APARTMENTS

Location: GARAGE MECH. ROOM APT.#3224.

3200 JANE CIRCLE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

16124

☐

ZANESVILLE, OH 43701

Account #: VALLEY VIEW APTS.

Manufacturer:

WATTS

☐

Site Use: Apartments

Model:

LF719QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

1.00

☐

VALLEY VIEW APARTMENTS

3200 JANE CIRCLE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

12/02/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4920

Backflow Prevention Assembly Test Report

VALLEY VIEW APARTMENTS

Location: GARAGE MECH. ROOM APT.#3231.

3200 JANE CIRCLE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

16608

☐

ZANESVILLE, OH 43701

Account #: VALLEY VIEW APTS.

Manufacturer:

WATTS

☐

Site Use: Apartments

Model:

LF719QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

1.00

☐

VALLEY VIEW APARTMENTS

3200 JANE CIRCLE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

12/02/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Date _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Time _____

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4921

Backflow Prevention Assembly Test Report

VALLEY VIEW APARTMENTS

Location: GARAGE MECH. ROOM APT.#3211.

3200 JANE CIRCLE

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

16046

☐

Account #: VALLEY VIEW APTS.

Manufacturer:

WATTS

☐

Site Use: Apartments

Model:

LF719QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

1.00

☐

Orientation:

☐

Protection:

☐VALLEY VIEW APARTMENTS
3200 JANE CIRCLE

ZANESVILLE, OH 43701

Test Due No Later than:

12/02/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4922

Backflow Prevention Assembly Test Report

VALLEY VIEW APARTMENTS

Location: MECH. ROOM OFFICE.

3200 JANE CIRCLE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

16462

☐

ZANESVILLE, OH 43701

Account #: VALLEY VIEW APTS.

Manufacturer:

WATTS

☐

Site Use: Apartments

Model:

LF719QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

1.00

☐

VALLEY VIEW APARTMENTS

3200 JANE CIRCLE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

12/02/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5452

Backflow Prevention Assembly Test Report

VALVOLINE

3587 MAPLE AVE.

ZANESVILLE, OH. 43701

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

VALVOLINE
3587 MAPLE AVE.

ZANESVILLE, OH. 43701

Location: IN GARAGE.

Meter#:

LID/Service:

Account #: VALVOLINE

Serial #:

13051

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

919QT

Type:

RP

Size:

1.25

Orientation:

Protection:

Test Due No Later than:

05/09/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5457

Backflow Prevention Assembly Test Report

VALVOLINE

3587 MAPLE AVE.

ZANESVILLE, OH. 43701

Site Use:

Hazard: IRRIGATION MED-ISOLATION

Mailing Address

VALVOLINE
3587 MAPLE AVE.

ZANESVILLE, OH. 43701

Location: In back by drive.

Meter#:

LID/Service:

Account #: VALVOLINE

Serial #:

T590805

Check if Correct

Corrections

Manufacturer:

WILKINS

Model:

720A

Type:

PVB

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

05/09/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3843

Backflow Prevention Assembly Test Report

VANWYE MOTOR SALES

Location: MECH. ROOM.

414 PUTNAM AVE.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

32998

Account #: VANWYE AUTO

Manufacturer:

WATTS

Site Use: AUTO SALES/RENTALS

Model:

LF719QT

Hazard: CONTAINMENT COMM.LOW

Mailing Address

Type:

DC

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

09/22/2015

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3650

Backflow Prevention Assembly Test Report

VARSITY TITLE

Location: MECH.ROOM

1901 DRESDEN RD.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

28461

Account #: VARSITY TITLE

Manufacturer:

WATTS

Site Use: Offices

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

VARSITY TITLE

1901 DRESDEN RD.

ZANESVILLE, OH 43701

Test Due No Later than:

03/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4469

Backflow Prevention Assembly Test Report

JOE BAKER REAL ESTATE

Location: BASEMENT.

1906 MAPLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

31169

☐

ZANESVILLE, OH 43701

Account #: JOE BAKER REALITY

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

VARSITY TITLE

Orientation:

1901 DRESDEN RD.

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

02/25/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3714

Backflow Prevention Assembly Test Report

VASCURA CHIROPRACTIC & REH

Location: BASEMENT.

2110 MAPLE AVE.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

282508

Account #: DAVID J.VASCURA

Manufacturer:

WATTS

Site Use: Chiropractic

Model:

007M3QT

Hazard: CONTAINMENT COMM.LOW

Mailing Address

Type:

DC

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

04/16/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 321

Backflow Prevention Assembly Test Report

VFW POST #1058

Location: WATER SERVICE CONTAINMENT. *INSIDE BACK DOOR.

1318 PUTNAM AVENUE

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

09210

☐

ZANESVILLE, OH 43701

Account #: VFWPOST1058

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

DEBBIE ARNTSON

VFW POST #1058

1318 PUTNAM AVENUE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

05/31/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 322

Backflow Prevention Assembly Test Report

VFW POST #1058

Location: FIRE LINE.* INSIDE BACK DOOR.

1318 PUTNAM AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

4DJ0964

☐

ZANESVILLE, OH 43701

Account #: VFTPOST1058

Manufacturer:

AMES

☐

Site Use:

Model:

4000 SILVER

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPPA

☐

Mailing Address

Size:

4.00

☐

DEBBIE ARNTSON

VFW POST #1058

1318 PUTNAM AVENUE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

05/31/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1908

Backflow Prevention Assembly Test Report

VACANT**614 WALNUT STREET**

COSHOCTON, OH 43812

Site Use: **Lodge**Hazard: **CONTAINMENT COMM.LOW**

Mailing Address

FRED W. HOSFELT, COMMANDER
VFW POST #1330
614 WALNUT STREET

COSHOCTON, OH 43812

Location: **WATER SERVICE CONTAINMENT. * BASEMENT. OLD VFW #1330**

Meter#:

LID/Service:

Account #: **VACNT**

Serial #: Check if Correct Corrections

01207

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

01/17/2009Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3677

Backflow Prevention Assembly Test Report

VH ROUSH, DIV. OF AFFORDABLE

Location: IN EMPLOYEE'S REST ROOM V.H. ROUSH.

1502 AUGUSTA ST.

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

26826

☐

Account #: VH ROUSH

Manufacturer:

WATTS

☐

Site Use: Business Office

Model:

719

☐

Hazard: CONTAINMENT COMM. LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

SHAWN GLAUB

VH ROUSH, DIV. OF AFFORDABLE DOORS LTD

1502 AUGUSTA ST.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

09/16/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2409

Backflow Prevention Assembly Test Report

VICKI MOORE, RESIDENCE

Location: LAWN SPRINKLER, BASEMENT

1288 EAST DRIVE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

227857

Account #: VICKI MOORE, RES.

Manufacturer:

WATTS

Site Use:

Model:

009

Hazard: IRRIGATION MED-ISOLATION

Type:

RPPA

Mailing Address

Size:

0.75

Orientation:

Protection:

VICKI MOORE, RESIDENCE

1288 EAST DRIVE

ZANESVILLE, OH 43701

Test Due No Later than:

06/08/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2839

Backflow Prevention Assembly Test Report

VILLAGE MARATHON

390 S. WHITEWOMAN ST.

COSHOCTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

MANAGER
VILLAGE MARATHON
390 S. WHITEWOMAN ST.

COSHOCTON, OH 43812

Location: *EQUIPMENT RM. *WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: VILLAGEMARATHON

Serial #:

09548

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

919

Type:

RPPA

Size:

1.50

Orientation:

Protection:

Test Due No Later than:

01/10/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1872

Backflow Prevention Assembly Test Report

DRESDEN VILLAGE - SWIM CENTLocation: WATER SERVICE CONTAINMENT.**1330 MAIN STREET**

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

169075☐

DRESDEN, OH 43821

Account #: **DRESDENVILLAGEPOOL**

Manufacturer:

WATTS☐

Site Use:

Model:

909☐Hazard: **CONTAINMENT COMM. MED.**

Type:

RP☐

Mailing Address

Size:

3.00☐

SCOTT LISTON
VILLAGE OF DRESDEN
1348 MAIN STREET

Orientation:

☐

DRESDEN, OH 43821

Protection:

☐

Test Due No Later than:

04/16/2023Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3228

Backflow Prevention Assembly Test Report

DRESDEN VILLAGE - SWIM CENT

Location: MECH. RM. *FIRE LINE SPRINKLER HEADS.

1330 MAIN STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

06082

☐

DRESDEN, OH 43821

Account #: DRESDENVILLAGEPOOL

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: FIRE LINE CONNECTION-LOW

Type:

DCVA

☐

Mailing Address

Size:

2.00

☐

SCOTT LISTON

VILLAGE OF DRESDEN

1348 MAIN STREET

Orientation:

☐

DRESDEN, OH 43821

Protection:

☐

Test Due No Later than:

04/16/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5494

Backflow Prevention Assembly Test Report

DRESDEN WASTE WATER TREAT

Location: SCREEN / PRESS BUILDING NON- POTABLE WATER.

30 LOCK ST.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

165414

☐

DRESDEN, OH 43821

Account #: WWTP-DRESDEN

Manufacturer:

WATTS

☐

Site Use:

Model:

LF009M2QT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

2.00

☐

VILLAGE OF DRESDEN

904 CHESTNUT ST.

Orientation:

☐

DRESDEN, OH 43821

Protection:

☐

Test Due No Later than:

01/03/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5495

Backflow Prevention Assembly Test Report

WASTE WATER TREATMENT PLANT

Location: PUMP BUILDING- MECH. ROOM

30 LOCK ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

B361676

☐

DRESDEN, OH 43821

Account #: WWTP-DRESDEN

Manufacturer:

WILKINS

☐

Site Use:

Model:

375XL

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

0.75

☐

VILLAGE OF DRESDEN

904 CHESTNUT ST.

Orientation:

☐

DRESDEN, OH 43821

Protection:

☐

Test Due No Later than:

01/03/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1000

Backflow Prevention Assembly Test Report

FRAZEYSBURG POOL

10 5TH STREET

FRAZEYSBURG, OH 43822

Site Use: Recreation Center\Club Ho

Hazard: CONTAINMENT COMM.LOW

Mailing Address

CHAD POWELL
VILLAGE OF FRAZEYSBURG
P.O. BOX 160

FRAZEYSBURG, OH 43822

Location: * MAIN LINE THRU GARAGE DOOR, FILTER RM.

Meter#:

LID/Service:

Account #: FRAZEYSBURGPOOL

Serial #:

222880

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

2.00

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

05/16/2021

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4443

Backflow Prevention Assembly Test Report

VILLAGE OF FRAZEYSBURG

Location: INSIDE BUILDING.WATER BULK FILL STATION.

3RD ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

23230

☐

FRAZEYSBURG, OH 43822

Account #: FRAZEYSBURG WATER

Manufacturer:

WATTS

☐

Site Use: BULK WATER FILL STATION

Model:

009

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

CHAD POWELL

VILLAGE OF FRAZEYSBURG

P.O. BOX 160

Orientation:

☐

FRAZEYSBURG, OH 43822

Protection:

PAST DUE

☐

Test Due No Later than:

05/14/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1313

Backflow Prevention Assembly Test Report

VILLAGE OF NEW CONCORD

Location: WATER SERVICE CONTAINMENT. - WATER SUPPLY OUTLET.

220 R West Main Street

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

177060

☐

NEW CONCORD, OH 43762

Account #: VILLAGENEWCONCORD

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

CHARLOTTE COLLEY

VILLAGE OF NEW CONCORD

P.O. BOX 10

Orientation:

☐

NEW CONCORD, OH 43762

Protection:

☐

Test Due No Later than:

12/10/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1371

Backflow Prevention Assembly Test Report

VILLAGE OF NEW CONCORD

Location: *MTCE. BLDG. WATER SERVICE CONTAINMENT.*MECH ROOM.

220 R West Main Street

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

01849

☐

NEW CONCORD, OH 43762

Account #: VILLAGENEWCONCORD

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

CHARLOTTE COLLEY

VILLAGE OF NEW CONCORD

P.O. BOX 10

Orientation:

☐

NEW CONCORD, OH 43762

Protection:

☐

Test Due No Later than:

12/10/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3039

Backflow Prevention Assembly Test Report

VILLAGE OF NEW CONCORD

Location: WATER SERVICE CONTAINMENT. *SLUDGE PRESS BUILDING.

220 R West Main Street

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

72422

☐

NEW CONCORD, OH 43762

Account #: VILLAGENEWCONCORD

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: CONT.COMM.HIGH HEALTH HAZARD

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

CHARLOTTE COLLEY

VILLAGE OF NEW CONCORD

P.O. BOX 10

Orientation:

☐

NEW CONCORD, OH 43762

Protection:

☐

Test Due No Later than:

12/10/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3125

Backflow Prevention Assembly Test Report

VILLAGE OF NEW CONCORD

Location: REPLACED RP# 103103/ BASEMENT.

220 R West Main Street

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

HO810061139

☐

NEW CONCORD, OH 43762

Account #: VILLAGENEWCONCORD

Manufacturer:

FEBCO

☐

Site Use:

Model:

860

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

4.00

☐

CHARLOTTE COLLEY

VILLAGE OF NEW CONCORD

P.O. BOX 10

Orientation:

☐

NEW CONCORD, OH 43762

Protection:

☐

Test Due No Later than:

12/10/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3443

Backflow Prevention Assembly Test Report

VILLAGE OF NEW CONCORD

Location: SWIMMING POOL

220 R West Main Street

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

3289484

☐

NEW CONCORD, OH 43762

Account #: VILLAGENEWCONCORD

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

CHARLOTTE COLLEY

VILLAGE OF NEW CONCORD

P.O. BOX 10

Orientation:

☐

NEW CONCORD, OH 43762

Protection:

☐

Test Due No Later than:

06/09/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5164

Backflow Prevention Assembly Test Report

VILLAGE OF NEW CONCORD

Location: GARAGE HOSE BIBBS. MAINTENANCE BLDG.

220 R West Main Street

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

026167

☐

NEW CONCORD, OH 43762

Account #: VILLAGENEWCONCORD

Manufacturer:

WATTS

☐

Site Use:

Hazard: ISOLATION MED.

Model:

LF009M2QT

☐

Mailing Address

Type:

RP

☐

Size:

1.00

☐

Orientation:

☐

Protection:

☐

CHARLOTTE COLLEY

VILLAGE OF NEW CONCORD

P.O. BOX 10

NEW CONCORD, OH 43762

Test Due No Later than:

12/10/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5300

Backflow Prevention Assembly Test Report

VILLAGE OF WEST LAFAYETTE

Location: MECH. ROOM.

546 WATER ST.

Meter#:

Serial #: Check if Correct Corrections

WEST LAFAYETTE, OH 43845

LID/Service:

85100

☐

Account #: VILLAGE OF WEST LA

Manufacturer:

WATTS

☐

Site Use:

Model:

Hazard: CONTAINMENT COMM. MED.

919QT

☐

Mailing Address

Type:

RP

☐

Size:

0.75

☐

Orientation:

☐

Protection:

☐VILLAGE OF WEST LAFAYETTE
P.O. BOX 175

WEST LAFAYETTE, OH 43845

Test Due No Later than:

06/28/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4101

Backflow Prevention Assembly Test Report

VISION SOURCE

1180 MILITARY RD.

ZANESVILLE, OH 43701

Site Use: OPTOMETRY

Hazard: CONTAINMENT COMM.LOW

Mailing Address

DR.RICE & DR.GALLOWAY
VISION SOURCE
1180 MILITARY RD.

ZANESVILLE, OH 43701

Location: MECH.ROOM.

Meter#:

LID/Service:

Account #: SLADE GALLOWAY OD

Serial #:

29779

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

04/19/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3298

Backflow Prevention Assembly Test Report

VISTA VIEW GOLF COURSE

Location: CLOSET BY BACK DOOR.UNDER SHELF.

2600 HENNESSEY DR.

Meter#:

Serial #: 24771

Check if Correct

Corrections

NASHPORT, OH 43830

LID/Service:

Account #: VISTA GOLF LLC

Manufacturer:

WATTS

Site Use:

Hazard: CONTAINMENT COMM.LOW

Model:

719

Mailing Address

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

09/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5449

Backflow Prevention Assembly Test Report

W F TOWERS

95 SOUTH MORRIS ST.

COSHOCTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

W F TOWERS

95 SOUTH MORRIS ST.

COSHOCTON, OH 43812

Location: METER PIT BY FRONT GATE.

Meter#:

LID/Service:

Account #: W F TOWER

Serial #:

065948

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

LF007M1QT

Type:

DC

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

10/01/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1784

Backflow Prevention Assembly Test Report

SUNRISE RENT-A-CENTER

166 SUNRISE CENTER RD.

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

WALTER PATRICK, MANAGING PARTNER
WAHOO LAND HOLDINGS,LLC
22418 COX ROAD

PETERSBURG, VA 23803

Location: WATER SERVICE CONTAINMENT. * MECH ROOM.

Meter#:

LID/Service:

Account #: SUNRISERENTACENTER

Serial #:

191522

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

09/23/2020

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2021

Backflow Prevention Assembly Test Report

FIELD HOUSE

Location: WATER SERVICE CONTAINMENT.

220 SUNRISE CENTER RD.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

102036

☐

ZANESVILLE, OH 43701

Account #: FIELD HOUSE

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

WALTER PATRICK,MANAGING PARTNER
WAHOO LAND HOLDINGS,LLC
22418 COX ROAD

Orientation:

☐

PETERSBURG, VA 23803

Protection:

PAST DUE

☐

Test Due No Later than:

12/05/2002

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2022

Backflow Prevention Assembly Test Report

FIELD HOUSE

Location: WATER SERVICE CONTAINMENT.

220 SUNRISE CENTER RD.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

173426

Account #: FIELD HOUSE

Manufacturer:

WATTS

Site Use:

Model:

007

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

PAST DUE

WALTER PATRICK,MANAGING PARTNER
WAHOO LAND HOLDINGS,LLC
22418 COX ROAD

PETERSBURG, VA 23803

Test Due No Later than:

12/05/2002

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1161

Backflow Prevention Assembly Test Report

WAHOO LAND HOLDINGS-CLOSE

Location: FIRE LINE. - MECH ROOM.

200 SUNRISE CENTER RD.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

2HW1231

Account #: WAHOO LAND HOLDING

Manufacturer:

AMES

Site Use:

Model:

2000 SILVER

Hazard: FIRE LINE CONNECTION-LOW

Type:

DCVA

Mailing Address

Size:

4.00

Orientation:

Protection:

PAST DUE

WALTER PATRICK,MANAGING PARTNER
WAHOO LAND HOLDINGS,LLC
P.O.BOX 949

PETERSBURG, VA 23804

Test Due No Later than:

11/03/2016

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1162

Backflow Prevention Assembly Test Report

WAHOO LAND HOLDINGS-CLOSE

Location: WATER SERVICE CONTAINMENT. *MECH ROOM

200 SUNRISE CENTER RD.

Meter#:

Serial #:

Check if Correct

Corrections

268457

☐

LID/Service:

Manufacturer:

WATTS

☐

ZANESVILLE, OH 43701

Account #: WAHOO LAND HOLDING

Model:

909

☐

Site Use:

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

☐

Mailing Address

Size:

1.25

☐

Orientation:

☐

WALTER PATRICK,MANAGING PARTNER

WAHOO LAND HOLDINGS,LLC

P.O.BOX 949

PETERSBURG, VA 23804

Protection:

PAST DUE

☐

Test Due No Later than:

03/13/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1519

Backflow Prevention Assembly Test Report

WALGREENS #7392

1033 MILITARY ROAD

ZANESVILLE, OH 43701

Site Use: Retail

Hazard: FIRE LINE CONNECTION-MEDIUM

Mailing Address

WALGREENS #7392
1033 MILITARY ROAD

ZANESVILLE, OH 43701

Location: FIRE LINE ,*BACK ROOM NEAR BATHROOMS.

Meter#:

LID/Service:

Account #: WALGREENSMILITARY

Serial #:

101758 1002

Check if Correct

☐

Corrections

Manufacturer:

AMES

☐

Model:

5000

☐

Type:

RPDA

☐

Size:

4.00

☐

Orientation:

☐

Protection:

☐

Test Due No Later than:

05/25/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐

Leaked

☐

Closed Tight

☐

Held at _____ PSID

Leaked

☐

Closed Tight

☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open

☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked

☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned

☐

Rubber Kit

☐

Rebuild

☐

Replaced

☐

Other

☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐

Closed Tight

☐

Held at _____ PSID

Closed Tight

☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully

☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1520

Backflow Prevention Assembly Test Report

WALGREENS #7392

1033 MILITARY ROAD

ZANESVILLE, OH 43701

Site Use: Retail

Hazard: CONTAINMENT COMM.LOW

Mailing Address

WALGREENS #7392
1033 MILITARY ROAD

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT.*MECH.ROOM.

Meter#:

LID/Service:

Account #: WALGREENSMILITARY

Serial #:

W059687

Manufacturer:

WILKINS

Model:

975XL

Type:

RP

Size:

1.50

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

05/25/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1521

Backflow Prevention Assembly Test Report

WALGREENS #7392

1033 MILITARY ROAD

ZANESVILLE, OH 43701

Site Use: Retail

Hazard: IRRIGATION MED-ISOLATION

Mailing Address

WALGREENS #7392
1033 MILITARY ROAD

ZANESVILLE, OH 43701

Location: LAWN SPRINKLER.

Meter#:

LID/Service:

Account #: WALGREENSMILITARY

Serial #:

176754

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

05/25/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

	Yes	No
Proper Installation	<input type="checkbox"/>	<input type="checkbox"/>
RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>
#2 Shutoff Closed	<input type="checkbox"/>	<input type="checkbox"/>
Service Restored	<input type="checkbox"/>	<input type="checkbox"/>

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1522

Backflow Prevention Assembly Test Report

WALGREENS #7392

1033 MILITARY ROAD

ZANESVILLE, OH 43701

Site Use: Retail

Hazard: FIRE LINE BYPASS-MEDIUM

Mailing Address

WALGREENS #7392
1033 MILITARY ROAD

ZANESVILLE, OH 43701

Location: FIRE LINE - CHEATER LINE.

Meter#:

LID/Service:

Account #: WALGREENSMILITARY

Serial #:

04741

Check if Correct

Corrections

Manufacturer:

AMES

Model:

4000B

Type:

RP

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

05/25/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2863

Backflow Prevention Assembly Test Report

WALGREENS #11694

190 CHESTNUT STREET

COSHOCTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

MANAGER
WALGREENS
190 CHESTNUT ST.

COSHOCTON, OH 43812

Location: STOCK ROOM.(WATER SERVICE CONTAINMENT.)

Meter#:

LID/Service:

Account #: WALGREENS

Serial #:

F9366

Check if Correct

Corrections

Manufacturer:

FLOMATIC

Model:

RPZ

Type:

RP

Size:

1.50

Orientation:

Protection:

Test Due No Later than:

02/19/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Submit completed
Test Report:

Fax:



Service Address

Hazard/CCID: 2865

Backflow Prevention Assembly Test Report

WALGREENS #11694

190 CHESTNUT STREET

COSHOCOTON, OH 43812

Site Use:

Hazard: IRRIGATION MED-ISOLATION

Mailing Address

MANAGER
WALGREENS
190 CHESTNUT ST.

COSHOCOTON, OH 43812

Location: STOCK ROOM,*LAWN SPRINKLER.

Meter#:

LID/Service:

Account #: WALGREENS

Serial #:

F3800

Check if Correct

Corrections

Manufacturer:

FLOMATIC

Model:

RPZ

Type:

RP

Size:

1.50

Orientation:

Protection:

Test Due No Later than:

04/05/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2867

Backflow Prevention Assembly Test Report

WALGREENS #11694

Location: *MECH.ROOM, *FIRE LINE.

190 CHESTNUT STREET

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

104141007

☐

COSHOCOTON, OH 43812

Account #: WALGREENS

Manufacturer:

AMES

☐

Site Use:

Model:

5000

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

4.00

☐

MANAGER

WALGREENS

190 CHESTNUT ST.

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

02/19/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2868

Backflow Prevention Assembly Test Report

WALGREENS #11694

190 CHESTNUT STREET

COSHOCOTON, OH 43812

Site Use:

Hazard: FIRE LINE BYPASS-MEDIUM

Mailing Address

MANAGER
WALGREENS
190 CHESTNUT ST.

COSHOCOTON, OH 43812

Location: MECH. ROOM.*FIRE LINE READER.

Meter#:

LID/Service:

Account #: WALGREENS

Serial #:

09533

Check if Correct

Corrections

Manufacturer:

AMES

Model:

4000B

Type:

RP

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

02/19/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2294

Backflow Prevention Assembly Test Report

WALLY'S PIZZA

Location: WALLY'S PIZZA

15 WEST MAIN STREET

Meter#:

Serial #: Check if Correct Corrections

NEW CONCORD, OH 43762

LID/Service:

06752

Account #: WALLY'S PIZZA

Manufacturer:

WATTS

Site Use:

Model:

Hazard: CONTAINMENT COMM.LOW

719

Mailing Address

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

02/11/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1663

Backflow Prevention Assembly Test Report

WAL-MART - MAPLE

Location: FIRE LINE. BY PASS. *MECH.RM.

2850 MAPLE AVENUE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

07047

Account #: WALMARTMAPLE 01

Manufacturer:

AMES

Site Use: Retail

Model:

4000B

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

Mailing Address

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

05/09/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1664

Backflow Prevention Assembly Test Report

WAL-MART - MAPLE

2850 MAPLE AVENUE

ZANESVILLE, OH 43701

Site Use: Retail

Hazard: CONTAINMENT COMM. MED.

Mailing Address

WALMART STORES INC
P.O. BOX 8050

BENTONVILLE, AR 72712

Location: WATER SERVICE CONTAINMENT. *MECH.RM.

Meter#:

LID/Service:

Account #: WALMARTMAPLE 01

Serial #:

185120

Manufacturer:

WILKINS

Model:

975XL

Type:

RP

Size:

2.00

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

05/09/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2251

Backflow Prevention Assembly Test Report

WAL-MART - MAPLE

2850 MAPLE AVENUE

ZANESVILLE, OH 43701

Site Use: Retail

Hazard: ISOLATION LOW

Mailing Address

WALMART STORES INC
P.O. BOX 8050

BENTONVILLE, AR 72712

Location: *IN BAKERY, HOSE BIBB.

Meter#:

LID/Service:

Account #: WALMARTMAPLE 01

Serial #:

07937

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

008

Type:

SRVB

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

05/09/2021

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2252

Backflow Prevention Assembly Test Report

WAL-MART - MAPLE

2850 MAPLE AVENUE

ZANESVILLE, OH 43701

Site Use: Retail

Hazard: ISOLATION LOW

Mailing Address

WALMART STORES INC
P.O. BOX 8050

BENTONVILLE, AR 72712

Location: *IN DELI.

Meter#:

LID/Service:

Account #: WALMARTMAPLE 01

Serial #:

07891

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

008

Type:

SRVB

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

05/09/2021

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

	Yes	No
Proper Installation	<input type="checkbox"/>	<input type="checkbox"/>
RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>
#2 Shutoff Closed	<input type="checkbox"/>	<input type="checkbox"/>
Service Restored	<input type="checkbox"/>	<input type="checkbox"/>

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2253

Backflow Prevention Assembly Test Report

WAL-MART - MAPLE

2850 MAPLE AVENUE

ZANESVILLE, OH 43701

Site Use: Retail

Hazard: ISOLATION LOW

Mailing Address

WALMART STORES INC
P.O. BOX 8050

BENTONVILLE, AR 72712

Location: *IN PRODUCE.

Meter#:

LID/Service:

Account #: WALMARTMAPLE 01

Serial #:

07746

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

008

Type:

SRVB

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

05/09/2021

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2561

Backflow Prevention Assembly Test Report

WAL-MART - MAPLE

2850 MAPLE AVENUE

ZANESVILLE, OH 43701

Site Use: Retail

Hazard: ISOLATION LOW

Mailing Address

WALMART STORES INC
P.O. BOX 8050

BENTONVILLE, AR 72712

Location: *SEAFOOD DEPT. ON SOAP DISPENSER HOSE BIBB.

Meter#:

LID/Service:

Account #: WALMARTMAPLE 01

Serial #:

07722

Manufacturer:

WATTS

Model:

008

Type:

SRVB

Size:

0.75

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

05/09/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3765

Backflow Prevention Assembly Test Report

WAL-MART - MAPLE

Location: GARDEN COURT

2850 MAPLE AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

448476

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WILKINS

☐

Site Use: Retail

Model:

720A

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.75

☐WALMART STORES INC
P.O. BOX 8050

Orientation:

☐

BENTONVILLE, AR 72712

Protection:

☐

Test Due No Later than:

05/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4379

Backflow Prevention Assembly Test Report

WAL-MART - MAPLE

Location: GARDEN COURT

2850 MAPLE AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

354597

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Retail

Model:

800

☐

Hazard: ISOLATION MED.

Type:

PVB

☐

Mailing Address

Size:

0.75

☐

WALMART STORES INC

P.O. BOX 8050

Orientation:

☐

BENTONVILLE, AR 72712

Protection:

☐

Test Due No Later than:

05/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5412

Backflow Prevention Assembly Test Report

WAL-MART - MAPLE

Location: MECH ROOM. BACK OF STORE.

2850 MAPLE AVENUE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

100880621

Account #: WALMARTMAPLE 01

Manufacturer:

AMES

Site Use: Retail

Model:

3000SS

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

DCDA

Mailing Address

Size:

6.00

Orientation:

Protection:

Test Due No Later than:

08/05/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5478

Backflow Prevention Assembly Test Report

WAL-MART - MAPLE

Location: MECH. ROOM. GARDEN CENTER

2850 MAPLE AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

13240

Account #: WALMARTMAPLE 01

Manufacturer:

WATTS

Site Use: Retail

Model:

LF009M2QT

Hazard: IRRIGATION MED-ISOLATION

Type:

RP

Mailing Address

Size:

1.25

Orientation:

Protection:

WALMART STORES INC
P.O. BOX 8050

BENTONVILLE, AR 72712

Test Due No Later than:

05/19/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5479

Backflow Prevention Assembly Test Report

WAL-MART - MAPLE

Location: GARDEN CENTER. HOSE BIB.

2850 MAPLE AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

029861

☐

Account #: WALMARTMAPLE 01

Manufacturer:

WATTS

☐

Site Use: Retail

Model:

LF800M4QT

☐

Hazard: ISOLATION LOW

Type:

PVB

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

Protection:

☐WALMART STORES INC
P.O. BOX 8050

BENTONVILLE, AR 72712

Test Due No Later than:

05/19/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5480

Backflow Prevention Assembly Test Report

WAL-MART - MAPLE

Location: MECH. ROOM. GARDEN CENTER. MAIN TO HOSE BIB.

2850 MAPLE AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

1352

☐

LID/Service:

Manufacturer:

WATTS

☐

ZANESVILLE, OH 43701

Account #: WALMARTMAPLE 01

Model:

LF009M2QT

☐

Site Use: Retail

Hazard: ISOLATION LOW

Type:

RP

☐

Mailing Address

Size:

1.00

☐

Orientation:

☐

Protection:

☐WALMART STORES INC
P.O. BOX 8050

BENTONVILLE, AR 72712

Test Due No Later than:

05/19/2021

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5481

Backflow Prevention Assembly Test Report

WAL-MART - MAPLE

Location: PUMP ROOM, MECH. ROOM. MAIN FIRE

2850 MAPLE AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

102929

☐

ZANESVILLE, OH 43701

Account #: WALMARTMAPLE 01

Manufacturer:

AMES

☐

Site Use: Retail

Model:

5000

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

6.00

☐

WALMART STORES INC

P.O. BOX 8050

Orientation:

☐

BENTONVILLE, AR 72712

Protection:

☐

Test Due No Later than:

05/19/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5482

Backflow Prevention Assembly Test Report

WAL-MART - MAPLE

Location: MECH. ROOM.GARDEN CENTER. HOSE BIB.

2850 MAPLE AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

H879784

☐

ZANESVILLE, OH 43701

Account #: WALMARTMAPLE 01

Manufacturer:

FEBCO

☐

Site Use: Retail

Model:

765

☐

Hazard: ISOLATION LOW

Type:

PVB

☐

Mailing Address

Size:

0.75

☐

WALMART STORES INC

P.O. BOX 8050

Orientation:

☐

BENTONVILLE, AR 72712

Protection:

☐

Test Due No Later than:

05/19/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1553

Backflow Prevention Assembly Test Report

WAREHOUSE RESTAURANT

Location: WOMAN'S REST ROOM.

18 EAST 9TH. ST.

Meter#:

Serial #: Check if Correct Corrections

DRESDEN, OH 43821

LID/Service:

117814

Account #: JOHN LARSON

Manufacturer:

WATTS

Site Use:

Model:

Hazard: CONTAINMENT COMM.LOW

007

Mailing Address

Type:

DCVA

JOHN LARSON OWNER
WAREHOUSE RESTAURANT
18 EAST 9TH. ST.

Size:

0.75

Orientation:

DRESDEN, OH 43821

Protection:

Test Due No Later than:

03/28/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1554

Backflow Prevention Assembly Test Report

WAREHOUSE RESTAURANT

Location: UNDER 3 BAY SINK.

18 EAST 9TH. ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

10943

☐

DRESDEN, OH 43821

Account #: JOHN LARSON

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

JOHN LARSON OWNER

WAREHOUSE RESTAURANT

18 EAST 9TH. ST.

Orientation:

☐

DRESDEN, OH 43821

Protection:

☐

Test Due No Later than:

03/28/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 899

Backflow Prevention Assembly Test Report

WAREHOUSE STEAK & STEIN
400 N. WHITEWOMAN STREET

COSHOCOTON, OH 43812

Site Use: Restaurant

Hazard: CONTAINMENT COMM.LOW

Mailing Address

JOHN LARSON
WAREHOUSE RESTAURANT
400 WHITEWOMAN STREET

COSHOCOTON, OH 43812

Location: WATER SERVICE CONTAINMENT.* BASEMENT/LIQUOR RM.

Meter#:

LID/Service:

Account #: WAREHOUSERESTAURAN

Serial #:

01116

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

2.00

Orientation:

Protection:

Test Due No Later than:

06/04/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 250

Backflow Prevention Assembly Test Report

WASH & SHOP TAN 22 LLC

Location: *MECH ROOM - DOMESTIC WATER SERVICE CONTAINMENT.

3515 MAYSVILLE PIKE

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

271815

☐

ZANESVILLE, OH 43701

Account #: WASH&SHOP

Manufacturer:

WATTS

☐

Site Use:

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

MICHAEL LAXTON

WASH & SHOP TAN 22 LLC

3515 MAYSVILLE PIKE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

06/30/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 251

Backflow Prevention Assembly Test Report

WASH & SHOP TAN 22 LLC

Location: *MECH ROOM - FIRE LINE.

3515 MAYSVILLE PIKE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

166188

☐

ZANESVILLE, OH 43701

Account #: WASH&SHOP

Manufacturer:

WILKINS

☐

Site Use:

Model:

950

☐

Hazard: LIMITED AREA SPRINKLER

Type:

DC

☐

Mailing Address

Size:

1.00

☐

Orientation:

☐

Protection:

☐

MICHAEL LAXTON

WASH & SHOP TAN 22 LLC

3515 MAYSVILLE PIKE

ZANESVILLE, OH 43701

Test Due No Later than:

06/30/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4927

Backflow Prevention Assembly Test Report

WASHINGTON TWP. BAPTIST CH

Location: MECH. ROOM.

5500 Church Hill Rd.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: WASH. TWP. BAPTIST

Manufacturer:

Site Use: Church

Hazard: CONTAINMENT COMM.LOW

Mailing Address

Model:

Type:

Size:

0.00

Orientation:

Protection:

Test Due No Later than:

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 511

Backflow Prevention Assembly Test Report

WASHINGTON TWP. FIRE DEPT.

Location: WATER SERVICE CONTAINMENT.

2310 OLD ADAMSVILLE ROAD

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

80380

☐

Account #: WASHTWPFIREDEPT

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

WASHINGTON TWP. FIRE DEPT.

2310 OLD ADAMSVILLE ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

09/10/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 512

Backflow Prevention Assembly Test Report

WASHINGTON TWP. FIRE DEPT.

Location: *TO FILLER HOSE.

2310 OLD ADAMSVILLE ROAD

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

B107669

☐

Account #: WASHTWPFIREDEPT

Manufacturer:

WILKINS

☐

Site Use:

Model:

975

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

2.50

☐

WASHINGTON TWP. FIRE DEPT.

2310 OLD ADAMSVILLE ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

09/10/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5495

Backflow Prevention Assembly Test Report

WASTE WATER TREATMENT PLANT

Location: PUMP BUILDING- MECH. ROOM

30 LOCK ST.

Meter#:

Serial #: Check if Correct Corrections

DRESDEN, OH 43821

LID/Service:

B361676

☐

Account #: WWTP-DRESDEN

Manufacturer:

WILKINS

☐

Site Use:

Model:

375XL

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

0.75

☐WASTE WATER TREATMENT PLANT
30 LOCK ST.

Orientation:

☐

DRESDEN, OH 43821

Protection:

☐

Test Due No Later than:

01/03/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4098

Backflow Prevention Assembly Test Report

WAYNE MCMILLAN OFFICE

716 MARKET ST.

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

WAYNE MCMILLAN
WAYNE MCMILLAN OFFICE
716 MARKET ST.

ZANESVILLE, OH 43701

Location: MECH ROOM, INSIDE BACK OF BLDG.

Meter#:

LID/Service:

Account #: WAYNE MCMILLAN

Serial #:

31837

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

07/18/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5126

Backflow Prevention Assembly Test Report

WAYNE TOWNSHIP GARAGE

Location: MECH. ROOM.

4206 SALT CREEK DR.

Meter#:

Serial #: Check if Correct Corrections

13398

☐

ZANESVILLE, OH 43701

LID/Service:

Account #: WAYNE TOWNSHIP GAR

Manufacturer:

WATTS

☐

Site Use:

Hazard: CONTAINMENT COMM.LOW

Model:

LF719QT

☐

Mailing Address

Type:

DC

☐

Size:

0.75

☐

Orientation:

☐

Protection:

☐WAYNE TOWNSHIP GARAGE
4206 SALT CREEK DR.

ZANESVILLE, OH 43701

Test Due No Later than:

02/25/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐

Leaked

☐

Closed Tight

☐

Held at _____ PSID

Leaked

☐

Closed Tight

☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open

☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked

☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned

☐

Rubber Kit

☐

Rebuild

☐

Replaced

☐

Other

☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐

Closed Tight

☐

Held at _____ PSID

Closed Tight

☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully

☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3224

Backflow Prevention Assembly Test Report

WAYNE TWP.HALL

Location: MECH. ROOM

216 BRIDGE ST.

Meter#:

Serial #:
16442

Check if Correct

Corrections

DUNCAN FALLS, OH 43734

LID/Service:

Account #: WAYNE TWP.HALL

Manufacturer:

WATTS

Site Use: twp.meeting hall

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

JASON MOCK

WAYNE TWP.HALL

3155 WAYNE RIDGE RD.

ZANESVILLE, OH 43701

Test Due No Later than:

02/10/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 245

Backflow Prevention Assembly Test Report

ROOSTERS

3545 MAPLE AVENUE

ZANESVILLE, OH 43701

Site Use: Restaurant

Hazard: CONTAINMENT COMM.LOW

Mailing Address

STEVEN HOUSEMAN, OWNER
WE BE WINGS ZANESVILLE dba ROOSTERS
232 NORTH PLAZA BLVD.

CHILLICOTHE, OH 45601

Location: WATER SERVICE CONTAINMENT. MECH. ROOM.

Meter#:

LID/Service:

Account #: ROOSTERS

Serial #:

65292

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

1.50

Orientation:

Protection:

Test Due No Later than:

05/04/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5137

Backflow Prevention Assembly Test Report

WE LOVE PETS

3853 NORTHPOINTE DR.

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

WE LOVE PETS

3853 NORTHPOINTE DR.

ZANESVILLE, OH 43701

Location: MECH. ROOM.

Meter#:

LID/Service:

Account #: WE LOVE PETS

Serial #:

56999

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

919QT

Type:

RP

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

02/26/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2577

Backflow Prevention Assembly Test Report

WEASEL BOY BREWING COMPAI

Location: *IN BREWERY SPACE EAST WALL.

126 MUSKINGUM AVE. SUITE-E

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

32021

☐

ZANESVILLE, OH 43701

Account #: WEASEL BOY

Manufacturer:

WATTS

☐

Site Use: BREWERY

Model:

009

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

1.25

☐

JAY WINCE

WEASEL BOY BREWING COMPANY

126 MUSKINGUM AVE. SUITE-E

Orientation:

☐

ZANESVILLE, OH 43702

Protection:

☐

Test Due No Later than:

05/01/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5485

Backflow Prevention Assembly Test Report

WEATHERINGTON WOODS

Location: MECH ROOM

3625 OLDE FALLS ROAD

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

PB-0788

Account #: WEATHERINGTON

Manufacturer:

AMES

Site Use: Recreation Center\Club Ho

Model:

C500 COLT

Hazard: FIRE LINE CONNECTION-LOW

Type:

RPDA

Mailing Address

Size:

4.00

Orientation:

Protection:

WEATHERINGTON WOODS
3625 OLDE FALLS ROAD

ZANESVILLE, OH 43701

Test Due No Later than:

11/10/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5486

Backflow Prevention Assembly Test Report

WEATHERINGTON WOODS

Location: MECH ROOM

3625 OLDE FALLS ROAD

Meter#:

Serial #:

Check if Correct

Corrections

36084

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Recreation Center/Club Ho

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

WEATHERINGTON WOODS

3625 OLDE FALLS ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

11/10/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5487

Backflow Prevention Assembly Test Report

WEATHERINGTON WOODS

Location: MECH ROOM

3625 OLDE FALLS ROAD

Meter#:

Serial #:

Check if Correct

Corrections

59527

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Recreation Center/Club Ho

Model:

919

☐

Hazard: FIRE LINE BYPASS-LOW

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

WEATHERINGTON WOODS

3625 OLDE FALLS ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

11/10/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3987

Backflow Prevention Assembly Test Report

WEBB FINANCIAL GROUP LLC

1146 MAPLE AVE.

ZANESVILLE, OH 43701

Site Use: Realtor

Hazard: CONTAINMENT COMM.LOW

Mailing Address

SCOTT WEBB

WEBB FINANCIAL GROUP LLC

1146 MAPLE AVE.

ZANESVILLE, OH 43701

Location: BASEMENT.

Meter#:

LID/Service:

Account #: WEBB FINANCIAL

Serial #:

33170

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

03/13/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5213

Backflow Prevention Assembly Test Report

WELL NOW URGENT CARE

Location: MECH ROOM BRIGHT VIEW.

2572 MAPLE AVE.

Meter#:

Serial #: Check if Correct Corrections

42565

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

719QT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

DC

☐

Mailing Address

Size:

0.75

☐

MANAGER

WELL NOW URGENT CARE

2564 MAPLE AVE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

06/14/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2941

Backflow Prevention Assembly Test Report

WELLINGTON PLACE CONDOMIN

Location: WATER SERVICE CONTAINMENT.

5361 EAST SHEFFIELD CIRCLE

Meter#:

Serial #:

Check if Correct

Corrections

13867

☐

ZANESVILLE, OH 43701

LID/Service:

Account #: WELLINGTONPLACE

Manufacturer:

WATTS

☐

Site Use:

Hazard: CONTAINMENT COMM.LOW

Model:

919

☐

Mailing Address

Type:

RPPA

☐

Size:

1.00

☐

Orientation:

☐

Protection:

☐WELLINGTON PLACE CONDOMINIUMS
5361 EAST SHEFFIELD CIRCLE

ZANESVILLE, OH 43701

Test Due No Later than:

04/16/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3698

Backflow Prevention Assembly Test Report

WELLINGTON PLACE CONDOMIN

Location: IN PIT,BY NORTHPOINTE RD.

5361 EAST SHEFFIELD CIRCLE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

00761

☐

ZANESVILLE, OH 43701

Account #: WELLINGTONPLACE

Manufacturer:

AMES

☐

Site Use:

Model:

5000CIV

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

8.00

☐

WELLINGTON PLACE CONDOMINIUMS

5361 EAST SHEFFIELD CIRCLE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/16/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4405

Backflow Prevention Assembly Test Report

WELLINGTON PLACE CONDOMIN

Location: IN PIT BY NORTHPOINT RD.

5361 EAST SHEFFIELD CIRCLE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

606147

☐

ZANESVILLE, OH 43701

Account #: WELLINGTONPLACE

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

WELLINGTON PLACE CONDOMINIUMS

5361 EAST SHEFFIELD CIRCLE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/16/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4406

Backflow Prevention Assembly Test Report

WELLINGTON PLACE CONDOMIN

Location: IN PIT BY NORTHPOINTE RD.

5361 EAST SHEFFIELD CIRCLE

Meter#:

Serial #:

Check if Correct

Corrections

1579251007

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

AMES

☐

Site Use:

Hazard: CONTAINMENT COMM.LOW

Model:

2000SS

☐

Mailing Address

Type:

DC

☐

Size:

4.00

☐

Orientation:

☐

Protection:

☐WELLINGTON PLACE CONDOMINIUMS
5361 EAST SHEFFIELD CIRCLE

ZANESVILLE, OH 43701

Test Due No Later than:

04/16/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3914

Backflow Prevention Assembly Test Report

WENDY'S MANAGEMENT GROUP

Location: BASEMENT.

939 ADAIR AVE.

Meter#:

Serial #: 27498

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: WENDY'S MAN.GROUP

Manufacturer:

WATTS

Site Use: Business Office

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

WENDY'S MANAGEMENT GROUP INC.
939 ADAIR AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

10/24/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4655

Backflow Prevention Assembly Test Report

WENDY'S MANAGEMENT GROUP

Location: BASEMENT. ***NO LONGER ACTIVE***

939 ADAIR AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

27516

☐

ZANESVILLE, OH 43701

Account #: WENDY'S MAN.GROUP

Manufacturer:

WATTS

☐

Site Use: Business Office

Model:

719

☐

Hazard: ISOLATION LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

WENDY'S MANAGEMENT GROUP INC.

939 ADAIR AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3299

Backflow Prevention Assembly Test Report

WENDY'S RESTAURANT-SOUTH

Location: MECH. ROOM.CLOSET BY WATER SOFTNER.

2027 MAYSVILLE AVE.

Meter#:

Serial #:
31820

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: WENDY'S-SOUTH

Manufacturer:
WATTS

Site Use: Restaurant

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

PRIMARY AIM

WENDY'S RESTAURANT-SOUTH

939 ADAIR AVE.

ZANESVILLE, OH 43701

Test Due No Later than:

08/01/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1666

Backflow Prevention Assembly Test Report

WENDY'S

4965 AIRPORT ROAD

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

WENDY'S MANAGEMENT GROUP
WENDY'S STORE #114
947 ADAIR AVENUE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT. * MECH ROOM, BACK OF STORE.

Meter#:

LID/Service:

Account #: WENDYS-AIRPORTROAD

Serial #:

388036

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

1.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

09/23/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1525

Backflow Prevention Assembly Test Report

WENDY'S #116/EXXON TIGER MA

Location: KITCHEN BY 3-BAY SINK.

214 UNDERWOOD STREET

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

79024

Account #: WENDYS-UNDERWOOD

Manufacturer:

WATTS

Site Use: Gas Station-FAST FOOD

Model:

009

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

Mailing Address

Size:

2.00

Orientation:

Protection:

MATT PATTERSON

WENDY'S

214 UNDERWOOD STREET

ZANESVILLE, OH 43701

Test Due No Later than:

03/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3190

Backflow Prevention Assembly Test Report

WENDY'S

3111 MAPLE AVE.

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

WENDY'S MANAGEMENT GROUP
WENDY'S
947 ADAIR AVE.

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: WENDYS-MAPLE

Serial #:

15807

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

05/30/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3301

Backflow Prevention Assembly Test Report

WEST MUSK. ATHLETIC BOOSTER
2170 HIGHLAND RD.

ZANESVILLE, OH 43701

Site Use:

Hazard: **CONTAINMENT COMM.LOW**

Mailing Address

WEST MUSK. ATHLETIC BOOSTERS
1110 FAIRVIEW RD.

ZANESVILLE, OH 43701

Location: **MECH. RM.**

Meter#:

LID/Service:

Account #: **WEST M BOOSTERS**

Serial #:

11992

Check if Correct

Corrections

☐

Manufacturer:

WATTS☐

Model:

719QT☐

Type:

DC☐

Size:

1.00☐

Orientation:

☐

Protection:

☐

Test Due No Later than:

09/16/2022Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2547

Backflow Prevention Assembly Test Report

WEST MUSKINGUM - MIDDLE SCI

Location: *MECH. RM. - FIRE LINE

100 KIMES ROAD

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

YO1358

Account #: WESTMUSKSCH-01

Manufacturer:

WILKINS

Site Use: School

Model:

375

Hazard: FIRE LINE CONNECTION-MEDIUM

Mailing Address

Type:

RPDA

CHRIS MCPHERSON

Size:

4.00

WEST MUSKINGUM ADMINISTRATION

Orientation:

4880 WEST PIKE

Protection:

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2548

Backflow Prevention Assembly Test Report

WEST MUSKINGUM - MIDDLE SCI

Location: *MECH.RM. - FIRE LINE

100 KIMES ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

2264103

☐

ZANESVILLE, OH 43701

Account #: WESTMUSKSCH-01

Manufacturer:

WILKINS

☐

Site Use: School

Model:

975XL

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

Protection:

☐

CHRIS MCPHERSON

WEST MUSKINGUM ADMINISTRATION

4880 WEST PIKE

ZANESVILLE, OH 43701

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

	Yes	No
Proper Installation	<input type="checkbox"/>	<input type="checkbox"/>
RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>
#2 Shutoff Closed	<input type="checkbox"/>	<input type="checkbox"/>
Service Restored	<input type="checkbox"/>	<input type="checkbox"/>

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2663

Backflow Prevention Assembly Test Report

WEST MUSKINGUM - MIDDLE SCI

Location: *MECH. RM. - WATER SERVICE CONTAINMENT

100 KIMES ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

GD-2113

☐

ZANESVILLE, OH 43701

Account #: WESTMUSKSCH-01

Manufacturer:

WATTS

☐

Site Use: School

Model:

957

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

3.00

☐

Orientation:

☐

Protection:

☐

CHRIS MCPHERSON

WEST MUSKINGUM ADMINISTRATION

4880 WEST PIKE

ZANESVILLE, OH 43701

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2664

Backflow Prevention Assembly Test Report

WEST MUSKINGUM - MIDDLE SCI

Location: *BASEMENT, MECH. RM., NEED 6' LADDER-BOILER & CHILL WATER FEED.

100 KIMES ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

287434

☐

ZANESVILLE, OH 43701

Account #: WESTMUSKSCH-01

Manufacturer:

WATTS

☐

Site Use: School

Model:

009

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

CHRIS MCPHERSON

WEST MUSKINGUM ADMINISTRATION

4880 WEST PIKE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2998

Backflow Prevention Assembly Test Report

WEST MUSKINGUM SCHOOLS AT

Location: WATER SERVICE CONTAINMENT. *STORAGE ROOM.

4880 WEST PIKE

Meter#:

Serial #:
14133

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

Site Use: School

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

CHRIS MCPHERSON

WEST MUSKINGUM SCHOOLS ADMIN.

4880 WEST PIKE

Orientation:

ZANESVILLE, OH 43701

Protection:

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2388

Backflow Prevention Assembly Test Report

WEST MUSKINGUM -New High Sc

Location: WATER SERVICE CONTAINMENT.*NEW HIGH SCHOOL.

150 KIMES ROAD

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

FA-0064

Account #: WESTMUSKSCH-02

Manufacturer:

WATTS

Site Use: School

Model:

957

Hazard: CONTAINMENT COMM. MED.

Type:

RP

Mailing Address

Size:

3.00

Orientation:

Protection:

CHRIS MCPHERSON

WEST MUSKINGUM-ADMIMIST.

4880 WEST PIKE

ZANESVILLE, OH 43701

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2389

Backflow Prevention Assembly Test Report

WEST MUSKINGUM -New High Sc

Location: NEW HIGH SCHOOL.

150 KIMES ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

Y00206

☐

ZANESVILLE, OH 43701

Account #: WESTMUSKSCH-02

Manufacturer:

WILKINS

☐

Site Use: School

Model:

375

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

6.00

☐

CHRIS MCPHERSON

WEST MUSKINGUM-ADMIMIST.

4880 WEST PIKE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2390

Backflow Prevention Assembly Test Report

WEST MUSKINGUM -New High Sc

Location: NEW HIGH SCHOOL,*FIRE LINE BYPASS.

150 KIMES ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

W199554

☐

ZANESVILLE, OH 43701

Account #: WESTMUSKSCH-02

Manufacturer:

WILKINS

☐

Site Use: School

Model:

975

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐

CHRIS MCPHERSON

WEST MUSKINGUM-ADMIMIST.

4880 WEST PIKE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2391

Backflow Prevention Assembly Test Report

WEST MUSKINGUM -New High Sc

Location: NEW HIGH SCHOOL.

150 KIMES ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

249658

☐

ZANESVILLE, OH 43701

Account #: WESTMUSKSCH-02

Manufacturer:

WATTS

☐

Site Use: School

Model:

009

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

CHRIS MCPHERSON

WEST MUSKINGUM-ADMIMIST.

4880 WEST PIKE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2710

Backflow Prevention Assembly Test Report

WEST MUSKINGUM -New High Sc

Location: *UNDER SCORE BOARD, FOR SOCCER FIELD, LAWN SPRINKLER.

150 KIMES ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

09648

☐

ZANESVILLE, OH 43701

Account #: WESTMUSKSCH-02

Manufacturer:

WATTS

☐

Site Use: School

Model:

919

☐

Hazard: IRRIGATION MED-ISOLATION

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

Orientation:

☐

Protection:

☐

CHRIS MCPHERSON

WEST MUSKINGUM-ADMIMIST.

4880 WEST PIKE

ZANESVILLE, OH 43701

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4936

Backflow Prevention Assembly Test Report

WEST MUSKINGUM -New High Sc

Location: NEW SCHOOL LOCKER ROOM, FOOTBALL FIELD

150 KIMES ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

06525

☐

ZANESVILLE, OH 43701

Account #: WESTMUSKSCH-02

Manufacturer:

WATTS

☐

Site Use: School

Model:

719QT

☐

Hazard: IRRIGATION MED-ISOLATION

Type:

DC

☐

Mailing Address

Size:

0.50

☐

CHRIS MCPHERSON

WEST MUSKINGUM-ADMIMIST.

4880 WEST PIKE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4937

Backflow Prevention Assembly Test Report

WEST MUSKINGUM -New High Sc

Location: VO-AG BLDG. MECH. ROOM.

150 KIMES ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

114631

☐

ZANESVILLE, OH 43701

Account #: WESTMUSKSCH-02

Manufacturer:

WATTS

☐

Site Use: School

Model:

009M2QT

☐

Hazard: IRRIGATION MED-ISOLATION

Type:

RP

☐

Mailing Address

Size:

2.00

☐

Orientation:

☐

Protection:

☐

CHRIS MCPHERSON

WEST MUSKINGUM-ADMIMIST.

4880 WEST PIKE

ZANESVILLE, OH 43701

Test Due No Later than:

07/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4778

Backflow Prevention Assembly Test Report

WEST PIKE MARKET

Location: BASEMENT, MECH. ROOM.

9765 WEST PIKE

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

34669

☐

HOPEWELL, OH 43746

Account #: WEST PIKE MARKET

Manufacturer:

WATTS

☐

Site Use: Convenience store

Model:

719

☐

Hazard: CONTAINMENT COMM. MED.

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐SINGH MOHINDER
WEST PIKE MARKET
9765 WEST PIKE

Orientation:

☐

HOPEWELL, OH 43746

Protection:

☐

Test Due No Later than:

09/03/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 375

Backflow Prevention Assembly Test Report

JOHN SUTTON-CLOSED

450 NORTH THIRD STREET

COSHOCTON, OH 43812

Site Use: PAPER MILL

Hazard: CONTAINMENT COMM. MED.

Mailing Address

JOE BULVAN
WEST ROCK
500 NORTH FOURTH STREET
FOREST RESOURCES BUILDING
COSHOCTON, OH 43812

Location: WATER SERVICE CONTAINMENT. * 1st Floor.

Meter#:

LID/Service:

Account #: WEST ROCK

Serial #:

FG-1136

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

957

Type:

RP

Size:

8.00

Orientation:

Protection:

PAST DUE

Test Due No Later than:

10/15/2015

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 376

Backflow Prevention Assembly Test Report

JOHN SUTTON-CLOSED

Location: *GROUND FLOOR, *(#1 PAPER MACHINE).

450 NORTH THIRD STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

165882

☐

COSHOCOTON, OH 43812

Account #: WEST ROCK

Manufacturer:

WATTS

☐

Site Use: PAPER MILL

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

4.00

☐

Orientation:

☐

Protection:

PAST DUE

☐

Test Due No Later than:

10/15/2015

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 377

Backflow Prevention Assembly Test Report

JOHN SUTTON-CLOSED

450 NORTH THIRD STREET

COSHOCOTON, OH 43812

Site Use: PAPER MILL

Hazard: CONTAINMENT COMM.LOW

Mailing Address

JOE BULVAN
WEST ROCK
500 NORTH FOURTH STREET
FOREST RESOURCES BUILDING
COSHOCOTON, OH 43812

Location: WATER SERVICE CONTAINMENT. *BASEMENT.

Meter#:

LID/Service:

Account #: WEST ROCK

Serial #:

177658

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

709

Type:

DCDA

Size:

4.00

Orientation:

Protection:

PAST DUE

Test Due No Later than:

03/01/2018

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 378

Backflow Prevention Assembly Test Report

JOHN SUTTON-CLOSED

Location: WATER SERVICE CONTAINMENT. * GROUND FLOOR CENTER OF BUILDING.

450 NORTH THIRD STREET

Meter#:

Serial #:

Check if Correct

Corrections

454452

☐

COSHOCOTON, OH 43812

LID/Service:

Manufacturer:

WATTS

☐

Site Use: PAPER MILL

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

Orientation:

☐

Protection:

PAST DUE

☐

Test Due No Later than:

10/15/2015

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 379

Backflow Prevention Assembly Test Report

JOHN SUTTON-CLOSED

Location: FIRE LINE. * 1ST FLOOR.

450 NORTH THIRD STREET

Meter#:

Serial #:

Check if Correct

Corrections

18028540

☐

COSHOCOTON, OH 43812

LID/Service:

Manufacturer:

HERSEY

☐

Site Use: PAPER MILL

Model:

#2

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

DCVA

☐

Mailing Address

Size:

6.00

☐

Orientation:

☐

Protection:

PAST DUE

☐

Test Due No Later than:

02/01/2018

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 381

Backflow Prevention Assembly Test Report

JOHN SUTTON-CLOSED

Location: *SOUTHEAST CORNER OF BLDG. GROUND FLOOR

450 NORTH THIRD STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

160573

☐

COSHOCOTON, OH 43812

Account #: WEST ROCK

Manufacturer:

WATTS

☐

Site Use: PAPER MILL

Model:

709

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

4.00

☐

Orientation:

☐

Protection:

PAST DUE

☐

Test Due No Later than:

10/15/2015

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3766

Backflow Prevention Assembly Test Report

JOHN SUTTON-CLOSED

Location: IN CONCRETE PIT, IN PARKING LOT.

450 NORTH THIRD STREET

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

2HL1214

☐

COSHOCOTON, OH 43812

Account #: WEST ROCK

Manufacturer:

AMES

☐

Site Use: PAPER MILL

Model:

2000 SILVER

☐

Hazard: FIRE LINE CONNECTION-LOW

Type:

DCVA

☐

Mailing Address

Size:

8.00

☐

Orientation:

☐

Protection:

PAST DUE

☐

Test Due No Later than:

03/01/2018

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4497

Backflow Prevention Assembly Test Report

JOHN SUTTON-CLOSED

Location: 2ND.FLR.

450 NORTH THIRD STREET

Meter#:

Serial #: Check if Correct Corrections

COSHOCOTON, OH 43812

LID/Service:

KH-1285

Account #: WEST ROCK

Manufacturer:

WATTS

Site Use: PAPER MILL

Model:

757

Hazard: CONTAINMENT COMM. MED.

Type:

DC

Mailing Address

Size:

6.00

Orientation:

Protection:

PAST DUE

Test Due No Later than:

10/15/2015

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes No

☐ ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4498

Backflow Prevention Assembly Test Report

JOHN SUTTON-CLOSED

Location: SOUTH WALL OF BLDG. GROUND FLOOR.

450 NORTH THIRD STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

35-2010

☐

COSHOCOTON, OH 43812

Account #: WEST ROCK

Manufacturer:

WATTS

☐

Site Use: PAPER MILL

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

4.00

☐

Orientation:

☐

Protection:

PAST DUE

☐

Test Due No Later than:

10/15/2015

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4514

Backflow Prevention Assembly Test Report

JOHN SUTTON-CLOSED

Location: WOOD YARD OFFICE, MECH. RM.

450 NORTH THIRD STREET

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

449516

☐

COSHOCOTON, OH 43812

Account #: WEST ROCK

Manufacturer:

WATTS

☐

Site Use: PAPER MILL

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

1.50

☐

Orientation:

☐

Protection:

PAST DUE

☐

Test Due No Later than:

10/15/2015

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5031

Backflow Prevention Assembly Test Report

WESTMINSTER PRESBYTERIAN (
17 N. LIBERTY ST.

NEW CONCORD, OH 43762

Site Use: Church

Hazard: ISOLATION MED.

Mailing Address

BILL HATFIELD
WESTMINSTER PRESBYTERIAN CHURCH
17 N. LIBERTY ST.

NEW CONCORD, OH 43762

Location: MECH. ROOM. MAKEUP WATER BOILER.

Meter#:

LID/Service:

Account #: WESTMINSTERPRES.

Serial #:

30151

Manufacturer:

WATTS

Model:

009M3QT

Type:

RP

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

10/08/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5032

Backflow Prevention Assembly Test Report

WESTMINSTER PRESBYTERIAN (

Location: MECH ROOM.

17 N. LIBERTY ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

35431

☐

NEW CONCORD, OH 43762

Account #: WESTMINSTERPRES.

Manufacturer:

WATTS

☐

Site Use: Church

Model:

LF719QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

0.75

☐

BILL HATFIELD

WESTMINSTER PRESBYTERIAN CHURCH

17 N. LIBERTY ST.

Orientation:

☐

NEW CONCORD, OH 43762

Protection:

☐

Test Due No Later than:

10/08/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1527

Backflow Prevention Assembly Test Report

WESTWATER SUPPLY

1007 LEE STREET

ZANESVILLE, OH 43701

Site Use: Retail

Hazard: CONTAINMENT COMM.LOW

Mailing Address

WESTWATER SUPPLY
1007 LEE STREET

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT.*INSIDE SHOWROOM DOOR UNDER WINDOW.

Meter#:

LID/Service:

Account #: WESTWATERSUPPLY

Serial #:

01534

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

05/12/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 712

Backflow Prevention Assembly Test Report

WESTWOOD BAPTIST CHURCH

Location: WATER SERVICE CONTAINMENT.*MECH RM.

2395 EAST PIKE

Meter#:

Serial #:
56156

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: WESTWOODBAPTIST

Manufacturer:
WATTS

Site Use: Church

Hazard: CONTAINMENT COMM.LOW

Model:

007

Mailing Address

Type:

DCVA

MARK BALLMER, PASTOR
WESTWOOD BAPTIST CHURCH
2395 EAST PIKE

Size:

1.00

Orientation:

ZANESVILLE, OH 43701

Protection:

Test Due No Later than:

10/11/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4702

Backflow Prevention Assembly Test Report

DREAMLUXE BEAUTY STUDIO

Location: BASEMENT.

228 MAIN ST.

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

32288

☐

Account #: WESTWOOD CREATIVE

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

Protection:

☐

BILL WESTWOOD
WESTWOOD CREATIVE LLC
1205 MAPLEBROOK RD.

NEW CONCORD, OH 43762

Test Due No Later than:

03/16/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐

Leaked

☐

Closed Tight

☐

Held at _____ PSID

Leaked

☐

Closed Tight

☐

Held at _____ PSID

Did not open

☐

Opened at _____ PSID

Did not open

☐

Opened Fully

Yes ☐No ☐

Opened at _____ PSID

Leaked

☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned

☐

Rubber Kit

☐

Rebuild

☐

Replaced

☐

Other

☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐

Closed Tight

☐

Held at _____ PSID

Closed Tight

☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully

☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 293

Backflow Prevention Assembly Test Report

WHITE CASTLE SYSTEM

1500 RICHEY PARKWAY

ZANESVILLE, OH 43701

Site Use:

Hazard: FIRE LINE BYPASS-MEDIUM

Mailing Address

JEFF DENNIS, MAINT. SUPV.
WHITE CASTLE SYSTEM
1500 RICHEY PARKWAY

ZANESVILLE, OH 43701

Location: BUILDING FIRE LINE (bypass).

Meter#:

LID/Service:

Account #: WHITECASTLESYSTEM

Serial #:

00575

Manufacturer:

AMES

Model:

4000B

Type:

RP

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

08/24/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 294

Backflow Prevention Assembly Test Report

WHITE CASTLE SYSTEM

1500 RICHEY PARKWAY

ZANESVILLE, OH 43701

Site Use:

Hazard: FIRE LINE CONNECTION-MEDIUM

Mailing Address

JEFF DENNIS, MAINT. SUPV.

WHITE CASTLE SYSTEM

1500 RICHEY PARKWAY

ZANESVILLE, OH 43701

Location: BUILDING FIRE LINE. *MECH ROOM.

Meter#:

LID/Service:

Account #: WHITECASTLESYSTEM

Serial #:

1015350501

Check if Correct

Corrections

Manufacturer:

AMES

Model:

5000

Type:

RPDA

Size:

6.00

Orientation:

Protection:

Test Due No Later than:

08/24/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 295

Backflow Prevention Assembly Test Report

WHITE CASTLE SYSTEM

1500 RICHEY PARKWAY

ZANESVILLE, OH 43701

Site Use:

Hazard: ISOLATION MED.

Mailing Address

JEFF DENNIS, MAINT. SUPV.

WHITE CASTLE SYSTEM

1500 RICHEY PARKWAY

ZANESVILLE, OH 43701

Location: MECH ROOM. * PRESSURE WASHER.

Meter#:

LID/Service:

Account #: WHITECASTLESYSTEM

Serial #:

521431

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

909

Type:

RPPA

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

08/07/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 296

Backflow Prevention Assembly Test Report

WHITE CASTLE SYSTEM

Location: DOMESTIC HOT WATER . * ATTIC

1500 RICHEY PARKWAY

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

359406

☐

ZANESVILLE, OH 43701

Account #: WHITECASTLESYSTEM

Manufacturer:

WATTS

☐

Site Use:

Model:

909

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

JEFF DENNIS, MAINT. SUPV.

WHITE CASTLE SYSTEM

1500 RICHEY PARKWAY

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

08/07/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 297

Backflow Prevention Assembly Test Report

WHITE CASTLE SYSTEM

Location: COOLING TOWER.*MECH ROOM.

1500 RICHEY PARKWAY

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

361292

☐

ZANESVILLE, OH 43701

Account #: WHITECASTLESYSTEM

Manufacturer:

WATTS

☐

Site Use:

Model:

909

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

JEFF DENNIS, MAINT. SUPV.

WHITE CASTLE SYSTEM

1500 RICHEY PARKWAY

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

08/07/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 298

Backflow Prevention Assembly Test Report

WHITE CASTLE SYSTEM

Location: *MECH ROOM

1500 RICHEY PARKWAY

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

199639

☐

ZANESVILLE, OH 43701

Account #: WHITECASTLESYSTEM

Manufacturer:

WATTS

☐

Site Use:

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

4.00

☐

JEFF DENNIS, MAINT. SUPV.

WHITE CASTLE SYSTEM

1500 RICHEY PARKWAY

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

08/07/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2637

Backflow Prevention Assembly Test Report

WHIT'S FROZEN CUSTARD

3405 MAPLE AVE.

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

TERRY WELLS
WHIT'S FROZEN CUSTARD
3405 MAPLE AVE.

ZANESVILLE, OH 43701

Location: *MECH. RM. (WATER SERVICE CONTAINMENT.)

Meter#:

LID/Service:

Account #: WHIT'SFRZENCUSTARD

Serial #:

A19122

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

04/01/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3613

Backflow Prevention Assembly Test Report

WHIT'S FROZEN CUSTARD

Location: IN FRONT OF BUILDING IN METER PIT.

778 SOUTH SECOND ST.

Meter#:

Serial #: Check if Correct Corrections

10382

☐

COSHOCTON, OH 43812

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Fast Food

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

JAY NORRIS

Orientation:

WHIT'S FROZEN CUSTARD

☐

778 SOUTH SECOND ST.

Protection:

☐

COSHOCTON, OH 43812

Test Due No Later than:

01/10/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3660

Backflow Prevention Assembly Test Report

SOUTHEASTERN OHIO BROADCASTING SYS.
629 DOWARD RD.

ZANESVILLE, OH 43701

Site Use: TV/RADIO 92.7 FM

Hazard: CONTAINMENT COMM.LOW

Mailing Address

SOUTHEASTERN OHIO BROADCASTING SYS.
WHIZ-TV
629 DOWARD RD.

ZANESVILLE, OH 43701

Location: MECH. ROOM. STUDIO

Meter#:

LID/Service:

Account #: WHIZ-TV

Serial #:

30843

Check if Correct

Corrections

☐

Manufacturer:

WATTS

☐

Model:

719

☐

Type:

DCVA

☐

Size:

0.75

☐

Orientation:

☐

Protection:

☐

Test Due No Later than:

05/22/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐

Leaked

☐

Closed Tight

☐

Held at _____ PSID

Leaked

☐

Closed Tight

☐

Held at _____ PSID

Did not open

☐

Opened at _____ PSID

Did not open

☐

Opened Fully

Yes ☐No ☐

Opened at _____ PSID

Leaked

☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned

☐

Rubber Kit

☐

Rebuild

☐

Replaced

☐

Other

☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐

Closed Tight

☐

Held at _____ PSID

Closed Tight

☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully

☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4578

Backflow Prevention Assembly Test Report

SOUTHEASTERN OHIO BROADCASTING

Location: BASEMENT MECH. ROOM.

629 DOWNARD RD.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

08756

☐

ZANESVILLE, OH 43701

Account #: WHIZ-TV

Manufacturer:

WATTS

☐

Site Use: TV/RADIO 92.7 FM

Model:

719

☐

Hazard: FIRE LINE CONNECTION-LOW

Type:

DCVA

☐

Mailing Address

Size:

1.50

☐

SOUTHEASTERN OHIO BROADCASTING SYS.

WHIZ-TV

629 DOWNARD RD.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

05/22/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4579

Backflow Prevention Assembly Test Report

SOUTHEASTERN OHIO BROADCASTING

Location: BASEMENT MECH. ROOM.

629 DOWNARD RD.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

30224

☐

ZANESVILLE, OH 43701

Account #: WHIZ-TV

Manufacturer:

WATTS

☐

Site Use: TV/RADIO 92.7 FM

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

SOUTHEASTERN OHIO BROADCASTING SYS.

WHIZ-TV

629 DOWNARD RD.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

05/22/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2037

Backflow Prevention Assembly Test Report

WILEY COMPANIES

1245 SOUTH 6TH. STREET

COSHOCTON, OH 43812

Site Use:

Hazard: CONT.COMM.HIGH HEALTH HAZARD

Mailing Address

WILEY COMPANIES
1245 S.6TH. ST.

COSHOCTON, OH 43812

Location: HIGH HAZARD AREA TO CITY WATER AND WELL WATER.

Meter#:

LID/Service:

Account #: WILEY COMPANIES

Serial #:

EA2382

Manufacturer:

WATTS

Model:

957

Type:

RP

Size:

2.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

06/28/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2182

Backflow Prevention Assembly Test Report

WILEY COMPANIES

1245 SOUTH 6TH. STREET

COSHOCOTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

WILEY COMPANIES
1245 S.6TH. ST.

COSHOCOTON, OH 43812

Location: IN ROOM WITH ELECTRIC PANELS, NEW BUILDING.

Meter#:

LID/Service:

Account #: WILEY COMPANIES

Serial #:

104206

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

1.50

Orientation:

Protection:

Test Due No Later than:

06/28/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2472

Backflow Prevention Assembly Test Report

WILEY COMPANIES

Location: OS 92 PROCESS AREA, *WATER SERVICE CONTAINMENT.

1245 SOUTH 6TH. STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

414255

☐

COSHOCOTON, OH 43812

Account #: WILEY COMPANIES

Manufacturer:

WATTS

☐

Site Use:

Model:

909

☐

Hazard: CONT.COMM.HIGH HEALTH HAZARD

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

WILEY COMPANIES

1245 S.6TH. ST.

Orientation:

☐

COSHOCOTON, OH 43812

Protection:

☐

Test Due No Later than:

06/28/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3012

Backflow Prevention Assembly Test Report

WILEY COMPANIES

545 WALNUT STREET

COSHOCOTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

WILEY COMPANIES
1245 S.6TH. ST.

COSHOCOTON, OH 43812

Location: WATER SERVICE CONTAINMENT. - GROUND FLOOR.

Meter#:

LID/Service:

Account #: WILEY COMPANIES#2

Serial #:

10513

Manufacturer:

WATTS

Model:

909

Type:

RPPA

Size:

2.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

06/28/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3015

Backflow Prevention Assembly Test Report

WILEY COMPANIES

1245 SOUTH 6TH. STREET

COSHOCKTON, OH 43812

Site Use:

Hazard: ISOLATION MED.

Mailing Address

WILEY COMPANIES
1245 S.6TH. ST.

COSHOCKTON, OH 43812

Location: DEIONIZED WATER SYSTEM.

Meter#:

LID/Service:

Account #: WILEY COMPANIES

Serial #:

617646

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

909

Type:

RPPA

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

06/28/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4992

Backflow Prevention Assembly Test Report

WILEY COMPANIES

1245 SOUTH 6TH.STREET

COSHOCOTON, OH 43812

Site Use:

Hazard: ISOLATION MED.

Mailing Address

WILEY COMPANIES
1245 S.6TH. ST.

COSHOCOTON, OH 43812

Location: UIC 2.0 TOWER.EMERG.EYEWASH.

Meter#:

LID/Service:

Account #: WILEY COMPANIES

Serial #:

73189

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

LF919AQT

Type:

RP

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

06/28/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5301

Backflow Prevention Assembly Test Report

WILEY COMPANIES

1245 SOUTH 6TH.STREET

COSHOCOTON, OH 43812

Site Use:

Hazard: ISOLATION MED.

Mailing Address

WILEY COMPANIES
1245 S.6TH. ST.

COSHOCOTON, OH 43812

Location: WEST END OF BLDG. WELD SHOP.

Meter#:

LID/Service:

Account #: WILEY COMPANIES

Serial #:

39768

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

06/28/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5302

Backflow Prevention Assembly Test Report

WILEY COMPANIES

1245 SOUTH 6TH.STREET

COSHOCOTON, OH 43812

Site Use:

Hazard: ISOLATION MED.

Mailing Address

WILEY COMPANIES
1245 S.6TH. ST.

COSHOCOTON, OH 43812

Location: BOILER MAKEUP WATER.

Meter#:

LID/Service:

Account #: WILEY COMPANIES

Serial #:

270849

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

909

Type:

RPPA

Size:

1.50

Orientation:

Protection:

Test Due No Later than:

06/28/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

	Yes	No
Proper Installation	<input type="checkbox"/>	<input type="checkbox"/>
RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>
#2 Shutoff Closed	<input type="checkbox"/>	<input type="checkbox"/>
Service Restored	<input type="checkbox"/>	<input type="checkbox"/>

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5303

Backflow Prevention Assembly Test Report

WILEY COMPANIES

1245 SOUTH 6TH.STREET

COSHOCOTON, OH 43812

Site Use:

Hazard: ISOLATION MED.

Mailing Address

WILEY COMPANIES
1245 S.6TH. ST.

COSHOCOTON, OH 43812

Location: BULLSEYE DISPENSING STATION.

Meter#:

LID/Service:

Account #: WILEY COMPANIES

Serial #:

049244

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

LF800M4QT

Type:

PVB

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

06/28/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes No

☐ ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5304

Backflow Prevention Assembly Test Report

WILEY COMPANIES

1245 SOUTH 6TH.STREET

COSHOCOTON, OH 43812

Site Use:

Hazard: ISOLATION MED.

Mailing Address

WILEY COMPANIES
1245 S.6TH. ST.

COSHOCOTON, OH 43812

Location: SANITATION SOAP DISPENSER.

Meter#:

LID/Service:

Account #: WILEY COMPANIES

Serial #:

051206

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

800M4QT

Type:

PVB

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

06/28/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

	Yes	No
Proper Installation	<input type="checkbox"/>	<input type="checkbox"/>
RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>
#2 Shutoff Closed	<input type="checkbox"/>	<input type="checkbox"/>
Service Restored	<input type="checkbox"/>	<input type="checkbox"/>

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5305

Backflow Prevention Assembly Test Report

WILEY COMPANIES

1245 SOUTH 6TH.STREET

COSHOCOTON, OH 43812

Site Use:

Hazard: ISOLATION MED.

Mailing Address

WILEY COMPANIES
1245 S.6TH. ST.

COSHOCOTON, OH 43812

Location: SANITATION SOAP DISPENSER.

Meter#:

LID/Service:

Account #: WILEY COMPANIES

Serial #:

050709

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

800M4QT

Type:

PVB

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

06/28/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4883

Backflow Prevention Assembly Test Report

WILLIAMS ASPHALT & CONCRET

Location: MEZZAANINE

3200 5TH STREET

Meter#:

Serial #: 33469

Check if Correct

Corrections

TRINWAY, OH 43842

LID/Service:

Account #: WILLIAMS ASPHALT

Manufacturer:

WATTS

Site Use: Business Office

Model:

LF719QT

Hazard: CONTAINMENT COMM.LOW

Type:

DC

Mailing Address

Size:

0.75

Orientation:

Protection:

WILLIAMS ASPHALT & CONCRETE
3200 5TH STREET

TRINWAY, OH 43842

Test Due No Later than:

09/22/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2117

Backflow Prevention Assembly Test Report

WILLIAMS, FRED & DEBBIE

Location: * BASEMENT.

22910 TWP. RD. 1193

Meter#:

Serial #: 01261

Check if Correct

Corrections

COSHOCTON, OH 43812

LID/Service:

Account #: WILLIAMSRESIDENCE

Manufacturer:

WATTS

Site Use:

Hazard: CONTAINMENT RESIDENTAL MED.

Model:

919

Mailing Address

Type:

RPPA

FRED & DEBBIE WILLIAMS
WILLIAMS, FRED & DEBBIE
22910 TWP. RD. 1193

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

05/28/2015

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5493

Backflow Prevention Assembly Test Report

WILLIAMSON INSURANCE

Location: MECH. ROOM.

2115 MAPLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

42273

☐

ZANESVILLE, OH 43701

LID/Service:

Account #: J & CW ENTERPRISE

Manufacturer:

WATTS

☐

Site Use:

Hazard: CONTAINMENT COMM.LOW

Model:

719

☐

Mailing Address

Type:

DCVA

☐

J & CW ENTERPRISES
WILLIAMSON INSURANCE
2115 MAPLE AVE.

Size:

0.75

☐

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/15/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3516

Backflow Prevention Assembly Test Report

WINCHESTER INN-MOTEL 6

Location: MECH ROOM. * FIRE LINE.

4645 EAST PIKE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

105515

Account #: KAUTILYA-ZANES.

Manufacturer:

AMES

Site Use: Motels/Hotels

Model:

5000

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

Mailing Address

Size:

4.00

Orientation:

Protection:

Test Due No Later than:

04/28/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3517

Backflow Prevention Assembly Test Report

WINCHESTER INN-MOTEL 6

Location: MECH ROOM. FIRE LINE BY-PASS

4645 EAST PIKE

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

11440

☐

ZANESVILLE, OH 43701

Account #: KAUTILYA-ZANES.

Manufacturer:

AMES

☐

Site Use: Motels/Hotels

Model:

4000B

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐

WINCHESTER INN- MOTEL 6

4645 EAST PIKE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

05/14/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5245

Backflow Prevention Assembly Test Report

WINCHESTER INN-MOTEL 6

Location: POOL ROOM

4645 EAST PIKE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

36104

☐

ZANESVILLE, OH 43701

Account #: KAUTILYA-ZANES.

Manufacturer:

WATTS

☐

Site Use: Motels/Hotels

Model:

919

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

WINCHESTER INN- MOTEL 6

4645 EAST PIKE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

05/14/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3518

Backflow Prevention Assembly Test Report

WINCHESTER INN-MOTEL 6

Location: MECH. ROOM ,MAINTENANCE.

4645 EAST PIKE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

137668

Account #: KAUTILYA-ZANES.

Manufacturer:

WATTS

Site Use: Motels/Hotels

Model:

709

Hazard: CONTAINMENT COMM.LOW

Type:

DC

Mailing Address

Size:

3.00

Orientation:

Protection:

PAST DUE

Test Due No Later than:

05/14/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3519

Backflow Prevention Assembly Test Report

WINCHESTER INN-MOTEL 6

Location: MECH. ROOM, MAINTENANCE. *FIRE LINE BLACK PIPE.

4645 EAST PIKE

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

099295

☐

ZANESVILLE, OH 43701

Account #: KAUTILYA-ZANES.

Manufacturer:

WATTS

☐

Site Use: Motels/Hotels

Model:

009M2QT

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RP

☐

Mailing Address

Size:

2.00

☐

Orientation:

☐

Protection:

PAST DUE

☐

Test Due No Later than:

05/14/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5246

Backflow Prevention Assembly Test Report

WINCHESTER INN-MOTEL 6

Location: SHED DOMESTIC

4645 EAST PIKE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

40483

☐

ZANESVILLE, OH 43701

Account #: KAUTILYA-ZANES.

Manufacturer:

WATTS

☐

Site Use: Motels/Hotels

Model:

919QT

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RP

☐

Mailing Address

Size:

2.00

☐

WINCHESTER INN-MOTEL6

4645 EAST PIKE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

05/14/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3679

Backflow Prevention Assembly Test Report

WINDOW TINT

1623 WEST MAIN ST.

ZANESVILLE, OH 43701

Site Use: WINDOW TINTING

Hazard: CONTAINMENT COMM.LOW

Mailing Address

RUSSELL SCOTT
WINDOW TINT
6835 TOWER LN.

NASHPORT, OH 43830

Location: BACKFLOW LOCATED FOR FRONT BUILDING LOCATED IN THIS REAR BLDG.

Meter#:

LID/Service:

Account #: WINDOW TINT-2

Serial #:

10799

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

1.00

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

10/15/2020

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 469

Backflow Prevention Assembly Test Report

WINDSORWOOD PLACE

Location: FIRE LINE.* MECH ROOM.

255 BROWNS LANE

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

3E10003

☐

COSHOCTON, OH 43812

Account #: WINDSORWOODPLACE

Manufacturer:

AMES

☐

Site Use:

Model:

3000 SILVER

☐

Hazard: FIRE LINE CONNECTION-LOW

Type:

DCDA

☐

Mailing Address

Size:

4.00

☐

ABBINGTON COSHOCTON CORP.
WINDSORWOOD PLACE
255 BROWNS LANE

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

04/19/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 471

Backflow Prevention Assembly Test Report

WINDSORWOOD PLACE

Location: FIRE LINE. * MECH ROOM.

255 BROWNS LANE

Meter#:

Serial #:

Check if Correct

Corrections

17032

☐

COSHOCKTON, OH 43812

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: FIRE LINE BYPASS-LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

ABBINGTON COSHOCTON CORP.

WINDSORWOOD PLACE

255 BROWNS LANE

Orientation:

☐

COSHOCKTON, OH 43812

Protection:

☐

Test Due No Later than:

04/19/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3308

Backflow Prevention Assembly Test Report

WINERAK

2336 MAPLE AVE.

ZANESVILLE, OH 43701

Site Use: Retail

Hazard: CONTAINMENT COMM.LOW

Mailing Address

WINERAK

2336 MAPLE AVE.

ZANESVILLE, OH 43701

Location: MECH. ROOM.

Meter#:

LID/Service:

Account #: WINERAK

Serial #:

43151

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

03/12/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1754

Backflow Prevention Assembly Test Report

WINGATE ZANESVILLE

Location: WATER SERVICE CONTAINMENT.

725 ZANE STREET

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

08855

☐

Account #: WINGATE INN

Manufacturer:

WATTS

☐

Site Use:

Model:

719QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

2.00

☐

Orientation:

☐

Protection:

☐

WINGATE INN

725 ZANE STREET

ZANESVILLE, OH 43701

Test Due No Later than:

02/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1756

Backflow Prevention Assembly Test Report

WINGATE ZANESVILLE

Location: WATER SERVICE-MECH.ROOM BEHIND OFFICE.

725 ZANE STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

08845

☐

ZANESVILLE, OH 43701

Account #: WINGATE INN

Manufacturer:

WATTS

☐

Site Use:

Model:

757A

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

2.50

☐

WINGATE INN

Orientation:

☐

725 ZANE STREET

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

02/12/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1757

Backflow Prevention Assembly Test Report

WINGATE ZANESVILLE

Location: FIRE LINE - MECH ROOM BEHIND OFFICE

725 ZANE STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

09364

☐

ZANESVILLE, OH 43701

Account #: WINGATE INN

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: FIRE LINE CONNECTION-LOW

Type:

DCVA

☐

Mailing Address

Size:

2.00

☐

WINGATE INN

Orientation:

725 ZANE STREET

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

02/12/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2938

Backflow Prevention Assembly Test Report

WINGATE ZANESVILLE

Location: BOILER MAKEUP - POOL ROOM

725 ZANE STREET

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

A67450

Account #: WINGATE INN

Manufacturer:

WATTS

Site Use:

Model:

009

Hazard: ISOLATION MED.

Type:

RPPA

Mailing Address

Size:

0.50

Orientation:

Protection:

PAST DUE

WINGATE INN

725 ZANE STREET

ZANESVILLE, OH 43701

Test Due No Later than:

12/26/2020

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5261

Backflow Prevention Assembly Test Report

WINGATE ZANESVILLE

Location: BOILER ROOM

725 ZANE STREET

Meter#:

Serial #:

Check if Correct

Corrections

4409688

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WILKINS

☐

Site Use:

Model:

975XL

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

0.75

☐

WINGATE INN

Orientation:

725 ZANE STREET

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

02/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4554

Backflow Prevention Assembly Test Report

WINGS OF HOPE TABERNACLE

Location: BOILER ROOM.

709 LEE ST.

Meter#:

Serial #:

Check if Correct

Corrections

455834

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Church

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

JIM WILLIAMS

WINGS OF HOPE TABERNACLE

709 LEE ST.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/19/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4555

Backflow Prevention Assembly Test Report

WINGS OF HOPE TABERNACLE

Location: BOILER ROOM.#1 BOILER FEED.

709 LEE ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

441541

☐

ZANESVILLE, OH 43701

Account #: WINGS OF HOPE

Manufacturer:

WATTS

☐

Site Use: Church

Model:

719

☐

Hazard: ISOLATION MED.

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

JIM WILLIAMS

WINGS OF HOPE TABERNACLE

709 LEE ST.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/19/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4556

Backflow Prevention Assembly Test Report

WINGS OF HOPE TABERNACLE

Location: BOILER ROOM.#2 BOILER FEED.

709 LEE ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

434066

☐

ZANESVILLE, OH 43701

Account #: WINGS OF HOPE

Manufacturer:

WATTS

☐

Site Use: Church

Model:

719

☐

Hazard: ISOLATION MED.

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

JIM WILLIAMS

WINGS OF HOPE TABERNACLE

709 LEE ST.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/19/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4924

Backflow Prevention Assembly Test Report

WINNSUPPLY

Location: MECH. ROOM.

4420 NORTHPOINTE DR.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

09552

☐

Account #: WINNSUPPLY

Manufacturer:

WATTS

☐

Site Use: Retail

Model:

719QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

0.75

☐

MASON JUDSON

WINNSUPPLY

4420 NORTHPOINTE DR.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

11/23/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3587

Backflow Prevention Assembly Test Report

WODA-OLDE HICKORY SUB-DIVISION

Location: MECH. ROOM

49308 WHITING AVE.

Meter#:

Serial #: Check if Correct Corrections

COSHOCTON, OH 43812

LID/Service:

08187

☐

Account #: WODA,OLDE HICKORY

Manufacturer:

WATTS

☐

Site Use: Business Office

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

ANGELA LABUSKI

WODA-OLDE HICKORY SUB-DIVISION

49308 WHITING AVE.

Orientation:

☐

COSHOCTON, OH 43812

Protection:

☐

Test Due No Later than:

03/30/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1538

Backflow Prevention Assembly Test Report

WOLFE RADIATOR

1710 MAYSVILLE AVENUE

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

STEVE WOLFE, PRESIDENT
WOLFE RADIATOR
1710 MAYSVILLE AVENUE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT. *MECH ROOM.

Meter#:

LID/Service:

Account #: WOLFERADIATOR

Serial #:

366357

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

12/14/2014

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5440

Backflow Prevention Assembly Test Report

WOOLEY PIG FARM BREWERY

Location: MECH ROOM.

23631 TOWNSHIP ROAD 167

Meter#:

Serial #: Check if Correct Corrections

FRESNO, OH 43824

LID/Service:

05734

☐

Account #: WOOLEY PIG FARM

Manufacturer:

WATTS

☐

Site Use:

Model:

LF007M2QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

1.25

☐

WOOLEY PIG FARM BREWERY

23631 TOWNSHIP ROAD 167

Orientation:

☐

FRESNO, OH 43824

Protection:

☐

Test Due No Later than:

08/27/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5441

Backflow Prevention Assembly Test Report

WOOLEY PIG FARM BREWERY

Location: MECH. ROOM.

23631 TOWNSHIP ROAD 167

Meter#:

Serial #:

Check if Correct

Corrections

29991

☐

FRESNO, OH 43824

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

LF007QT

☐

Hazard: ISOLATION LOW

Type:

DC

☐

Mailing Address

Size:

0.50

☐

WOOLEY PIG FARM BREWERY

23631 TOWNSHIP ROAD 167

Orientation:

☐

FRESNO, OH 43824

Protection:

☐

Test Due No Later than:

08/27/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3423

Backflow Prevention Assembly Test Report

WORD OF GOD COMMUNITY CHU

Location: MECH ROOM.

5445 3RD STREET

Meter#:

Serial #:
24875

Check if Correct

Corrections

ROSEVILLE, OH 43777

LID/Service:

Account #: WORD OF GOD

Manufacturer:
WATTS

Site Use: Church

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

PASTOR; MARK CATON

WORD OF GOD COMMUNITY CHURCH

P.O.BOX 127

ROSEVILLE, OH 43777

Test Due No Later than:

04/15/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4352

Backflow Prevention Assembly Test Report

WORD OF LIFE MINISTRIES

Location: MECH. ROOM. UNDER SINK.

713 DRYDEN RD.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

31202

☐

ZANESVILLE, OH 43701

Account #: WORD OF LIFE

Manufacturer:

WATTS

☐

Site Use: Church

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

WORD OF LIFE MINISTRIES

713 DRYDEN RD.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

11/06/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3880

Backflow Prevention Assembly Test Report

WORKMAN HOLDINGS

Location: MECH. ROOM

1250 FAIRVIEW RD.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

83188

Account #: WORKMAN HOLDINGS

Manufacturer:

WATTS

Site Use: REPAIR SHOP

Model:

007M2QT

Hazard: CONTAINMENT COMM.LOW

Mailing Address

Type:

DC

PAUL WORKMAN
WORKMAN HOLDINGS
1250 FAIRVIEW RD.

Size:

0.75

Orientation:

ZANESVILLE, OH 43701

Protection:

Test Due No Later than:

02/11/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1591

Backflow Prevention Assembly Test Report

WORKMAN'S

2955 MAYSVILLE PIKE

ZANESVILLE, OH 43701

Site Use: Retail

Hazard: CONTAINMENT COMM.LOW

Mailing Address

ERIC MOORE, OWNER
WORKMAN'S
2955 MAYSVILLE PIKE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT. * MECH ROOM.

Meter#:

LID/Service:

Account #: WORKMANS

Serial #:

01087

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

03/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3801

Backflow Prevention Assembly Test Report

WORSTALL JACK & SONS

718 MARIETTA ST.

ZANESVILLE, OH 43701

Site Use: Glass sales/service

Hazard: CONTAINMENT COMM.LOW

Mailing Address

BOB WORSTALL
WORSTALL JACK & SONS
718 MARIETTA ST.

ZANESVILLE, OH 43701

Location: MECH RM.

Meter#:

LID/Service:

Account #: J.WORSTALL&SONS

Serial #:

36103

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

06/25/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2550

Backflow Prevention Assembly Test Report

Y BRIDGE INC.

2919 MAYSVILLE PIKE

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

MONICA MARTINELLI
Y BRIDGE INC.
2919 MAYSVILLE PIKE

ZANESVILLE, OH 43701

Location: ABOVE REST RM. (WATER SERVICE CONTAINMENT.)

Meter#:

LID/Service:

Account #: MONICA MARTINELLI

Serial #:

09390

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

05/15/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4635

Backflow Prevention Assembly Test Report

Y CITY CROSS FIT

976 MCINTIRE AVE.

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

KYLE BALDWIN
Y CITY CROSS FIT
976 MCINTIRE AVE.

ZANESVILLE, OH 43701

Location: BASEMENT EAST WALL.

Meter#:

LID/Service:

Account #: KYLE BALDWIN

Serial #:

29613

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

12/13/2019

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4356

Backflow Prevention Assembly Test Report

YANKE BIONICS

750 PRINCETON AVE.

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

YANKE BIONICS
750 PRINCETON AVE.

ZANESVILLE, OH 43701

Location: BASEMENT,MIDDLE ROOM.

Meter#:

LID/Service:

Account #: MICHAEL SULENS-2

Serial #:

29529

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

06/06/2016

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4258

Backflow Prevention Assembly Test Report

YOUNG INSURANCE AGENCY

Location: BASEMENT.

125 N.4TH ST.

Meter#:

Serial #:
12195

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: YOUNG INSURANCE

Manufacturer:
WATTS

Site Use: Business Office

Hazard: CONTAINMENT COMM.LOW

Model:

719

Mailing Address

Type:

DCVA

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

09/18/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3715

Backflow Prevention Assembly Test Report

BOOST MOBILE

1063 LINDEN AVE.

ZANESVILLE, OH 43701

Site Use: Retail

Hazard: CONTAINMENT COMM.LOW

Mailing Address

ERICA FORD
YSF-LLC, BOOST MOBILE
1063 LINDEN AVE.

ZANESVILLE, OH 43701

Location: MECH.RM.

Meter#:

LID/Service:

Account #: BOOST MOBILE

Serial #:

27542

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Past Due

Test Due No Later than:

08/03/2018

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 900

Backflow Prevention Assembly Test Report

YUKATAN RESTAURANT

Location: BASEMENT

1167 WALNUT STREET

Meter#:

Serial #: Check if Correct Corrections

COSHOCTON, OH 43812

LID/Service:

557777

740-623-2600

Account #: YUKATANRESTAURANT

Manufacturer:

WILKINS

Site Use: Restaurant

Model:

950XL

Hazard: CONTAINMENT COMM.LOW

Type:

DC

Mailing Address

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

01/13/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3671

Backflow Prevention Assembly Test Report

Z NAILSLocation: **MECH. ROOM.****3521 MAPLE AVE.**

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

36474Account #: **Z NAILS**

Manufacturer:

WATTSSite Use: **Beauty Salon/Barber**

Model:

719Hazard: **CONTAINMENT COMM.LOW**

Mailing Address

Type:

DCVA**THNY LUU**

Size:

0.75**Z NAILS**

Orientation:

3521 MAPLE AVE.**ZANESVILLE, OH 43701**

Protection:

Test Due No Later than:

02/20/2023Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4481

Backflow Prevention Assembly Test Report

ZAK'S RESTAURANT

Location: *BASEMENT.

33 NORTH 3RD STREET (REAR)

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

314571

Account #: ZAKSRESTAURANT

Manufacturer:

WATTS

Site Use: Restaurant

Model:

009M3-FP

Hazard: CONTAINMENT COMM.LOW

Type:

RP

Mailing Address

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

09/26/2017

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4359

Backflow Prevention Assembly Test Report

ZANE CASKET CO.

1201 HALL AVE.

ZANESVILLE, OH 43701

Site Use: Manufacturing- Light

Hazard: CONTAINMENT COMM.LOW

Mailing Address

BOB DAUGHTERY
ZANE CASKET CO.
1201 HALL AVE.

ZANESVILLE, OH 43701

Location: GAS METER ROOM, REAR OF BUILDING.

Meter#:

LID/Service:

Account #: ZANE CASKET CO.

Serial #: Check if Correct Corrections

407473

Manufacturer:

APOLLO/CONBRAC

Model:

DC4A

Type:

DC

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

03/18/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 337

Backflow Prevention Assembly Test Report

ZANE FOOD MART

1301 LINDEN AVENUE

ZANESVILLE, OH 43701

Site Use: Convenience

Hazard: CONTAINMENT COMM.LOW

Mailing Address

RAJ PATEL
ZANE FOOD MART
1301 LINDEN AVENUE

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: ZANE FOOD MART

Serial #:

87538

Manufacturer:

WATTS

Model:

009

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

09/09/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2491

Backflow Prevention Assembly Test Report

ZANE MOBILE HOME PARK

433 PINE STREET

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

JUSTIN WAGNER
ZANE MOBILE HOME PARK
P.O.BOX 8161

ZANESVILLE, OH 43701

Location: *IN BASEMENT BY BACK DOOR.(WATER SERVICE CONTAINMENT)

Meter#:

LID/Service:

Account #: ZANEMOBILEHOMEPARK

Serial #:

A34342

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

01/17/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3842

Backflow Prevention Assembly Test Report

BEARCOM WIRELESS WORLDWII

Location: WATER SERVICE.

302 PUTNAM AVE.

Meter#:

Serial #: 30610

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: BEARCOM WIRELESS

Manufacturer:

WATTS

Site Use: Business Office

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

ZANE RENTALS LLC
2 22ND ST., SUITE 302

WHEELING, WV 26003

Test Due No Later than:

03/04/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4674

Backflow Prevention Assembly Test Report

ZANE STATE ADVANCED SCIENC

Location: MECH. ROOM.

1450 NEWARK RD.

Meter#:

Serial #: Check if Correct Corrections

104506 0613

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: School

Model:

994

☐

Hazard: CONTAINMENT RESIDENTAL MED.

Type:

RPDA

☐

Mailing Address

Size:

3.00

☐

ALBERT BROWN

ZANE STATE ADVANCED SCIENCE & TECHNOLOGY CTR.

1450 NEWARK RD.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/06/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4952

Backflow Prevention Assembly Test Report

ZANE STATE ADVANCED SCIENC

1450 NEWARK RD.

ZANESVILLE, OH 43701

Site Use: School

Hazard: CONTAINMENT RESIDENTIAL MED.

Mailing Address

ALBERT BROWN

ZANE STATE ADVANCED SCIENCE & TECHNOLOGY CTR.

1450 NEWARK RD.

ZANESVILLE, OH 43701

Location: _____

Meter#:

LID/Service:

Account #: ZANE STATE

Serial #:

1061250613

Check if Correct

Corrections

Manufacturer:

AMES

Model:

5000

Type:

RPDA

Size:

6.00

Orientation:

Protection:

Test Due No Later than:

04/06/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4953

Backflow Prevention Assembly Test Report

ZANE STATE ADVANCED SCIENC

Location: _____

1450 NEWARK RD.

Meter#:

Serial #:

Check if Correct

Corrections

12762

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

AMES

☐

Site Use: School

Model:

4000B

☐

Hazard: CONTAINMENT RESIDENTAL MED.

Type:

RP

☐

Mailing Address

Size:

0.75

☐

ALBERT BROWN

ZANE STATE ADVANCED SCIENCE & TECHNOLOGY CTR.

1450 NEWARK RD.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/06/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2442

Backflow Prevention Assembly Test Report

OUZ-ZANE STATE COLLEGE

Location: MECH RM. BOILER FEED.

1425 NEWARK RD.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

290060

Account #: OUZ CAMPUS

Manufacturer:

WATTS

Site Use:

Model:

009

Hazard: ISOLATION MED.

Type:

RPPA

Mailing Address

Size:

1.00

Orientation:

Protection:

JASON LATCHIC FAC. MANAGER
ZANE STATE COLLEGE
1425 NEWARK ROAD

ZANESVILLE, OH 43701

Test Due No Later than:

04/06/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4232

Backflow Prevention Assembly Test Report

ZANE TRACE CLEAN CARE UNIFORMS
763 PUTNAM AVENUE

ZANESVILLE, OH 43701

Site Use: Laundromat

Hazard: CONTAINMENT COMM. MED.

Mailing Address

CHARLOTTE AND DALE JOHNSON
ZANE TRACE CLEAN CARE UNIFORMS
763 PUTNAM AVENUE

ZANESVILLE, OH 43701

Location: *MECH.RM.

Meter#:

LID/Service:

Account #: ZANETRACECLEANCARE

Serial #:

16728

Manufacturer:

WATTS

Model:

919

Type:

RPPA

Size:

2.00

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

01/08/2021

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3889

Backflow Prevention Assembly Test Report

ZANE TRACE PLAYERS

148 N.7TH.ST.

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

BRUCE REVENNAUGH
ZANE TRACE PLAYERS
148 N.7TH.ST.

ZANESVILLE, OH 43701

Location: BASEMENT UNDER STEPS.

Meter#:

LID/Service:

Account #: ZANE TRACE PLAYER

Serial #:

32913

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

01/20/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4361

Backflow Prevention Assembly Test Report

ZANE TRACE VILLAGE

Location: MECH.ROOM.

1600 ADAMS LANE

Meter#:

Serial #: 08437

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: ZANETRACEVILLAGE

Manufacturer:

WATTS

Site Use:

Hazard: FIRE LINE CONNECTION-LOW

Model:

719

Mailing Address

Type:

DCVA

LINDA SOWERS
ZANE TRACE VILLAGE
1600 ADAMS LANE

Size:

1.50

Orientation:

ZANESVILLE, OH 43701

Protection:

Test Due No Later than:

04/09/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4557

Backflow Prevention Assembly Test Report

ZANE TRACE VILLAGE

Location: MECH.ROOM.

1600 ADAMS LANE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

06350

☐

ZANESVILLE, OH 43701

Account #: ZANETRACEVILLAGE

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

2.00

☐

LINDA SOWERS

ZANE TRACE VILLAGE

1600 ADAMS LANE

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/09/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 365

Backflow Prevention Assembly Test Report

ZANESVILLE ART CENTER

Location: *MECH ROOM. - BOILER MAKEUP WATER.

620 MILITARY ROAD

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

118021

☐

ZANESVILLE, OH 43701

Account #: ZANESARTCENTER

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐FRED ORR, FACILITY TECH
ZANESVILLE ART CENTER
620 MILITARY ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/16/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 366

Backflow Prevention Assembly Test Report

ZANESVILLE ART CENTER

Location: FIRE LINE. *BASEMENT MECH.ROOM

620 MILITARY ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

110634

☐

ZANESVILLE, OH 43701

Account #: ZANESARTCENTER

Manufacturer:

AMES

☐

Site Use:

Model:

3000 SILVER

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

DCDA

☐

Mailing Address

Size:

2.50

☐

FRED ORR, FACILITY TECH
ZANESVILLE ART CENTER
620 MILITARY ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/16/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 367

Backflow Prevention Assembly Test Report

ZANESVILLE ART CENTER

Location: FIRE LINE. * BASEMENT.

620 MILITARY ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

16408

☐

ZANESVILLE, OH 43701

Account #: ZANESARTCENTER

Manufacturer:

AMES

☐

Site Use:

Model:

2000B

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

DC

☐

Mailing Address

Size:

0.75

☐

FRED ORR, FACILITY TECH
ZANESVILLE ART CENTER
620 MILITARY ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/16/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 368

Backflow Prevention Assembly Test Report

ZANESVILLE ART CENTER

Location: MAIN WATER SERVICE CONTAINMENT.*BASEMENT NORTH SIDE OF BLDG.

620 MILITARY ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

333826

☐

ZANESVILLE, OH 43701

Account #: ZANESARTCENTER

Manufacturer:

WATTS

☐

Site Use:

Model:

909

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

☐

Mailing Address

Size:

1.25

☐

FRED ORR, FACILITY TECH
ZANESVILLE ART CENTER
620 MILITARY ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/16/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1233

Backflow Prevention Assembly Test Report

ZANESVILLE BIBLE METHODIST

Location: WATER SERVICE CONTAINMENT. *MEN'S RESTROOM.

925 GROVE ROAD

Meter#:

Serial #: 45968

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: ZANESBIBLEMETHODIS

Manufacturer:

WATTS

Site Use: Church

Hazard: CONTAINMENT COMM.LOW

Mailing Address

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

ZANESVILLE BIBLE METHODIST CHURCH
925 GROVE ROAD

ZANESVILLE, OH 43701

Test Due No Later than:

04/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1234

Backflow Prevention Assembly Test Report

ZANESVILLE BIBLE METHODIST CHURCH

Location: WATER SERVICE CONTAINMENT.

925 GROVE ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

83672

☐

ZANESVILLE, OH 43701

Account #: ZANESBIBLEMETHODIS

Manufacturer:

WATTS

☐

Site Use: Church

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐ZANESVILLE BIBLE METHODIST CHURCH
925 GROVE ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/09/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4363

Backflow Prevention Assembly Test Report

ZANESVILLE BOARD OF REALTORS

Location: MECH. ROOM, BY WATER HEATER.

800 LEONARD AVE. SUITE A

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

33844

☐

ZANESVILLE, OH 43701

Account #: BOARD OF REALTORS

Manufacturer:

WATTS

☐

Site Use:

Model:

LF719QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

0.75

☐

ZANESVILLE BOARD OF REALTORS

800 LEONARD AVE. SUITE A

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/27/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 714

Backflow Prevention Assembly Test Report

ZANESVILLE CHURCH OF CHRIS

Location: WATER SERVICE CONTAINMENT. * MECH ROOM.

4900 WEST PIKE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

71661

Account #: ZANECHURCHOFCHRIST

Manufacturer:

WATTS

Site Use:

Model:

007

Hazard: CONTAINMENT COMM.LOW

Mailing Address

Type:

DCVA

Size:

0.75

Orientation:

Protection:

ZANESVILLE CHURCH OF CHRIST
4900 WEST PIKE

ZANESVILLE, OH 43701

Test Due No Later than:

04/03/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3414

Backflow Prevention Assembly Test Report

ZANESVILLE CHURCH OF CHRIS

Location: FIRE LINE.

4900 WEST PIKE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

1232131109

Account #: ZANECHURCHOFCHRIST

Manufacturer:

AMES

Site Use:

Model:

4000 SILVER

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPPA

Mailing Address

Size:

2.50

Orientation:

Protection:

ZANESVILLE CHURCH OF CHRIST
4900 WEST PIKE

ZANESVILLE, OH 43701

Test Due No Later than:

04/03/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4496

Backflow Prevention Assembly Test Report

ZANESVILLE CHURCH OF GOD

Location: BASEMENT.

3064 COOPERMILL RD.

Meter#:

Serial #: 29681

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: ZANES.CHURCHOFGOD

Manufacturer:

WATTS

Site Use: Church

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

KEITH GREEN, TRUSTEE

ZANESVILLE CHURCH OF GOD

3064 COOPERMILL RD.

ZANESVILLE, OH 43701

Test Due No Later than:

10/03/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1240

Backflow Prevention Assembly Test Report

ZANESVILLE MUNICIPAL AIRPOR

Location: WATER SERVICE CONTAINMENT. *MECH ROOM.

850 AIRPORT ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

417532

☐

ZANESVILLE, OH 43701

Account #: MUNICIPALAIRPORT

Manufacturer:

WATTS

☐

Site Use:

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

BRYAN LYONS

ZANESVILLE CITY HALL

401 MARKET ST.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

02/18/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked

☐

Leaked

☐

Did not open

☐

Date _____

Closed Tight

☐

Closed Tight

☐

Did not open

☐

Opened Fully

Yes

☐

Leaked

☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned

☐

Rubber Kit

☐

Rebuild

☐

Replaced

☐

Other

☐

Final Test

Date _____

Closed Tight

☐

Closed Tight

☐

Opened Fully

☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes

No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1242

Backflow Prevention Assembly Test Report

ZANESVILLE MUNICIPAL AIRPOR

Location: WATER SERVICE CONTAINMENT. * HANGER.

850 AIRPORT ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

01147

☐

ZANESVILLE, OH 43701

Account #: MUNICIPALAIRPORT

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

BRYAN LYONS

ZANESVILLE CITY HALL

401 MARKET ST.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

02/17/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1243

Backflow Prevention Assembly Test Report

ZANESVILLE MUNICIPAL AIRPOR

Location: FIRE LINE . * MECH ROOM.

850 AIRPORT ROAD

Meter#:

Serial #:

Check if Correct

Corrections

47129

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Hazard: LIMITED AREA SPRINKLER

Model:

007

☐

Mailing Address

Type:

DCVA

☐

Size:

1.00

☐

Orientation:

☐

Protection:

PAST DUE

☐

Test Due No Later than:

02/17/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3990

Backflow Prevention Assembly Test Report

ZANESVILLE CITY SCHOOLS

Location: MECH ROOM.

1740 BLUE AVE.

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

29190

Account #: ZANES.CITY SCHLS.

Manufacturer:

WATTS

Site Use: Church

Model:

919

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

Mailing Address

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

06/10/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4550

Backflow Prevention Assembly Test Report

ZANESVILLE CITY SCHOOLS

Location: MECH ROOM. BOILER FEED.

1740 BLUE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

40519

☐

ZANESVILLE, OH 43701

Account #: ZANES.CITY SCHLS.

Manufacturer:

WATTS

☐

Site Use: Church

Model:

719

☐

Hazard: ISOLATION MED.

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

MATT HITTLE

ZANESVILLE CITY SCHOOLS

1701 BLUE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

06/10/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1540

Backflow Prevention Assembly Test Report

ZANESVILLE CIVIC LEAGUE

Location: WATER SERVICE CONTAINMENT. * MECH ROOM.

928 JACKSON STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

14432

☐

ZANESVILLE, OH 43701

Account #: ZANESCIVICLEAGUE

Manufacturer:

WATTS

☐

Site Use: Recreation Center\Club Ho

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

HOWARD STEWART, JR., DIRECTOR

ZANESVILLE CIVIC LEAGUE

928 JACKSON STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

05/30/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1159

Backflow Prevention Assembly Test Report

ZANESVILLE COMMUNITY THEAT

Location: *BASEMENT.

940 FINDLEY AVENUE

Meter#:

Serial #:
01038

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: ZANESCOMMTEATER

Manufacturer:
WATTS

Site Use: PLAY ACTING

Model:

Hazard: CONTAINMENT COMM.LOW

719

Mailing Address

Type:

DCVA

CARLETON UNDERWOOD, TREASURER
ZANESVILLE COMMUNITY THEATER
P.O. BOX 2967

Size:

0.75

Orientation:

ZANESVILLE, OH 43701

Protection:

Test Due No Later than:

07/11/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2926

Backflow Prevention Assembly Test Report

ZANESVILLE COMMUNITY THEAT

Location: *BASEMENT BATHROOM,LIMITED HEAD FIRE SPRINKLER SYSTEM.

940 FINDLEY AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

06871

☐

ZANESVILLE, OH 43701

Account #: ZANESCOMMTEATER

Manufacturer:

WATTS

☐

Site Use: PLAY ACTING

Model:

719

☐

Hazard: LIMITED AREA SPRINKLER

Type:

DCVA

☐

Mailing Address

Size:

1.50

☐

CARLETON UNDERWOOD,TREASURER
ZANESVILLE COMMUNITY THEATER
P.O. BOX 2967

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

07/11/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 495

Backflow Prevention Assembly Test Report

ZANESVILLE COUNTRY CLUB

1300 COUNTRY CLUB DRIVE

ZANESVILLE, OH 43702

Site Use:

Hazard: ISOLATION MED.

Mailing Address

SHANE KIMBLE, MTCE.

ZANESVILLE COUNTRY CLUB

P.O. BOX 2490

ZANESVILLE, OH 43702

Location: WATER SERVICE CONTAINMENT. - TO POOL PUMP.

Meter#:

LID/Service:

Account #: ZANESCOUNTRYCLUB

Serial #:

336828

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

909

Type:

RPPA

Size:

2.00

Orientation:

Protection:

Test Due No Later than:

07/19/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 496

Backflow Prevention Assembly Test Report

ZANESVILLE COUNTRY CLUB

1300 COUNTRY CLUB DRIVE

ZANESVILLE, OH 43702

Site Use:

Hazard: IRRIGATION MED-ISOLATION

Mailing Address

SHANE KIMBLE, MTCE.

ZANESVILLE COUNTRY CLUB

P.O. BOX 2490

ZANESVILLE, OH 43702

Location: LAWN SPRINKLER.*MECH. RM.

Meter#:

LID/Service:

Account #: ZANESCOUNTRYCLUB

Serial #:

980501337

Check if Correct

Corrections

Manufacturer:

FEBCO

Model:

880V

Type:

RP

Size:

8.00

Orientation:

Protection:

Test Due No Later than:

07/19/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 497

Backflow Prevention Assembly Test Report

ZANESVILLE COUNTRY CLUB

Location: POOL HOUSE.*MECH.RM. *CONCESSION STAND & REST ROOMS.

1300 COUNTRY CLUB DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

150774

☐

ZANESVILLE, OH 43702

Account #: ZANESCOUNTRYCLUB

Manufacturer:

WATTS

☐

Site Use:

Hazard: CONTAINMENT COMM.LOW

Model:

007

☐

Mailing Address

Type:

DCVA

☐

SHANE KIMBLE, MTCE.

ZANESVILLE COUNTRY CLUB

P.O. BOX 2490

Size:

0.75

☐

Orientation:

☐

ZANESVILLE, OH 43702

Protection:

☐

Test Due No Later than:

07/19/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 498

Backflow Prevention Assembly Test Report

ZANESVILLE COUNTRY CLUB

1300 COUNTRY CLUB DRIVE

ZANESVILLE, OH 43702

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

SHANE KIMBLE, MTCE.

ZANESVILLE COUNTRY CLUB

P.O. BOX 2490

ZANESVILLE, OH 43702

Location: WATER SERVICE CONTAINMENT. (replaced #446890)

Meter#:

LID/Service:

Account #: ZANESCOUNTRYCLUB

Serial #:

24024

Manufacturer:

WATTS

Model:

919

Type:

RPPA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

07/19/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 499

Backflow Prevention Assembly Test Report

ZANESVILLE COUNTRY CLUB

1300 COUNTRY CLUB DRIVE

ZANESVILLE, OH 43702

Site Use:

Hazard: ISOLATION MED.

Mailing Address

SHANE KIMBLE, MTCE.

ZANESVILLE COUNTRY CLUB

P.O. BOX 2490

ZANESVILLE, OH 43702

Location: TO BOILER AT POOL.* WADING POOL.

Meter#:

LID/Service:

Account #: ZANESCOUNTRYCLUB

Serial #:

476290

Manufacturer:

WATTS

Model:

909QT

Type:

RP

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

07/19/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 500

Backflow Prevention Assembly Test Report

ZANESVILLE COUNTRY CLUB

Location: THE PIT,PUMP ROOM FOR BIG POOL.

1300 COUNTRY CLUB DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

476117

☐

ZANESVILLE, OH 43702

Account #: ZANESCOUNTRYCLUB

Manufacturer:

WATTS

☐

Site Use:

Model:

909

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

SHANE KIMBLE, MTCE.

ZANESVILLE COUNTRY CLUB

P.O. BOX 2490

Orientation:

☐

ZANESVILLE, OH 43702

Protection:

☐

Test Due No Later than:

07/19/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 501

Backflow Prevention Assembly Test Report

ZANESVILLE COUNTRY CLUB

Location: WATER SERVICE CONTAINMENT.

1300 COUNTRY CLUB DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

04655

☐

ZANESVILLE, OH 43702

Account #: ZANESCOUNTRYCLUB

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

2.50

☐

SHANE KIMBLE, MTCE.

ZANESVILLE COUNTRY CLUB

P.O. BOX 2490

Orientation:

☐

ZANESVILLE, OH 43702

Protection:

☐

Test Due No Later than:

07/19/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 502

Backflow Prevention Assembly Test Report

ZANESVILLE COUNTRY CLUB

1300 COUNTRY CLUB DRIVE

ZANESVILLE, OH 43702

Site Use:

Hazard: CONTAINMENT COMM. MED.

Mailing Address

SHANE KIMBLE, MTCE.

ZANESVILLE COUNTRY CLUB

P.O. BOX 2490

ZANESVILLE, OH 43702

Location: WATER SERVICE CONTAINMENT.- MAIN WATER.*BASEMENT.

Meter#:

LID/Service:

Account #: ZANESCOUNTRYCLUB

Serial #:

336831

Manufacturer:

WATTS

Model:

909

Type:

RPPA

Size:

2.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

07/19/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3000

Backflow Prevention Assembly Test Report

ZANESVILLE COUNTRY CLUB

Location: TO BOILER.

1300 COUNTRY CLUB DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

624579

☐

ZANESVILLE, OH 43702

Account #: ZANESCOUNTRYCLUB

Manufacturer:

WATTS

☐

Site Use:

Model:

909QT

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

0.75

☐

SHANE KIMBLE, MTCE.

ZANESVILLE COUNTRY CLUB

P.O. BOX 2490

Orientation:

☐

ZANESVILLE, OH 43702

Protection:

☐

Test Due No Later than:

07/19/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4583

Backflow Prevention Assembly Test Report

ZANESVILLE COUNTRY CLUB

1300 COUNTRY CLUB DRIVE

ZANESVILLE, OH 43702

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

SHANE KIMBLE, MTCE.

ZANESVILLE COUNTRY CLUB

P.O. BOX 2490

ZANESVILLE, OH 43702

Location: WATER SERVICE CONTAINMENT. TO MAINTENANCE SHOP MECH. RM.

Meter#:

LID/Service:

Account #: ZANESCOUNTRYCLUB

Serial #:

31019

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

07/19/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1835

Backflow Prevention Assembly Test Report

ZANESVILLE DAY NURSEY

Location: WATER SERVICE CONTAINMENT. * BASEMENT.

505 LINDEN AVE.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

1146104

☐

ZANESVILLE, OH 43701

Account #: ZANSDAYNURSEY

Manufacturer:

WILKINS

☐

Site Use: Child/Day Care/Nursery

Model:

950XL

☐

Hazard: CONTAINMENT COMM.LOW

Mailing Address

Type:

DC

☐

ANGIE KAISER

Size:

1.50

☐

ZANESVILLE DAY NURSEY

Orientation:

505 LINDEN AVE.

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

01/25/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4005

Backflow Prevention Assembly Test Report

ZANESVILLE DAY NURSEY

Location: BOILER - MECH ROOM

505 LINDEN AVE.

Meter#:

Serial #:

Check if Correct

Corrections

333665

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Child/Day Care/Nursery

Model:

009

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

☐

Mailing Address

Size:

0.38

☐

ANGIE KAISER

ZANESVILLE DAY NURSEY

505 LINDEN AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

01/25/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2033

Backflow Prevention Assembly Test Report

ZANESVILLE ENDODONTICS, LLC

Location: MECH ROOM - NIST DENTAL WATER.

3555 CLIFFHANGER WAY

Meter#:

Serial #:

Check if Correct

Corrections

250759

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: ISOLATION MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

DR. JUDY

Orientation:

☐

ZANESVILLE ENDODONTICS, LLC.

3555 CLIFFHANGER WAY

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

04/22/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2034

Backflow Prevention Assembly Test Report

ZANESVILLE ENDODONTICS, LLC

Location: WATER SERVICE CONTAINMENT. - DOMESTIC WATER. - MECH ROOM.

3555 CLIFFHANGER WAY

Meter#:

Serial #:

Check if Correct

Corrections

153186

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

DR.JUDY

Orientation:

☐

ZANESVILLE ENDODONTICS, LLC.

3555 CLIFFHANGER WAY

Protection:

☐

ZANESVILLE, OH 43701

Test Due No Later than:

04/22/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1541

Backflow Prevention Assembly Test Report

ZANESVILLE FABRICATORS

1845 CHANDLERSVILLE ROAD

ZANESVILLE, OH 43701

Site Use: COUNTERTOP FABRICATORS

Hazard: FIRE LINE CONNECTION-LOW

Mailing Address

ZANESVILLE FABRICATORS
1845 CHANDLERSVILLE ROAD

ZANESVILLE, OH 43701

Location: FIRE LINE. * MECH ROOM..

Meter#:

LID/Service:

Account #: ZANESVILLEFABRICAT

Serial #:

2EN0666

Check if Correct

Corrections

Manufacturer:

AMES

Model:

2000 SILVER

Type:

DCVA

Size:

4.00

Orientation:

Protection:

Test Due No Later than:

03/16/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1542

Backflow Prevention Assembly Test Report

ZANESVILLE FABRICATORS

1845 CHANDLERSVILLE ROAD

ZANESVILLE, OH 43701

Site Use: COUNTERTOP FABRICATORS

Hazard: CONTAINMENT COMM.LOW

Mailing Address

ZANESVILLE FABRICATORS
1845 CHANDLERSVILLE ROAD

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT. * MECH ROOM.

Meter#:

LID/Service:

Account #: ZANESVILLEFABRICAT

Serial #:

28679

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

1.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

03/16/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2355

Backflow Prevention Assembly Test Report

ZANESVILLE FAMILY PRACTICE

Location: BASEMENT.

1215 NEWARK RD.

Meter#:

Serial #: 06408

Check if Correct

Corrections

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

DR. KRISTOFER SANDLUND

ZANESVILLE FAMILY PRACTICE

1215 NEWARK RD.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/06/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3608

Backflow Prevention Assembly Test Report

KICK'N AXE

970 LINDEN AVE.

ZANESVILLE, OH 43701

Site Use: Glass sales/service

Hazard: CONTAINMENT COMM.LOW

Mailing Address

ZANESVILLE GLASS SERVICE INC.
970 LINDEN AVE.

ZANESVILLE, OH

Location: MENS REST ROOM.

Meter#:

LID/Service:

Account #: KICK'N AXE

Serial #:

28515

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

11/05/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1739

Backflow Prevention Assembly Test Report

GOODWILL INDUSTRIES INC.

Location: WATER SERVICE CONTAINMENT

3610 WEST PIKE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

18591

Account #: GOODWILL

Manufacturer:

WATTS

Site Use:

Model:

Hazard: CONTAINMENT COMM.LOW

007

Mailing Address

Type:

DCVA

ATTN:BOB - MAINTENANCE

ZANESVILLE GOODWILL INDUSTRIES INC.

3610 WEST PIKE

Size:

1.00

Orientation:

ZANESVILLE, OH 43701

Protection:

Test Due No Later than:

01/07/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4365

Backflow Prevention Assembly Test Report

ZANESVILLE GYMNASTICS

Location: REST ROOM.

361 RICHARDS RD.

Meter#:

Serial #: 14149

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Account #: ZANES.GYMNASTICS

Manufacturer:

WATTS

Site Use: GYMNASTICS

Model:

719

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

ZANESVILLE GYMNASTICS
361 RICHARDS RD.

ZANESVILLE, OH 43701

Test Due No Later than:

02/21/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1776

Backflow Prevention Assembly Test Report

ZANESVILLE HAMPTON INN

Location: LAWN SPRINKLER

1009 SPRING STREET

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

22228

Account #: ZANES.HAMPTONINN

Manufacturer:

WATTS

Site Use: Motels/Hotels

Model:

009

Hazard: IRRIGATION MED-ISOLATION

Type:

RPPA

Mailing Address

Size:

1.50

Orientation:

Protection:

MANAGER

ZANESVILLE HAMPTON INN

1009 SPRING STREET

ZANESVILLE, OH 43701

Test Due No Later than:

04/07/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1777

Backflow Prevention Assembly Test Report

ZANESVILLE HAMPTON INN

Location: FIRE LINE. - FIRE SPRINKLER SYSTEM.

1009 SPRING STREET

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

2LM0187

☐

ZANESVILLE, OH 43701

Account #: HAMPTONINN

Manufacturer:

AMES

☐

Site Use: Motels/Hotels

Model:

2000 SILVER

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

DCVA

☐

Mailing Address

Size:

4.00

☐

MANAGER

ZANESVILLE HAMPTON INN

1009 SPRING STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/07/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1778

Backflow Prevention Assembly Test Report

ZANESVILLE HAMPTON INN

Location: WATER SERVICE CONTAINMENT.

1009 SPRING STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

40156

☐

ZANESVILLE, OH 43701

Account #: HAMPTONINN

Manufacturer:

WATTS

☐

Site Use: Motels/Hotels

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

2.00

☐

MANAGER

ZANESVILLE HAMPTON INN

1009 SPRING STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/07/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 964

Backflow Prevention Assembly Test Report

ZANESVILLE HISTORIC APTS.

Location: FIRE LINE. - BASEMENT.

62 NORTH 3RD STREET

Meter#:

Serial #: Check if Correct Corrections

1016451201

☐

ZANESVILLE, OH 43701

LID/Service:

Account #: ZANES.HISTORICAPT

Manufacturer:

AMES

☐

Site Use: Apartments

Model:

5000

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

4.00

☐

JANICE ANDERSON, AGENT
ZANESVILLE HISTORIC APTS.
62 NORTH 3RD STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

01/27/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 965

Backflow Prevention Assembly Test Report

ZANESVILLE HISTORIC APTS.

Location: FIRE LINE BYPASS, BASEMENT.

62 NORTH 3RD STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

03830

☐

ZANESVILLE, OH 43701

Account #: ZANES.HISTORICAPT

Manufacturer:

AMES

☐

Site Use: Apartments

Model:

4000B

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐

JANICE ANDERSON, AGENT

ZANESVILLE HISTORIC APTS.

62 NORTH 3RD STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/27/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 966

Backflow Prevention Assembly Test Report

ZANESVILLE HISTORIC APTS.

Location: WATER SERVICE CONTAINMENT. - BASEMENT.

62 NORTH 3RD STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

02074

☐

ZANESVILLE, OH 43701

Account #: ZANES.HISTORICAPT

Manufacturer:

AMES

☐

Site Use: Apartments

Model:

4000B

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RP

☐

Mailing Address

Size:

1.50

☐

JANICE ANDERSON, AGENT

ZANESVILLE HISTORIC APTS.

62 NORTH 3RD STREET

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/27/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3849

Backflow Prevention Assembly Test Report

P & H SOCIETY

304 WOODLAWN AVE.

ZANESVILLE, OH 43701

Site Use: HISTORICAL BUILDING

Hazard: CONTAINMENT COMM.LOW

Mailing Address

ZANESVILLE HISTORICAL SOCIETY
115 JEFFERSON ST.

ZANESVILLE, OH 43701

Location: BASEMENT

Meter#:

LID/Service:

Account #: ZANES.HIST.SOC.

Serial #:
28550Manufacturer:
WATTSModel:
719Type:
DCVASize:
0.75

Orientation:

Protection:

Check if Correct Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

09/14/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4112

Backflow Prevention Assembly Test Report

P & H SOCIETY

Location: IN BASEMENT ON BOILER

304 WOODLAWN AVE.

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

27801

☐

Account #: ZANES.HIST.SOC.

Manufacturer:

WATTS

☐

Site Use: HISTORICAL BUILDING

Model:

719

☐

Hazard: ISOLATION MED.

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

Protection:

☐ZANESVILLE HISTORICAL SOCIETY
115 JEFFERSON ST.

ZANESVILLE, OH 43701

Test Due No Later than:

09/14/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 218

Backflow Prevention Assembly Test Report

ZANESVILLE HONDA

3240 MAPLE AVENUE

ZANESVILLE, OH 43701

Site Use: AUTO SALES

Hazard: CONTAINMENT COMM.LOW

Mailing Address

ZANESVILLE HONDA
3240 MAPLE AVENUE

ZANESVILLE, OH 43701

Location: *MECH ROOM - WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: ZVILLE HONDA-2

Serial #:

W073915

Manufacturer:

WILKINS

Model:

950XL

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

07/13/2020

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4366

Backflow Prevention Assembly Test Report

ZANESVILLE JOINT & CLUTCH

Location: MECH ROOM.

1900 KEMPER CT.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

30624

☐

ZANESVILLE, OH 43701

Account #: ZANE.JOINT&CLUTCH

Manufacturer:

WATTS

☐

Site Use: REPAIR SHOP

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

CHRIS PARLIN

ZANESVILLE JOINT & CLUTCH

1900 KEMPER CT.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

07/02/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 728

Backflow Prevention Assembly Test Report

ZANESVILLE MEDICAL CENTER

Location: MECH. ROOM.

1400 BRANDYWINE BLVD.

Meter#:

Serial #:
92649

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

Site Use:

Hazard: CONTAINMENT COMM.LOW

Model:

007

Mailing Address

Type:

DCVA

DR. RICHARD SHAW

ZANESVILLE MEDICAL CENTER

1400 BRANDYWINE BLVD.

Size:

0.75

Orientation:

ZANESVILLE, OH 43701

Protection:

Test Due No Later than:

03/13/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 729

Backflow Prevention Assembly Test Report

ZANESVILLE MEDICAL CENTER

Location: FIRE LINE - MECH ROOM

1400 BRANDYWINE BLVD.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

29850-0

☐

ZANESVILLE, OH 43701

Account #: SHAWBLDG#02

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: FIRE LINE CONNECTION-LOW

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

DR. RICHARD SHAW

ZANESVILLE MEDICAL CENTER

1400 BRANDYWINE BLVD.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/13/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 180

Backflow Prevention Assembly Test Report

ZANESVILLE METROPOLITAN HC

Location: WATER SERVICE CONTAINMENT.

767 CLIFFWOOD AVENUE

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

336520

☐

Account #: ZANESMETROHOUSING

Manufacturer:

WATTS

☐

Site Use:

Model:

909

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

1.50

☐

ZMHA

ZANESVILLE METROPOLITAN HOUSING

407 PERSHING ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/25/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1669

Backflow Prevention Assembly Test Report

ZANESVILLE METROPOLITAN HC

Location: FIRE LINE. *MECH.RM.

407 PERSHING ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

3L10368

☐

ZANESVILLE, OH 43701

Account #: ZANESMETROHOUSING

Manufacturer:

AMES

☐

Site Use:

Model:

3000 SILVER

☐

Hazard: FIRE LINE CONNECTION-LOW

Type:

DCDA

☐

Mailing Address

Size:

3.00

☐

ZMHA

ZANESVILLE METROPOLITAN HOUSING

407 PERSHING ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/25/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1670

Backflow Prevention Assembly Test Report

ZANESVILLE METROPOLITAN HC

Location: WATER SERVICE CONTAINMENT. *MECH.RM.

407 PERSHING ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

48786

☐

ZANESVILLE, OH 43701

Account #: ZANESMETROHOUSING

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: CONTAINMENT COMM. MED.

Mailing Address

Type:

RPPA

☐

Size:

2.00

☐

Orientation:

☐

Protection:

☐

ZMHA

ZANESVILLE METROPOLITAN HOUSING

407 PERSHING ROAD

ZANESVILLE, OH 43701

Test Due No Later than:

03/25/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1671

Backflow Prevention Assembly Test Report

ZANESVILLE METROPOLITAN HC

Location: FIRE LINE BYPASS. *MECH. RM.

407 PERSHING ROAD

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

06831

☐

ZANESVILLE, OH 43701

Account #: ZANESMETROHOUSING

Manufacturer:

WATTS

☐

Site Use:

Model:

007

☐

Hazard: FIRE LINE BYPASS-LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

ZMHA

ZANESVILLE METROPOLITAN HOUSING

407 PERSHING ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/25/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1672

Backflow Prevention Assembly Test Report

ZANES.METRO HOUSING ACTIVIT

Location: WATER SERVICE CONTAINMENT.

831 MATTHEWS STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

12023

☐

ZANESVILLE, OH 43701

Account #: ZANESMETROHOUSING

Manufacturer:

WATTS

☐

Site Use: Recreation Center/Club Ho

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

1.50

☐

ZMHA

ZANESVILLE METROPOLITAN HOUSING

407 PERSHING ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/25/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1673

Backflow Prevention Assembly Test Report

ZANES.METRO HOUSING ACTIVIT

Location: FIRE LINE.*MECH.RM.

831 MATTHEWS STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

37018

☐

ZANESVILLE, OH 43701

Account #: ZANESMETROHOUSING

Manufacturer:

WATTS

☐

Site Use: Recreation Center(Club Ho

Model:

007

☐

Hazard: LIMITED AREA SPRINKLER

Type:

DCVA

☐

Mailing Address

Size:

1.00

☐

ZMHA

ZANESVILLE METROPOLITAN HOUSING

407 PERSHING ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/25/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1674

Backflow Prevention Assembly Test Report

ZANES.METRO HOUSING ACTIVIT

Location: WATER SERVICE CONTAINMENT.*MECH RM.

831 MATTHEWS STREET

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

14470

☐

ZANESVILLE, OH 43701

Account #: ZANESMETROHOUSING

Manufacturer:

WATTS

☐

Site Use: Recreation Center(Club Ho

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Mailing Address

Type:

DCVA

☐

Size:

0.75

☐

Orientation:

☐

Protection:

☐

ZMHA

ZANESVILLE METROPOLITAN HOUSING

407 PERSHING ROAD

ZANESVILLE, OH 43701

Test Due No Later than:

03/25/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes No

☐☐

RV Exercised

☐☐

#2 Shutoff Closed

☐☐

Service Restored

☐☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3371

Backflow Prevention Assembly Test Report

ZANESVILLE METRO HOUSING

749 CLIFFWOOD AVENUE

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

ZMHA

ZANESVILLE METROPOLITAN HOUSING

407 PERSHING ROAD

ZANESVILLE, OH 43701

Location: WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: ZANESMETROHOUSING

Serial #:

14436

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

03/25/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4709

Backflow Prevention Assembly Test Report

ZANES. METROPOLITAN HOUSIN

Location: MECH. ROOM.

450 LARZELERE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

33251

☐

ZANESVILLE, OH 43701

Account #: ZANESMETROHOUSING

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

ZMHA

ZANESVILLE METROPOLITAN HOUSING

407 PERSHING ROAD

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/25/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3317

Backflow Prevention Assembly Test Report

ZANESVILLE MOTO-MART CONVI

Location: STORAGE ROOM.

2341 MAPLE AVE.

Meter#:

Serial #:

Check if Correct

Corrections

42157

☐

ZANESVILLE, OH 43701

LID/Service:

Account #: ZANES.MOTO-MART

Manufacturer:

WATTS

☐

Site Use: Convenience

Model:

919

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

ZANESVILLE MOTO-MART

2341 MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

01/12/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4184

Backflow Prevention Assembly Test Report

ZANESVILLE NEUROLOGY

Location: MECH. ROOM .

2516 BELL ST.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

37907

☐

ZANESVILLE, OH 43701

Account #: ZANES.NEUROLOGY

Manufacturer:

WATTS

☐

Site Use: Business Office

Model:

LF719QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

0.75

☐

ZANESVILLE NEUROLOGY

2516 BELL ST.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

09/17/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1647

Backflow Prevention Assembly Test Report

BIG LOTS - MAPLE

Location: *MECH RISER ROOM.

3515 MAPLE AVENUE- north side

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

102619

☐

ZANESVILLE, OH 43701

Account #: BIG LOTS MAPLE

Manufacturer:

WATTS

☐

Site Use: Retail

Model:

709

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

2.50

☐

MICHAEL OESTREICH

ZANESVILLE OHIO RETAIL.LLC

3515 MAPLE AVENUE- north side space

Orientation:

☐

NEW YORK, NY 10017

Protection:

☐

Test Due No Later than:

03/08/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 22

Backflow Prevention Assembly Test Report

ZANESVILLE PALLET INC.

Location: WATER SERVICE CONTAINMENT.

2235 LICKING RD.

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

041697

☐

ZANESVILLE, OH 43701

Account #: ZANESVILLE PAL-1

Manufacturer:

WATTS

☐

Site Use: REPAIR SHOP

Model:

009

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

☐

Mailing Address

Size:

1.50

☐

ZANE LAMBERT

ZANESVILLE PALLET INC.

P.O. BOX 2757

Orientation:

☐

Zanesville, OH 43702-2757

Protection:

☐

Test Due No Later than:

08/28/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3170

Backflow Prevention Assembly Test Report

ZANESVILLE PALLET INC.

Location: LOFT

2235 LICKING RD.

Meter#:

Serial #:

Check if Correct

Corrections

130871

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: REPAIR SHOP

Model:

909

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

☐

Mailing Address

Size:

1.50

☐

ZANE LAMBERT

ZANESVILLE PALLET INC.

P.O. BOX 2757

Orientation:

☐

Zanesville, OH 43702-2757

Protection:

☐

Test Due No Later than:

08/28/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4473

Backflow Prevention Assembly Test Report

ZANESVILLE PEDIATRICS

1066 BEVERLY AVENUE

ZANESVILLE, OH 43701

Site Use: Doctors Office

Hazard: CONTAINMENT COMM.LOW

Mailing Address

DR. RAJIU GUPTA
ZANESVILLE PEDIATRICS
1066 BEVERLY AVENUE

ZANESVILLE, OH 43701

Location: MECHANHICAL ROOM OFF OF GARAGE

Meter#:

LID/Service:

Account #: DR.GUPTA

Serial #:

29068

Manufacturer:

WATTS

Model:

719QT

Type:

DC

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

08/15/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3217

Backflow Prevention Assembly Test Report

ZANESVILLE TOYOTA

Location: MECH. ROOM

3260 MAPLE AVE.

Meter#:

Serial #: Check if Correct Corrections

24700

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

919

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

ZANESVILLE TOYOTA

3260 MAPLE AVE.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

PAST DUE

☐

Test Due No Later than:

07/13/2020

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4142

Backflow Prevention Assembly Test Report

ZANESVILLE WTP

14 BUCKEYE DRIVE

ZANESVILLE, OH 43701

Site Use: Water Plant

Hazard: CONTAINMENT COMM. MED.

Mailing Address

BRYAN LYONS
ZANESVILLE WTP
14 BUCKEYE DRIVE

ZANESVILLE, OH 43701

Location: AT WATER METER IN ADM. BUILDING

Meter#:

LID/Service:

Account #: WTP1

Serial #:

14122

Manufacturer:

WATTS

Model:

919

Type:

RPPA

Size:

1.50

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

04/01/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4143

Backflow Prevention Assembly Test Report

ZANESVILLE WTP

14 BUCKEYE DRIVE

ZANESVILLE, OH 43701

Site Use: Water Plant

Hazard: ISOLATION MED.

Mailing Address

JOHN BENSON

ZANESVILLE WTP

14 BUCKEYE DRIVE

ZANESVILLE, OH 43701

Location: ISO.FOR WATER SOFTNER

Meter#:

LID/Service:

Account #: WTP1

Serial #:

17462

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

919

Type:

RPPA

Size:

2.00

Orientation:

Protection:

PAST DUE

Test Due No Later than:

04/01/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4144

Backflow Prevention Assembly Test Report

ZANESVILLE WTP

14 BUCKEYE DRIVE

ZANESVILLE, OH 43701

Site Use: Water Plant

Hazard: CONTAINMENT COMM. MED.

Mailing Address

JOHN BENSON
ZANESVILLE WTP
14 BUCKEYE DRIVE

ZANESVILLE, OH 43701

Location: ISO.FOR TRAP PRIMERS

Meter#:

LID/Service:

Account #: WTP1

Serial #:

32468

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

919

Type:

RPPA

Size:

1.00

Orientation:

Protection:

PAST DUE

Test Due No Later than:

04/01/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4145

Backflow Prevention Assembly Test Report

ZANESVILLE WTP

14 BUCKEYE DRIVE

ZANESVILLE, OH 43701

Site Use: Water Plant

Hazard: CONTAINMENT COMM. MED.

Mailing Address

JOHN BENSON
ZANESVILLE WTP
14 BUCKEYE DRIVE

ZANESVILLE, OH 43701

Location: ISO.FOR TRAP PRIMERS AND HOSE BIBS FILTER BLDG.

Meter#:

LID/Service:

Account #: WTP1

Serial #:

32867

Manufacturer:

WATTS

Model:

919

Type:

RPPA

Size:

1.00

Orientation:

Protection:

PAST DUE

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

04/01/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4146

Backflow Prevention Assembly Test Report

ZANESVILLE WTP

14 BUCKEYE DRIVE

ZANESVILLE, OH 43701

Site Use: Water Plant

Hazard: CONTAINMENT COMM. MED.

Mailing Address

JOHN BENSON

ZANESVILLE WTP

14 BUCKEYE DRIVE

ZANESVILLE, OH 43701

Location: ISO.FOR LAB

Meter#:

LID/Service:

Account #: WTP1

Serial #:

459567

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

909

Type:

RPZA

Size:

2.00

Orientation:

Protection:

PAST DUE

Test Due No Later than:

04/01/2023

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3187

Backflow Prevention Assembly Test Report

DK NAIL SALON

Location: MECH. ROOM.

3934 TARYN TRACE,M-10

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

A17985

Account #: ZAREMBA-DK NAIL

Manufacturer:

WATTS

Site Use: Beauty Salon/Barber

Model:

007

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

Mailing Address

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

10/16/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3188

Backflow Prevention Assembly Test Report

PAYLESS SHOESOURCE #2209RI

Location: MECH ROOM.

3871 GORSKY DRIVE,G2

Meter#:

Serial #:

Check if Correct

Corrections

202511

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Hazard: CONTAINMENT COMM.LOW

Model:

007

☐

Mailing Address

Type:

DCVA

☐

Size:

0.75

☐

Orientation:

☐

Protection:

☐

STEVE GOOD

ZAREMBA GROUP LLC

14600 DETROIT AVE.STE.1500

LAKEWOOD, OH 44107

Test Due No Later than:

10/25/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2177

Backflow Prevention Assembly Test Report

ZAREMBA GROUP,LLC

Location: FIRE LINE. *MECH ROOM.

3863 GORSKY DRIVE,H

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

FH-0568

Account #: ZAREMBA

Manufacturer:

AMES

Site Use: Retail

Model:

COLT 500-GV

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

Mailing Address

Size:

4.00

Orientation:

Protection:

ZAREMBA GROUP LLC
14600 DETROIT AVE.

LAKEWOOD, OH 44107

Test Due No Later than:

07/16/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2178

Backflow Prevention Assembly Test Report

ZAREMBA GROUP,LLC

3863 GORSKY DRIVE,H

ZANESVILLE, OH 43701

Site Use: Retail

Hazard: FIRE LINE BYPASS-MEDIUM

Mailing Address

ZAREMBA GROUP LLC
14600 DETROIT AVE.

LAKEWOOD, OH 44107

Location: *FIRE LINE READER. * MECH ROOM.

Meter#:

LID/Service:

Account #: ZAREMBA

Serial #:

E8591

Check if Correct

Corrections

Manufacturer:

FLOMATIC

Model:

RPZII

Type:

RP

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

07/16/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2659

Backflow Prevention Assembly Test Report

ZANESVILLE TIMES RECORDER

Location: WATER SERVICE. JANITORS CLOSET.

3871 GORSKY DRIVE,G1

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

10440

☐

ZANESVILLE, OH 43701

Account #: ZAREMBA-TIMES RECO

Manufacturer:

WATTS

☐

Site Use: Business Office

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

STEVE GOOD

ZAREMBA GROUP LLC

14600 DETROIT AVE.

Orientation:

☐

LAKEWOOD, OH 44107

Protection:

☐

Test Due No Later than:

05/18/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5411

Backflow Prevention Assembly Test Report

ZAREMBA GROUP,LLC

Location: MECH. ROOM

3863 GORSKY DRIVE,H

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

06090

☐

Manufacturer:

WATTS

☐

Model:

719

☐

Type:

DCVA

☐

Size:

2.00

☐

Orientation:

☐

Protection:

☐

Site Use: Retail

Hazard: FIRE LINE CONNECTION-MEDIUM

Mailing Address

ZAREMBA GROUP LLC
14600 DETROIT AVE.

LAKEWOOD, OH 44107

Test Due No Later than:

06/25/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2702

Backflow Prevention Assembly Test Report

ZAREMBA GROUP-M

Location: *RISER ROOM,*WHOLE BUILDING, FIRE LINE.

3934 TARYN TRACE-M

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

EL-1585

☐

ZANESVILLE, OH 43701

Account #: ZAREMBA-BLDG.M

Manufacturer:

WATTS

☐

Site Use:

Model:

957

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RP

☐

Mailing Address

Size:

6.00

☐

STEVE GOOD, RETAIL PROPERTY MGR.

ZAREMBA GROUP LLC

14600 DETROIT AVENUE

Orientation:

☐

LAKEWOOD, OH 44107

Protection:

☐

Test Due No Later than:

05/27/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2703

Backflow Prevention Assembly Test Report

ZAREMBA GROUP-M

Location: *RISER ROOM,MECH.RM.WATER SERVICE CONTAINMENT FOR WHOLE BUILDING.

3934 TARYN TRACE-M

Meter#:

Serial #:

Check if Correct

Corrections

259310

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

009M2QT

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RP

☐

Mailing Address

Size:

2.00

☐

STEVE GOOD, RETAIL PROPERTY MGR.

ZAREMBA GROUP LLC

14600 DETROIT AVENUE

Orientation:

☐

LAKEWOOD, OH 44107

Protection:

☐

Test Due No Later than:

05/27/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5410

Backflow Prevention Assembly Test Report

ZAREMBA GROUP-M

Location: MECH. ROOM. REPLACED S/N 603087.

3934 TARYN TRACE-M

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

017615

☐

ZANESVILLE, OH 43701

Account #: ZAREMBA-BLDG.M

Manufacturer:

WATTS

☐

Site Use:

Model:

909QT

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐

STEVE GOOD, RETAIL PROPERTY MGR.

ZAREMBA GROUP LLC

14600 DETROIT AVENUE

Orientation:

☐

LAKEWOOD, OH 44107

Protection:

☐

Test Due No Later than:

05/27/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2164

Backflow Prevention Assembly Test Report

SLEEP OUTFITTERS

3849 GORSKY DRIVE - J

ZANESVILLE, OH 43701

Site Use: MATTRESS SALES

Hazard: CONTAINMENT COMM.LOW

Mailing Address

STEVE GOOD, RETAIL PROPERTY MGR.
ZAREMBA GROUP, LLC
14600 DETROIT AVE.

LAKEWOOD, OH 44107

Location: WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: ZAREMBA-SLEEP OUTF

Serial #:

06228

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

1.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

05/23/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2268

Backflow Prevention Assembly Test Report

M C SPORTS-CLOSED

3885 GORSKY DRIVE,F9

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

STEVE GOOD, RETAIL PROPERTY MGR.
ZAREMBA GROUP, LLC
14600 DETROIT AVE.

LAKEWOOD, OH 44107

Location: MECH.RM. (WATER SERVICE CONTAINMENT.)

Meter#:

LID/Service:

Account #: ZAREMBA-MCSPORTS

Serial #:

131050

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

10/21/2014

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

	Yes	No
Proper Installation	<input type="checkbox"/>	<input type="checkbox"/>
RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>
#2 Shutoff Closed	<input type="checkbox"/>	<input type="checkbox"/>
Service Restored	<input type="checkbox"/>	<input type="checkbox"/>

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2269

Backflow Prevention Assembly Test Report

DOLLAR TREE #3160

3899 GORSKY DRIVE,E

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

STEVE GOOD, RETAIL PROPERTY MGR.
ZAREMBA GROUP, LLC
14600 DETROIT AVE.

LAKEWOOD, OH 44107

Location: WATER SERVICE.

Meter#:

LID/Service:

Account #: ZAREMBA-DOLLARTREE

Serial #:

131083

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

05/27/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

	Yes	No
Proper Installation	<input type="checkbox"/>	<input type="checkbox"/>
RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>
#2 Shutoff Closed	<input type="checkbox"/>	<input type="checkbox"/>
Service Restored	<input type="checkbox"/>	<input type="checkbox"/>

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2394

Backflow Prevention Assembly Test Report

SPRINT PHONES

3934 TARYN TRACE,M3

ZANESVILLE, OH 43701

Site Use: Retail

Hazard: CONTAINMENT COMM.LOW

Mailing Address

STEVE GOOD, RETAIL PROPERTY MGR.
ZAREMBA GROUP, LLC
14600 DETROIT AVE.

LAKEWOOD, OH 44107

Location: WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: ZAREMBA-SPRINT

Serial #:

07248

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

10/16/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2488

Backflow Prevention Assembly Test Report

HOBBY LOBBY #0372

3925 GORSKY DRIVE,B

ZANESVILLE, OH 43701

Site Use: Retail

Hazard: CONTAINMENT COMM.LOW

Mailing Address

STEVE GOOD, RETAIL PROPERTY MGR.
ZAREMBA GROUP, LLC
14600 DETROIT AVE.

LAKEWOOD, OH 44107

Location: MECH. RM. *WATER SERVICE CONTAINMENT. ***OLD HOBBY LOBBY

Meter#:

LID/Service:

Account #: ZAREMBA-HOBBY

Serial #:

379976

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

1.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

09/29/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation Yes ☐ No ☐
RV Exercised ☐ ☐
#2 Shutoff Closed ☐ ☐
Service Restored ☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2489

Backflow Prevention Assembly Test Report

HOBBY LOBBY #0372

3925 GORSKY DRIVE,B

ZANESVILLE, OH 43701

Site Use: Retail

Hazard: FIRE LINE CONNECTION-MEDIUM

Mailing Address

STEVE GOOD, RETAIL PROPERTY MGR.
ZAREMBA GROUP, LLC
14600 DETROIT AVE.

LAKEWOOD, OH 44107

Location: REAR MECH. RM. (MAIN FIRE LINE). *** OLD HOBBY LOBBY

Meter#:

LID/Service:

Account #: ZAREMBA-HOBBY

Serial #:

Y0109

Manufacturer:

WILKINS

Model:

375

Type:

RPDA

Size:

6.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

09/29/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2490

Backflow Prevention Assembly Test Report

HOBBY LOBBY #0372

Location: REAR, MECH. RM. (FIRE BYPASS) ***OLD HOBBY LOBBY

3925 GORSKY DRIVE, B

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

W284424

☐

ZANESVILLE, OH 43701

Account #: ZAREMBA-HOBBY

Manufacturer:

WILKINS

☐

Site Use: Retail

Model:

975XL

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐

STEVE GOOD, RETAIL PROPERTY MGR.

ZAREMBA GROUP, LLC

14600 DETROIT AVE.

Orientation:

☐

LAKEWOOD, OH 44107

Protection:

☐

Test Due No Later than:

09/29/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2656

Backflow Prevention Assembly Test Report

PET SMART

3909 GORSKY DRIVE, UNIT D

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

STEVE GOOD, RETAIL PROPERTY MGR.
ZAREMBA GROUP, LLC
14600 DETROIT AVE.

LAKEWOOD, OH 44107

Location: WATER SERVICE CONTAINMENT. - STORE ROOM BY DOCK.

Meter#:

LID/Service:

Account #: ZAREMBA-PETSMART

Serial #:

379125

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

05/24/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2665

Backflow Prevention Assembly Test Report

GAME STOP #589

Location: MECH RM. WATER SERVICE CONTAINMENT.

3934 TARYN TRACE,M-4

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

10087

☐

ZANESVILLE, OH 43701

Account #: ZAREMBA-GAMESTOP

Manufacturer:

WATTS

☐

Site Use:

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

STEVE GOOD, RETAIL PROPERTY MGR.

ZAREMBA GROUP, LLC

14600 DETROIT AVE.

Orientation:

☐

LAKEWOOD, OH 44107

Protection:

PAST DUE

☐

Test Due No Later than:

06/22/2019

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2727

Backflow Prevention Assembly Test Report

ZAREMBA BUILDING - J

Location: MECH. RM. BEHIND SLEEP OUTFITTERS,*BLDG.J CONTAINMENT DEVICE*

3849-J GORSKY DRIVE

Meter#:

Serial #:

Check if Correct

Corrections

239885

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

Orientation:

☐

Protection:

☐

STEVE GOOD, RETAIL PROPERTY MGR.

ZAREMBA GROUP, LLC

14600 DETROIT AVE.

LAKEWOOD, OH 44107

Test Due No Later than:

05/23/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2728

Backflow Prevention Assembly Test Report

DOLLAR TREE #3160

Location: BUILDING MAIN WATER CONTAINMENT.*BLDG. E *BEHIND DOLLAR TREE.

3899 GORSKY DRIVE,E

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

01308

☐

ZANESVILLE, OH 43701

Account #: ZAREMBA-DOLLARTREE

Manufacturer:

WATTS

☐

Site Use:

Model:

919

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

☐

Mailing Address

Size:

2.00

☐

Orientation:

☐

Protection:

☐

STEVE GOOD, RETAIL PROPERTY MGR.

ZAREMBA GROUP, LLC

14600 DETROIT AVE.

LAKEWOOD, OH 44107

Test Due No Later than:

05/27/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2730

Backflow Prevention Assembly Test Report

DOLLAR TREE #3160

Location: BEHIND DOLLAR TREE.RISER ROOM,FIRE LINE FOR *BLDG.E

3899 GORSKY DRIVE,E

Meter#:

Serial #:

Check if Correct

Corrections

FH-1088

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

AMES

☐

Site Use:

Model:

C500 COLT

☐

Hazard: FIRE LINE CONNECTION-MEDIUM

Type:

RPDA

☐

Mailing Address

Size:

4.00

☐

Orientation:

☐

Protection:

☐

STEVE GOOD, RETAIL PROPERTY MGR.
ZAREMBA GROUP, LLC
14600 DETROIT AVE.

LAKEWOOD, OH 44107

Test Due No Later than:

05/27/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐ Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2731

Backflow Prevention Assembly Test Report

DOLLAR TREE #3160

Location: BEHIND DOLLAR TREE, NORTH METER RM. LANDLORD RM.

3899 GORSKY DRIVE,E

Meter#:

Serial #:

Check if Correct

Corrections

E-8293

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

FLOMATIC

☐

Site Use:

Model:

RPZ

☐

Hazard: FIRE LINE BYPASS-MEDIUM

Type:

RP

☐

Mailing Address

Size:

0.75

☐

STEVE GOOD, RETAIL PROPERTY MGR.

ZAREMBA GROUP, LLC

14600 DETROIT AVE.

Orientation:

☐

LAKEWOOD, OH 44107

Protection:

☐

Test Due No Later than:

05/27/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2763

Backflow Prevention Assembly Test Report

AAA OHIO AUTO CLUB

Location: STORAGE ROOM, WATER SERVICE CONTAINMENT.

3934 TARYN TRACE, M5

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

1876867

☐

ZANESVILLE, OH 43701

Account #: ZAREMBA-AAA

Manufacturer:

WILKINS

☐

Site Use:

Model:

950XL

☐

Hazard: CONTAINMENT COMM. LOW

Type:

DC

☐

Mailing Address

Size:

0.75

☐

Orientation:

☐

Protection:

☐

STEVE GOOD, RETAIL PROPERTY MGR.

ZAREMBA GROUP, LLC

14600 DETROIT AVE.

LAKEWOOD, OH 44107

Test Due No Later than:

04/09/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3037

Backflow Prevention Assembly Test Report

ARMED FORCES RECRUITING CE

Location: MECH. ROOM.*WATER SERVICE CONTAINMENT.

3934 TARYN TRACE,M7

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

14474

☐

ZANESVILLE, OH 43701

Account #: ZAREMBA-ARMED

Manufacturer:

WATTS

☐

Site Use:

Model:

919QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RP

☐

Mailing Address

Size:

1.00

☐

STEVE GOOD, RETAIL PROPERTY MGR.

ZAREMBA GROUP, LLC

14600 DETROIT AVE.

Orientation:

☐

LAKEWOOD, OH 44107

Protection:

☐

Test Due No Later than:

07/16/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3172

Backflow Prevention Assembly Test Report

SALLY BEAUTY SUPPLY

Location: WATER SERVICE CONTAINMENT - MECH ROOM

3885 GORSKY DRIVE (F8)

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

10021

☐

ZANESVILLE, OH 43701

Account #: ZAREMBA-SALLYS

Manufacturer:

WATTS

☐

Site Use: Retail

Model:

007

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

STEVE GOOD, RETAIL PROPERTY MGR.

ZAREMBA GROUP, LLC

14600 DETROIT AVE.

Orientation:

☐

LAKEWOOD, OH 44107

Protection:

☐

Test Due No Later than:

10/26/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3173

Backflow Prevention Assembly Test Report

ASPEN DENTAL

Location: MECH. ROOM

3941 TARYN TRACE, OP1

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

A77974

☐

ZANESVILLE, OH 43701

Account #: ZAREMBA-ASPENDING

Manufacturer:

WATTS

☐

Site Use: Dentist

Model:

009

☐

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

☐

Mailing Address

Size:

0.75

☐

STEVE GOOD, RETAIL PROPERTY MGR.

ZAREMBA GROUP, LLC

14600 DETROIT AVE.

Orientation:

☐

LAKEWOOD, OH 44107

Protection:

PAST DUE

☐

Test Due No Later than:

09/13/2021

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3177

Backflow Prevention Assembly Test Report

PET SMART

Location: FISH TANK

3909 GORSKY DRIVE, UNIT D

Meter#:

Serial #:

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

A15058

Account #: ZAREMBA-PETSMART

Manufacturer:

WATTS

Site Use:

Model:

009

Hazard: ISOLATION MED.

Type:

RPPA

Mailing Address

Size:

0.75

Orientation:

Protection:

STEVE GOOD, RETAIL PROPERTY MGR.

ZAREMBA GROUP, LLC

14600 DETROIT AVE.

LAKEWOOD, OH 44107

Test Due No Later than:

05/24/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3178

Backflow Prevention Assembly Test Report

AXCESS FINANCIAL

3934 TARYN TRACE,M9

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

STEVE GOOD, RETAIL PROPERTY MGR.
ZAREMBA GROUP, LLC
14600 DETROIT AVE.

LAKEWOOD, OH 44107

Location: MECH ROOM- BACK WALL.

Meter#:

LID/Service:

Account #: ZAREMBA-UNIT M9

Serial #:

A40346

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

06/16/2020

 Existing ☐
New ☐

 Removed ☐
Replaced ☐

 Commercial ☐
Industrial ☐

 Residential ☐

 Construction ☐

 Domestic ☐

 Irrigation ☐

 Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

	Yes	No
Proper Installation	<input type="checkbox"/>	<input type="checkbox"/>
RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>
#2 Shutoff Closed	<input type="checkbox"/>	<input type="checkbox"/>
Service Restored	<input type="checkbox"/>	<input type="checkbox"/>

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐
 Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3179

Backflow Prevention Assembly Test Report

MAURICE'S

3885 GORSKY DRIVE,F1

ZANESVILLE, OH 43701

Site Use: Retail

Hazard: CONTAINMENT COMM.LOW

Mailing Address

STEVE GOOD, RETAIL PROPERTY MGR.
ZAREMBA GROUP, LLC
14600 DETROIT AVE.

LAKEWOOD, OH 44107

Location: MECH ROOM

Meter#:

LID/Service:

Account #: ZAREMBA-MAURICE

Serial #:

A33973

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

PAST DUE

Test Due No Later than:

07/14/2020

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2393

Backflow Prevention Assembly Test Report

ZAREMBA GROUP LLC-M

Location: *WATER SERVICE CONTAINMENT.

3934 TARYN TRACE,M2

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

295604

☐

ZANESVILLE, OH 43701

Account #: ZAREMBA-UNIT M2

Manufacturer:

WATTS

☐

Site Use:

Model:

009

☐

Hazard: CONTAINMENT COMM.LOW

Type:

RPPA

☐

Mailing Address

Size:

1.00

☐

STEVE GOOD, RETAIL PROPERTY MGR.

ZAREMBA GROUP, LLC

14600 DETROIT AVENUE

Orientation:

☐

LAKEWOOD, OH 44107

Protection:

☐

Test Due No Later than:

07/16/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5408

Backflow Prevention Assembly Test Report

ZAREMBA GROUP LLC-M

3934 TARYN TRACE,M2

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

STEVE GOOD, RETAIL PROPERTY MGR.

ZAREMBA GROUP, LLC

14600 DETROIT AVENUE

LAKEWOOD, OH 44107

Location: _____

Meter#:

LID/Service:

Account #: ZAREMBA-UNIT M2

Serial #:

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

500GV

Type:

1047

Size:

8.00

Orientation:

Protection:

Test Due No Later than:

07/16/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2729

Backflow Prevention Assembly Test Report

ZAREMBA- G1

Location: *BEHIND PAYLESS

3871 GORSKY DRIVE,G1

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

259291

Account #: ZAREMBA G1

Manufacturer:

WATTS

Site Use: Business Office

Model:

009

Hazard: CONTAINMENT COMM. MED.

Type:

RPPA

Mailing Address

Size:

2.00

Orientation:

Protection:

STEVE GOOD

ZAREMBA GROUP,LLC

14600 DETROIT AVE. SUITE 1500

LAKEWOOD, OH 44107

Test Due No Later than:

07/16/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3609

Backflow Prevention Assembly Test Report

SOUTHEAST AREA TRANSIT, Z-BI

Location: IN MECH.ROOM.

375 FAIRBANKS ST.

Meter#:

Serial #: 07807

Check if Correct

Corrections

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

Site Use: Business Office/MAINTENANCE

Model:

719

Hazard: CONTAINMENT COMM.LOW

Mailing Address

Type:

DCVA

RICH WOOD MAINT. SUPRV.

Size:

2.00

Z-BUS

Orientation:

375 FAIRBANKS ST.

ZANESVILLE, OH 43701

Protection:

Test Due No Later than:

10/13/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3892

Backflow Prevention Assembly Test Report

ZELLAR & ZELLAR ATTORNEYS /

Location: BASEMENT.BACK OF BUILDING.

720 MARKET ST.

Meter#:

Serial #:

Check if Correct

Corrections

LID/Service:

26793

☐

ZANESVILLE, OH 43701

Account #: ZELLAR & ZELLAR

Manufacturer:

WATTS

☐

Site Use: Business Office

Model:

719

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DCVA

☐

Mailing Address

Size:

0.75

☐

ZELLAR & ZELLAR ATTORNEYS AT LAW

720 MARKET ST.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

04/18/2023

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 3124

Backflow Prevention Assembly Test Report

ZEMBA BROTHERS PETROLEUM

Location: WATER SERVICE CONTAINMENT - MECH ROOM

2497 EAST PIKE

Meter#:

Serial #: Check if Correct Corrections

ZANESVILLE, OH 43701

LID/Service:

306279

Account #: ZEMBA BROS.MARA.

Manufacturer:

WATTS

Site Use:

Model:

009

Hazard: CONTAINMENT COMM. HIGH

Type:

RPPA

Mailing Address

Size:

0.75

Orientation:

Protection:

JEANETTE BEACH

ZEMBA BROTHERS PETROLEUM

2497 EAST PIKE

ZANESVILLE, OH 43701

Test Due No Later than:

07/13/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5119

Backflow Prevention Assembly Test Report

ZMHA

Location: Basement Mech. Room

778 Durban Drive Bldg 778A

Meter#:

Serial #:

Check if Correct

Corrections

291038

☐

Zanesville, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Apartments

Model:

909QT

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

0.75

☐

ZMHA

Orientation:

407 Pershing Rd.

☐

Zanesville, OH 43701

Protection:

☐

Test Due No Later than:

02/26/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Date _____

Time _____

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 5125

Backflow Prevention Assembly Test Report

ZMHA-COOPERMILL LP

Location: BOILER ROOM. MAKEUP WATER.

428 SCHULTZ DR.

Meter#:

Serial #:

Check if Correct

Corrections

059032

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use:

Model:

LF909QT

☐

Hazard: ISOLATION MED.

Type:

RP

☐

Mailing Address

Size:

0.75

☐

MELISSA PETRY

ZMHA

407 PERSHING RD.

Orientation:

☐

ZANESVILLE, OH 43701

Protection:

☐

Test Due No Later than:

03/12/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐

Industrial

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 158

Backflow Prevention Assembly Test Report

Z-NAILS

30 DOWNTOWNER PLAZA

COSHOCTON, OH 43812

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

Z-NAILS

30 DOWNTOWNER PLAZA

COSHOCTON, OH 43812

Location: *MECH ROOM - WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: COSH.ASSOC.LLC-08

Serial #:

1444634

Check if Correct

Corrections

Manufacturer:

WILKINS

Model:

975XL

Type:

RP

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

04/14/2023

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2373

Backflow Prevention Assembly Test Report

Z-RIGHT PROPERTIES

126 MUSKINGUM AVE.

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

DAVID MITZEL
Z-RIGHT BANK PROPERTIES
P.O. BOX 103

ZANESVILLE, OH 43702

Location: *BASEMENT, NEAR STEPS.*WATER SERVICE CONTAINMENT.

Meter#:

LID/Service:

Account #: Z-RIGHTBANK

Serial #:

A34049

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

0.75

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

04/26/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2378

Backflow Prevention Assembly Test Report

Z-RIGHT PROPERTIES

126 MUSKINGUM AVE.

ZANESVILLE, OH 43701

Site Use:

Hazard: FIRE LINE CONNECTION-MEDIUM

Mailing Address

DAVID MITZEL
Z-RIGHT BANK PROPERTIES
P.O. BOX 103

ZANESVILLE, OH 43702

Location: *BASEMENT, FIRE LINE.

Meter#:

LID/Service:

Account #: Z-RIGHTBANK

Serial #:

032350206

Check if Correct

Corrections

Manufacturer:

AMES

Model:

5000

Type:

RPDA

Size:

4.00

Orientation:

Protection:

Test Due No Later than:

04/26/2022

Existing ☐
New ☐Removed ☐
Replaced ☐Commercial ☐
Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2379

Backflow Prevention Assembly Test Report

Z-RIGHT PROPERTIES

126 MUSKINGUM AVE.

ZANESVILLE, OH 43701

Site Use:

Hazard: FIRE LINE BYPASS-MEDIUM

Mailing Address

DAVID MITZEL
Z-RIGHT BANK PROPERTIES
P.O. BOX 103

ZANESVILLE, OH 43702

Location: *BASEMENT, FIRE BYPASS.

Meter#:

LID/Service:

Account #: Z-RIGHTBANK

Serial #:

14778

Check if Correct

Corrections

Manufacturer:

AMES

Model:

4000B

Type:

RP

Size:

0.75

Orientation:

Protection:

Test Due No Later than:

04/26/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 2522

Backflow Prevention Assembly Test Report

Z-RIGHT PROPERTIES

126 MUSKINGUM AVE.

ZANESVILLE, OH 43701

Site Use:

Hazard: CONTAINMENT COMM.LOW

Mailing Address

DAVID MITZEL
Z-RIGHT BANK PROPERTIES
P.O. BOX 103

ZANESVILLE, OH 43702

Location: WATER SERVICE CONTAINMENT.*BASEMENT.

Meter#:

LID/Service:

Account #: Z-RIGHTBANK

Serial #:

07007

Manufacturer:

WATTS

Model:

719

Type:

DCVA

Size:

1.00

Orientation:

Protection:

Check if Correct

Corrections

☐☐☐☐☐☐☐

Test Due No Later than:

04/26/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐

Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 1551

Backflow Prevention Assembly Test Report

THE PLAZA AT 5TH & MAIN

501-507 MAIN ST.

ZANESVILLE, OH 43701

Site Use: Business Offices

Hazard: CONTAINMENT COMM.LOW

Mailing Address

JEFF BALL
Z-VILLE LLC
P.O. BOX 785

ZANESVILLE, OH 43702-0785

Location: WATER SERVICE CONTAINMENT.* BASEMENT.

Meter#:

LID/Service:

Account #: KESCO,Z-VILLE LLC

Serial #:

236739

Check if Correct

Corrections

Manufacturer:

WATTS

Model:

007

Type:

DCVA

Size:

1.00

Orientation:

Protection:

Test Due No Later than:

10/30/2022

Existing ☐New ☐Removed ☐Replaced ☐Commercial ☐Industrial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐Leaked ☐Closed Tight ☐

Held at _____ PSID

Leaked ☐Closed Tight ☐

Held at _____ PSID

Did not open ☐

Opened at _____ PSID

Did not open ☐Opened Fully Yes ☐No ☐

Opened at _____ PSID

Leaked ☐

Held at _____ PSID

Repairs

Date _____

Time _____

Cleaned ☐Rubber Kit ☐Rebuild ☐Replaced ☐Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

Opened Fully ☐

Opened at _____ PSID

Held at _____ PSID

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax:

Service Address

Hazard/CCID: 4887

Backflow Prevention Assembly Test Report

THE PLAZA AT 5TH & MAIN

Location: BASEMENT MECH.ROOM.

501-507 MAIN ST.

Meter#:

Serial #:

Check if Correct

Corrections

12613

☐

ZANESVILLE, OH 43701

LID/Service:

Manufacturer:

WATTS

☐

Site Use: Business Offices

Model:

LF719QT

☐

Hazard: CONTAINMENT COMM.LOW

Type:

DC

☐

Mailing Address

Size:

1.00

☐

JEFF BALL

Z-VILLE LLC

P.O. BOX 785

Orientation:

☐

ZANESVILLE, OH 43702-0785

Protection:

☐

Test Due No Later than:

10/30/2022

Existing ☐Removed ☐Commercial ☐Residential ☐Construction ☐Domestic ☐Irrigation ☐Fire ☐New ☐Replaced ☐Industrial ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked ☐Leaked ☐Did not open ☐

Date _____

Closed Tight ☐Closed Tight ☐Did not open ☐Opened Fully Yes ☐Leaked ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Repairs

Cleaned ☐Rubber Kit ☐

Date _____

Rebuild ☐Replaced ☐

Time _____

Other ☐

Final Test

Date _____

Closed Tight ☐Closed Tight ☐Opened Fully ☐

Time _____

Held at _____ PSID

Held at _____ PSID

Opened at _____ PSID

Opened at _____ PSID

Held at _____ PSID

Pass ☐ Fail ☐

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass ☐ Fail ☐

Comments:

Proper Installation

Yes ☐ No ☐

RV Exercised

☐ ☐

#2 Shutoff Closed

☐ ☐

Service Restored

☐ ☐

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Certification # _____ Expire _____ Phone _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Line Pressure _____

Meter Reading _____

Test Results

Pass ☐ Fail ☐Submit completed
Test Report:

Fax: