



CITY OF DECATUR ILLINOIS

#1 GARY K ANDERSON PLAZA

DECATUR, ILLINOIS 62523-1196

BACKFLOW PREVENTION DEVICE TEST AND MAINTENANCE REPORT

| | | | | | |
|--|-------------|--------------------|---|------------|------|
| Customer's Name | | Customer's Address | | | Date |
| Manufacturer | Type | Model | Size | Serial No. | |
| Backflow Device Address (If different than Customer's Address) | | | Backflow Device Location | | |
| This Report is for: | Annual Test | New Installation | If New Device has been installed for Replacement-Record Previous S/N Below: | | |

| Reduced Pressure Devices | | | Pressure Vacuum Breaker | |
|---|--|-------------------------|--|---------------------------------------|
| Double Check Devices | | | Air Inlet Check Valve | |
| 1 st check | 2 nd Check | Relief Valve | Opened at | Closed Tight <input type="checkbox"/> |
| DC-Closed Tight <input type="checkbox"/> RP- _____ psid Leaked <input type="checkbox"/> | Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> | Opened at _____ psid | _____ psi Did not open <input type="checkbox"/> | Leaked <input type="checkbox"/> |

| | | | | | |
|----------------------------|--|--|--|--|--|
| Repairs and Materials used | | | | | |
|----------------------------|--|--|--|--|--|

| | | | | | |
|-------------------|--|---------------------------------------|-------------------------|-------------------------|---------------------------------------|
| Test After repair | DC-Closed Tight <input type="checkbox"/> RP- _____ psid | Closed tight <input type="checkbox"/> | Opened at _____ psid | Opened at _____ psid | Closed Tight <input type="checkbox"/> |
|-------------------|--|---------------------------------------|-------------------------|-------------------------|---------------------------------------|

Tester's Certification: The above is certified to be true.

| | |
|---------------|-----------------|
| Tester's Name | Tester's Number |
|---------------|-----------------|

Customer's Certification:

The cross-connection control device detailed hereon has been tested and maintained as required by the Illinois Environmental Protection Agency's regulations and Water Services Division of the Public Works Department, and is certified to comply with the current regulations. This device has not been by-passed, made inoperative or removed without proper authorization. All defects found were satisfactorily corrected without delay. The above certified to be true.

| | |
|------------------------|------|
| Customer Certification | Date |
|------------------------|------|