



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

Tester's Name	Tester's Number
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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
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