



**Board of
Commissioners**

**SANITARY ENGINEERING
DEPARTMENT**

667 Dayton-Xenia Road
Xenia, Ohio 45385-2665

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*Enhancing the quality of
life and the environment
by providing excellent
water, wastewater and
solid waste services*

Backflow Prevention & Cross Control Test Form

This document must be completed and returned by a certified tester to the Greene County Sanitary Engineering Department.

Please mark the appropriate box: New Device Annual Test

Owner of Device: _____

Property Owner Address: _____

Contact Person: _____ Phone #: _____

Information for Responsible Party, if different from above.

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Please Check: Fire Line Irrigation Main Live

Isolation

Backflow Prevention Device Information

Size _____ Make _____ Model _____ Serial # _____ Location of Device _____

Date of Test _____

1. Reduced Pressure Backflow Prevention Device (ASSE 1013)

Outlet Valve Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Check Valve #1 	Check Valve #2 	Differential Pressure Relief Valve
Test Before Repair	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/>	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/>	Opened @ _____ psi Reduced Pressure
Describe Repairs			Opened @ _____ psi Reduced Pressure
Final Test	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Outlet Valve Pass <input type="checkbox"/> Fail <input type="checkbox"/>

2. Double Check Valve Assembly (ASSE 1015)
(Use Check Valve No. 1 and Check Valve No. 2 Tests Only).

3. Pressure Type Vacuum Breakers (ASSE 1020)
Air Inlet Opened at _____ psi. Check _____ psi

Test Performed by: _____ Certified Tester #: _____
(Name) Expiration Date:

Plumbing Company: _____
(Print)