



The City of Niles, Ohio
2021
Backflow Prevention Program

The City of Niles
 34 West State Street
 Niles, OH 44446

TEST & MAINTENANCE REPORT FOR BACKFLOW PREVENTION ASSEMBLIES- *Return to the City of Niles, OH*
 IN ACCORDANCE WITH OHIO ADMINISTRATIVE CODE SEC. 3745-95-06 AND NILES CITY ORDINANCE 921.07

FACILITY NAME _____ ADDRESS _____ DATE _____

DEVICE INFORMATION RP DC OTHER (SPECIFY) _____

SIZE	MAKE	MODEL	SERIAL NO.
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TEST TYPE EXISTING DEVICE REPLACEMENT _____
(LIST MAKE, MODEL AND SERIAL NUMBER OF PREVIOUS DEVICE)
 NEW INSTALLATION

INSTALLATION TYPE CONTAINMENT

SYSTEM TYPE

<input type="checkbox"/> DOMESTIC	<input type="checkbox"/> IRRIGATION	WATER METER SERIAL NO. _____ <small>(DOMESTIC AND IRRIGATION ACCOUNTS ONLY)</small>
<input type="checkbox"/> FIRE	<input type="checkbox"/> BOILER	<input type="checkbox"/> CHILLER / COOLING TOWER <input type="checkbox"/> OTHER
<input type="checkbox"/> DRAIN LINE FOR RELIEF VALVE	<input type="checkbox"/> THERMAL EXPANSION TANK	

LOCATION BASEMENT MECHANICAL ROOM PENTHOUSE VAULT HOT BOX

FLOOR NUMBER _____ ROOM (DESCRIPTION) _____

TEST RESULTS		CHECK VALVE 1	CHECK VALVE 2	RELIEF VALVE OPENING POINT	OUTLET VALVE
		LINE PRESSURE	_____ PSID <input type="checkbox"/> PASS <input type="checkbox"/> FAIL	_____ PSID <input type="checkbox"/> PASS <input type="checkbox"/> FAIL	(RP DEVICES ONLY) _____ PSID <input type="checkbox"/> PASS <input type="checkbox"/> FAIL
_____ PSI	RE-TEST AFTER ANY REPAIRS	_____ PSID <input type="checkbox"/> PASS <input type="checkbox"/> FAIL	_____ PSID <input type="checkbox"/> PASS <input type="checkbox"/> FAIL	_____ PSID <input type="checkbox"/> PASS <input type="checkbox"/> FAIL	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL

DESCRIBE ANY REPAIRS OR PROVIDE ADDITIONAL COMMENTS HERE

TESTER CERTIFICATION: I HEREBY CERTIFY THAT THE ABOVE DATA IS CORRECT AND THAT THE BACKFLOW PREVENTION DEVICE IS IN PROPER WORKING CONDITION.

SIGNATURE _____ PRINT _____ COMPANY NAME _____

OHIO CERTIFICATE NO. _____ CERTIFICATE EXPIRES _____ PHONE _____ DATE _____

FACILITY CERTIFICATION: I HEREBY CERTIFY THAT THE ABOVE BACKFLOW PREVENTION DEVICE HAS BEEN IN CONSTANT USE AT THIS LOCATION DURING THE ENTIRE PRESCRIBED INTERVAL BETWEEN TEST PERIODS AND DURING THAT PERIOD THIS DEVICE WAS NOT BYPASSED, MADE INOPERATIVE OR REMOVED WITHOUT AUTHORIZATION. I FURTHER CERTIFY THAT I HAVE AUTHORITY AND RESPONSIBILITY TO ENSURE THE ABOVE.

SIGNATURE _____ PRINT _____ TITLE _____

DATE _____ PHONE _____ EMAIL _____



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BACKFLOW PREVENTION SURVEY QUESTIONNAIRE- Return to the City of Niles, OH

IN ACCORDANCE WITH OHIO ADMINISTRATIVE CODE SEC. 3745-95-03

INDICATE ALL ITEMS THAT APPLY AND SUBMIT ONE FORM PER ADDRESS WITH ANNUAL TEST REPORT(S).

FACILITY NAME _____ ADDRESS _____ PHONE _____

SPECIALTY USES OR INDUSTRIAL PROCESSES (PLEASE DESCRIBE) _____

CHANGES IN WATER USE PRACTICES IN THE LAST 12 MONTHS THAT MAY POSE A NEW OR INCREASED HAZARD TO THE PUBLIC WATER SUPPLY

- | | | |
|---|---|--|
| <input type="checkbox"/> WELL | <input type="checkbox"/> CISTERN | |
| <input type="checkbox"/> BOOSTER PUMP ON DOMESTIC SERVICE | | |
| <input type="checkbox"/> LAWN SPRINKLER SYSTEM | <input type="checkbox"/> BOOSTER PUMP FOR LAWN SPRINKLER SYSTEM | |
| <input type="checkbox"/> YARD CONNECTION / HYDRANT / ORNAMENTAL FOUNTAIN / HOSE BOX | | |
| <input type="checkbox"/> BOILER | <input type="checkbox"/> CHEMICAL TREATMENT | |
| <input type="checkbox"/> CHILLER | <input type="checkbox"/> CHEMICAL TREATMENT | |
| <input type="checkbox"/> COOLING TOWER | <input type="checkbox"/> CHEMICAL TREATMENT | |
| <input type="checkbox"/> FIRE SPRINKLER HEADS ON DOMESTIC SERVICE | | |
| <input type="checkbox"/> COMMERCIAL DISHWASHER | <input type="checkbox"/> SOAP EDUCTOR ON DISHWASHER | |
| <input type="checkbox"/> GARBAGE DISPOSAL WITH PIPED CONNECTION | | |
| <input type="checkbox"/> SWIMMING POOL | <input type="checkbox"/> FILLED BY HOSE | <input type="checkbox"/> FILLED BY PIPE CONNECTION |
| <input type="checkbox"/> HOT TUB / JACUZZI | <input type="checkbox"/> FILLED BY HOSE | <input type="checkbox"/> FILLED BY PIPE CONNECTION |

FIRE PROTECTION

- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> SPRINKLER SYSTEM ON SEPARATE FIRE LINE | <input type="checkbox"/> WET SYSTEM | <input type="checkbox"/> DRY SYSTEM |
| <input type="checkbox"/> ANTI-FREEZE OR OTHER ADDITIVE IN FIRE SPRINKLER SYSTEM | | |
| <input type="checkbox"/> AUXILIARY WATER SOURCE | <input type="checkbox"/> AIR GAP ON AUXILIARY SOURCE | |

I HEREBY CERTIFY THAT THE ABOVE BACKFLOW PREVENTION INFO IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE _____ PRINT _____ TITLE _____

DATE _____ PHONE _____ EMAIL _____