



**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 \_\_\_\_\_

<b>DEVICE INFORMATION</b>		<input type="checkbox"/> RP	<input type="checkbox"/> DC	<input type="checkbox"/> OTHER (SPECIFY)	
SIZE	MAKE	MODEL	SERIAL NO.		
<b>TEST TYPE</b>	<input type="checkbox"/> EXISTING DEVICE <input type="checkbox"/> NEW INSTALLATION	<input type="checkbox"/> REPLACEMENT	(LIST MAKE, MODEL AND SERIAL NUMBER OF PREVIOUS DEVICE)		
<b>INSTALLATION TYPE</b>		<input type="checkbox"/> CONTAINMENT			
<b>SYSTEM TYPE</b>	<input type="checkbox"/> DOMESTIC	<input type="checkbox"/> IRRIGATION	WATER METER SERIAL NO. (DOMESTIC AND IRRIGATION ACCOUNTS ONLY)		
	<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		
<b>LOCATION</b>	<input type="checkbox"/> BASEMENT	<input type="checkbox"/> MECHANICAL ROOM	<input type="checkbox"/> PENTHOUSE	<input type="checkbox"/> VAULT	<input type="checkbox"/> HOT BOX
FLOOR NUMBER _____		ROOM (DESCRIPTION) _____			
<b>TEST RESULTS</b>  LINE PRESSURE  _____ PSI	<b>INITIAL TEST</b>	CHECK VALVE 1	CHECK VALVE 2	RELIEF VALVE OPENING POINT	OUTLET VALVE
		_____ PSID <input type="checkbox"/> PASS <input type="checkbox"/> FAIL			
	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
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

\_\_\_\_\_  
\_\_\_\_\_

WELL  CISTERNS

BOOSTER PUMP ON DOMESTIC SERVICE

LAWN SPRINKLER SYSTEM  BOOSTER PUMP FOR LAWN SPRINKLER SYSTEM

YARD CONNECTION / HYDRANT / ORNAMENTAL FOUNTAIN / HOSE BOX

BOILER  CHEMICAL TREATMENT

CHILLER  CHEMICAL TREATMENT

COOLING TOWER  CHEMICAL TREATMENT

FIRE SPRINKLER HEADS ON DOMESTIC SERVICE

COMMERCIAL DISHWASHER  SOAP EDUCTOR ON DISHWASHER

GARBAGE DISPOSAL WITH PIPED CONNECTION

SWIMMING POOL  FILLED BY HOSE  FILLED BY PIPE CONNECTION

HOT TUB / JACUZZI  FILLED BY HOSE  FILLED BY PIPE CONNECTION

**FIRE PROTECTION**

SPRINKLER SYSTEM ON SEPARATE FIRE LINE  WET SYSTEM  DRY SYSTEM

ANTI-FREEZE OR OTHER ADDITIVE IN FIRE SPRINKLER SYSTEM

AUXILIARY WATER SOURCE  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 \_\_\_\_\_