Backflow Device Certification Report Form

NORTON SHORES
1174 E Mt Garfield Rd
Norton Shores MI 49441

Submit completed form by mail, fax 231-798-7234, or email nswater@nortonshores.org

Account #:	Account Class:
Property Name:	**Customer E-mail**:
Property Address:	NORTON SHORES, MI 49441

Device Serial #:	Device Size:
Device Make:	Device Type:
Device Model #:	Location of Device:
Hazard:	Reason for Device:

Line PSI: _____	**Reduced Pressure Principle Backflow Device Double Check Valve Assy**			**Pressure Vacuum Breaker**	
	1st Check / Check Value #1	**2nd Check / Check Value #2**	**Relief Valve**	**Check Valve**	**Air Inlet**
InitialTest PASS FAIL	Closed Tight Leaked PSID:	Closed Tight Leaked PSID:	Did NOT Open Opened PSID at:	Closed Tight Leaked PSID:	Closed Tight Leaked PSID:
Repairs					
FinalTest PASS FAIL	Closed Tight PSID:	Closed Tight PSID:	Opened PSID at:	Closed Tight PSID:	Opened PSDI at:

Comments:

Certification: I herby certify the foregoing data to be correct and that the tested device is functioning within the limits of the standards. All fields MUST be completed, either print or typed

Tester's Cert #:	Date Completed:
Name of Tester:	Phone #:
Signature:	Testing Firm:
Email:	