



**The City of Niles, Ohio**  
2024  
 Backflow Prevention Program

The City of Niles  
 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.
------	------	-------	------------

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



The City of Niles, Ohio  
2024  
Backflow Prevention Program

The City of Niles  
West State Street  
Niles, OH 44446

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  CISTERN
- 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 \_\_\_\_\_