

## Charter Township of Orion Department of Public Works

2525 Joslyn Road Lake Orion, MI 48360 (248) 391-0304 ext. 116 Fax: (248) 393-6842

Additional forms available at oriontownship.org under the Public Works Department page

| Property Address: Customer Name:   |  |  |  |  |                                       |
|--|--|--|--|--|---------------------------------------|
| Backflow Device # 1 7  | esting Information   |  |  |  |                                       |
| Test Date:   |  | Туре:  |  | Size:  |                                       |
| Manufacturer:  |  | Model Number:  |  | Serial Number:   |                                       |
| <b>Location of Device:</b>   |  |  |  |  |                                       |
| L'an Danie   | DCI.   | 0.0  | C. Classil   | 1 1 - 1 - 1  | <u> </u>                              |
| Line Pressure:   | PSI  | O=Open   | C = Closed   | L = Leaked   |                                       |
| Reduced Pressure F Double Check Valve  |  |  |  | Pressure Vacu  | ium Breaker                           |
| Initial Test:  | 1st Check:   | 2nd Check:   | Relief:  | Air Inlet:   | Check Valve:                          |
| THEIR TEST.  | PSID:  | PSID:  | PSID:  | PSISD:   | PSID:                                 |
|  | 1 0.5.   | 1 . 5.5.   | 1 0.0.   | 1 313 5.   | 1 312.                                |
| Repairs Needed:  | YES NO   | Repair Remarks:  |  |  |                                       |
|  |  | <u> </u>   |  |  |                                       |
| Final Test:  | 1st Check:   | 2nd Check:   | Relief:  | Air Inlet:   | Check Valve:                          |
|  | PSID:  | PSID:  | PSID:  | PSISD:   | PSID:                                 |
|  |  |  |  |  |                                       |
| RESULTS:   | ····PASS ····FAIL  |  |  |  |                                       |
| Comments:  |  |  |  |  |                                       |
| Comments.  |  |  |  |  |                                       |
|  |  |  |  |  |                                       |
|  |  |  |  |  |                                       |
| Backflow Device #2   | Testing Information  |  |  |  |                                       |
| Backflow Device # 2 Test Date:   | Testing Information  | Туре:  |  | Size:  |                                       |
| Test Date:   | Testing Information  | Type:<br>Model Number:   |  | Size:<br>Serial Numb   | er:                                   |
| Test Date:<br>Manufacturer:  | Testing Information  |  |  |  | er:                                   |
| Test Date:<br>Manufacturer:<br>Location of Device:   |  | Model Number:  | C. Classel   | Serial Numb  |                                       |
| Test Date: Manufacturer: Location of Device: Line Pressure:  | PSI  |  | C = Closed   | Serial Numb  | l                                     |
| Test Date: Manufacturer: Location of Device: Line Pressure: Reduced Pressure F   | PSIPSI   | Model Number:  | C = Closed   | Serial Numb  |                                       |
| Test Date: Manufacturer: Location of Device: Line Pressure: Reduced Pressure F Double Check Valve  | PSI Principle Assembly Assembly  | Model Number:  O=Open  |  | L = Leaked Pressure Vacu                                       | lum Breaker                           |
| Test Date: Manufacturer: Location of Device: Line Pressure: Reduced Pressure F   | PSI Principle Assembly e Assembly  1st Check:  | O=Open  2nd Check:   | Relief:  | L = Leaked Pressure Vacu Air Inlet:                            | um Breaker Check Valve:               |
| Test Date: Manufacturer: Location of Device: Line Pressure: Reduced Pressure F Double Check Valve  | PSI Principle Assembly Assembly  | Model Number:  O=Open  |  | L = Leaked Pressure Vacu                                       | lum Breaker                           |
| Test Date: Manufacturer: Location of Device: Line Pressure: Reduced Pressure F Double Check Valve Initial Test:  | PSI Principle Assembly e Assembly  1st Check: PSID:  | O=Open  2nd Check: PSID:   | Relief:  | L = Leaked Pressure Vacu Air Inlet:                            | um Breaker Check Valve:               |
| Test Date: Manufacturer: Location of Device: Line Pressure: Reduced Pressure F Double Check Valve  | PSI Principle Assembly e Assembly  1st Check:  | O=Open  2nd Check: PSID:   | Relief:  | L = Leaked Pressure Vacu Air Inlet:                            | um Breaker Check Valve:               |
| Test Date: Manufacturer: Location of Device: Line Pressure: Reduced Pressure F Double Check Valve Initial Test:  | PSI Principle Assembly e Assembly  1st Check: PSID:  | O=Open  2nd Check: PSID:   | Relief:  | L = Leaked Pressure Vacu Air Inlet:                            | um Breaker  Check Valve:              |
| Test Date: Manufacturer: Location of Device: Line Pressure: Reduced Pressure F Double Check Valve Initial Test:  Repairs Needed:   | PSI Principle Assembly e Assembly  | O=Open  2nd Check: PSID:  Repair Remarks:  | Relief:<br>PSID:   | L = Leaked Pressure Vacu Air Inlet: PSISD:                     | Check Valve:                          |
| Test Date: Manufacturer: Location of Device: Line Pressure: Reduced Pressure F Double Check Valve Initial Test:  Repairs Needed: Final Test:   | PSI Principle Assembly Assembly 1st Check: PSID:  YES NO  1st Check: PSID:   | O=Open  2nd Check: PSID:  Repair Remarks:  2nd Check:  | Relief: PSID: Relief:  | L = Leaked Pressure Vacu  Air Inlet: PSISD:  Air Inlet:        | Check Valve: PSID: Check Valve:       |
| Test Date: Manufacturer: Location of Device: Line Pressure: Reduced Pressure F Double Check Valve Initial Test:  Repairs Needed:   | PSI Principle Assembly Assembly 1st Check: PSID: YES NO 1st Check:   | O=Open  2nd Check: PSID:  Repair Remarks:  2nd Check:  | Relief: PSID: Relief:  | L = Leaked Pressure Vacu  Air Inlet: PSISD:  Air Inlet:        | Check Valve: PSID: Check Valve:       |
| Test Date: Manufacturer: Location of Device: Line Pressure: Reduced Pressure F Double Check Valve Initial Test:  Repairs Needed: Final Test:   | PSI Principle Assembly Assembly 1st Check: PSID:  YES NO  1st Check: PSID:   | O=Open  2nd Check: PSID:  Repair Remarks:  2nd Check:  | Relief: PSID: Relief:  | L = Leaked Pressure Vacu  Air Inlet: PSISD:  Air Inlet:        | Check Valve:                          |
| Test Date: Manufacturer: Location of Device: Line Pressure: Reduced Pressure F Double Check Valve Initial Test:  Repairs Needed: Final Test:   | PSI Principle Assembly Assembly 1st Check: PSID:  YES NO  1st Check: PSID:   | O=Open  2nd Check: PSID:  Repair Remarks:  2nd Check:  | Relief: PSID: Relief:  | L = Leaked Pressure Vacu  Air Inlet: PSISD:  Air Inlet:        | Check Valve:                          |
| Test Date: Manufacturer: Location of Device: Line Pressure: Reduced Pressure F Double Check Valve Initial Test:  Repairs Needed: Final Test:  RESULTS: Comments:   | PSI Principle Assembly Assembly 1st Check: PSID:  YES NO  1st Check: PSID:  "PASS "FAIL  | O=Open  2nd Check: PSID:  Repair Remarks:  2nd Check: PSID:  | Relief: PSID:  Relief: PSID:   | L = Leaked Pressure Vacu  Air Inlet: PSISD:  Air Inlet: PSISD: | Check Valve: PSID: Check Valve: PSID: |
| Test Date: Manufacturer: Location of Device: Line Pressure: Reduced Pressure F Double Check Valve Initial Test:  Repairs Needed: Final Test:  Comments: Certification: On this                           | PSI Principle Assembly Assembly 1st Check: PSID:  YES NO  1st Check: PSID:  "PASS "FAIL  date, the above device we   | O=Open  2nd Check: PSID:  Repair Remarks:  2nd Check: PSID:  | Relief: PSID:  Relief: PSID:   | L = Leaked Pressure Vacu  Air Inlet: PSISD:  Air Inlet: PSISD: | Check Valve: PSID: Check Valve: PSID: |
| Test Date: Manufacturer: Location of Device: Line Pressure: Reduced Pressure F Double Check Valve Initial Test:  Repairs Needed: Final Test:  Comments: Certification: On this Test Type:                | PSI Principle Assembly Assembly 1st Check: PSID:  YES NO  1st Check: PSID:  "PASS "FAIL  date, the above device well——————————————————————————————————   | O=Open  2nd Check: PSID:  Repair Remarks:  2nd Check: PSID:  as tested per applicable of the control of the con | Relief: PSID:  Relief: PSID:  Codes and DID DID It auge Serial Number: | L = Leaked Pressure Vacu  Air Inlet: PSISD:  Air Inlet: PSISD: | Check Valve: PSID: Check Valve: PSID: |
| Test Date: Manufacturer: Location of Device: Line Pressure: Reduced Pressure F Double Check Valve Initial Test:  Repairs Needed: Final Test:  Comments:  Certification: On this Test Type: Testing Firm: | PSI Principle Assembly Assembly 1st Check: PSID:  YES NO  1st Check: PSID:  "PASS "FAIL  date, the above device well and the above device well | O=Open  O=Open  2nd Check: PSID:  Repair Remarks:  2nd Check: PSID:  as tested per applicable of the company of | Relief: PSID:  Relief: PSID:   | L = Leaked Pressure Vacu  Air Inlet: PSISD:  Air Inlet: PSISD: | Check Valve: PSID: Check Valve: PSID: |