



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 Testing Information

Test Date: _____ Type: _____ Size: _____
Manufacturer: _____ Model Number: _____ Serial Number: _____
Location of Device: _____

Line Pressure: _____ PSI O=Open C = Closed L = Leaked

Reduced Pressure Principle Assembly
Double Check Valve Assembly Pressure Vacuum Breaker

Initial Test: 1st Check: 2nd Check: Relief: Air Inlet: Check Valve:
PSID: PSID: PSID: PSID: PSID: PSID:

Repairs Needed: YES NO Repair Remarks: _____

Final Test: 1st Check: 2nd Check: Relief: Air Inlet: Check Valve:
PSID: PSID: PSID: PSID: PSID: PSID:

RESULTS: PASS FAIL

Comments: _____

Backflow Device # 2 Testing Information

Test Date: _____ Type: _____ Size: _____
Manufacturer: _____ Model Number: _____ Serial Number: _____
Location of Device: _____

Line Pressure: _____ PSI O=Open C = Closed L = Leaked

Reduced Pressure Principle Assembly
Double Check Valve Assembly Pressure Vacuum Breaker

Initial Test: 1st Check: 2nd Check: Relief: Air Inlet: Check Valve:
PSID: PSID: PSID: PSID: PSID: PSID:

Repairs Needed: YES NO Repair Remarks: _____

Final Test: 1st Check: 2nd Check: Relief: Air Inlet: Check Valve:
PSID: PSID: PSID: PSID: PSID: PSID:

RESULTS: PASS FAIL

Comments: _____

Certification: On this date, the above device was tested per applicable codes and DID DID NOT meet the required performance standards.

Test Type: _____ Gauge Model: _____ Gauge Serial Number: _____

Testing Firm: _____ Address: _____

Tester Name: _____ Tester Certification Number: _____ Telephone Number: _____

Inspectors Signature: _____ Date: _____

RETURN THIS TEST REPORT TO THE ADDRESS OR FAX NUMBER ABOVE.