

**PIQUA MUNICIPAL WATER SYSTEM
BACKFLOW PREVENTION PROGRAM**

9300 N. ST. RT. 66
PIQUA, OHIO 45356

Backflow Prevention Device Inspection Form

Owner's Name: _____ Date of Inspection: _____

Owner's Address: _____

Job Address: _____

Location of Unit: _____

Type & Size: _____ Serial No. _____

Test Results:

Check Valve
1

Check Valve
2

Relief Valve
Opened

_____ psi

Repairs Made: _____

Test Results (after any repairs)

Check Valve
1

Check Valve
2

Relief Valve
Opened

_____ psi

Signature of Inspector: _____

Inspector's Name (Please Print): _____

ODH Certified Tester No. _____