

COPY

# STATE OF OHIO

## Annual Test & Maintenance Report for Backflow Prevention Assemblies

Facility Name: WYNSTONE SUB DIV. HOA, INC.  
 Address: P.O. BOX 160 Contact Person: HOA PRES.  
LEWIS CNTL, OH 43035

Make: FEBCO Containment          Isolation           
 Model: 765 Meter Pit          Basement          Floor Number:           
 Size: 3/4" Penthouse          Boiler Room          Room Number:           
 Serial Number: AL5188 Mechanical Room          Protection Provided:         

Double Check Assembly			
Initial Test	Outlet Valve		Pass <u>        </u> Fail <u>        </u>
	1 <sup>st</sup> Check Valve	<u>        </u> psid	Pass <u>        </u> Fail <u>        </u>
Date <u>        </u>	2 <sup>nd</sup> Check Valve	<u>        </u> psid	Pass <u>        </u> Fail <u>        </u>

Reduced Pressure Assembly		
1 <sup>st</sup> Check Valve	<u>        </u> psid	Pass <u>        </u> Fail <u>        </u>
Relief Valve Opening Point	<u>        </u> psid	Pass <u>        </u> Fail <u>        </u>
2 <sup>nd</sup> Check Valve		Pass <u>        </u> Fail <u>        </u>
Outlet Valve	Pass <u>        </u>	Fail <u>        </u>

Pressure Vacuum Breaker		
Air Inlet Valve	<u>2.2</u> psig	Pass <u>✓</u> Fail <u>        </u>
Check Valve	<u>3.2</u> psig	Pass <u>✓</u> Fail <u>        </u>

Repairs & Materials Used	
--------------------------	--

--

--

Double Check Assembly			
Re-Test After	Outlet Valve		Pass <u>        </u> Fail <u>        </u>
Repairs	1 <sup>st</sup> Check Valve	<u>        </u> psid	Pass <u>        </u> Fail <u>        </u>
Date <u>        </u>	2 <sup>nd</sup> Check Valve	<u>        </u> psid	Pass <u>        </u> Fail <u>        </u>

Reduced Pressure Assembly		
1 <sup>st</sup> Check Valve	<u>        </u> psid	Pass <u>        </u> Fail <u>        </u>
Relief Valve Opening Point	<u>        </u> psid	Pass <u>        </u> Fail <u>        </u>
2 <sup>nd</sup> Check Valve		Pass <u>        </u> Fail <u>        </u>
Outlet Valve	Pass <u>        </u>	Fail <u>        </u>

Pressure Vacuum Breaker		
Air Inlet Valve	<u>        </u> psig	Pass <u>        </u> Fail <u>        </u>
Check Valve	<u>        </u> psig	Pass <u>        </u> Fail <u>        </u>

Comments:

**TESTER CERTIFICATION:** I hereby certify that the above data is correct and that the backflow prevention device is in proper working condition.

Tester Name (Printed) JIM HALLIWELL Signature Jim Halliwell

Company Name JIM HALLIWELL LANDSCAPES Ohio Cert. No. 10752 Contractor No          Date 3-17-17

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 proper authorization. I further certify that I have the authority and responsibility to ensure the above.

Owner/Officer (Printed) JIM HALLIWELL Signature Jim Halliwell

Title: OWNER Date: 6-23-14