

CITY OF HUBER HEIGHTS WATER CO  
 SUEZ  
 6244 CHAMBERSBURG RD  
 HUBER HEIGHTS, OH 45424

Date of Inpection:  
 Re: Certification of Backflow Device

All backflow devices must be certified annually to ensure they are working properly. The device is generally located on a water supply line or near the water meter. The purpose of the device is to prevent any possible contamination or pollution of our water distribution system by stopping any "backflow" (a reversal of water flow) from your premises.

Below please list the specifics of your device, have your plumber complete and return this form to:

**Huber Heights Water Department**  
**P.O. Box 24099**  
**Huber Heights, Ohio 45424**  
**FAX # 937-233-0874**

Size	Make	Model	Serial No.	Account No.	Location

**Please give this letter to your plumber to complete.** Should you need further instructions, or should you have any questions, please call our office at 233-3292, [Fax 233-0874]. Thank you in advance for your cooperation.

Sincerely,  
 Customer Service Department

**BACKFLOW PREVENTER TEST REPORT**

**DO ALL TESTS REQUIRED FOR EACH DEVICE**

<b>REDUCED PRESSURE DEVICE 1013</b>	#1 CHECK VALVE CLOSED TIGHT YES _____ NO _____ PSID _____	DIFFERENTIAL PRESSURE RELIEF VALVE OPENED AT _____ PSIG	#2 CHECK VALVE CLOSED TIGHT YES _____ NO _____	DEVICE PASSED YES _____ NO _____
<b>DOUBLE CHECK VALVE 1015</b>	#1 CHECK VALVE CLOSED TIGHT YES _____ NO _____ PSID _____	#2 CHECK VALVE CLOSED TIGHT YES _____ NO _____ PSID _____	DID OUTLET SHUTOFF VALVE HOLD TIGHT YES _____ NO _____	DEVICE PASSED YES _____ NO _____
<b>PRESSURE VACUUM BREAKER</b>	PRESSURE LOSS ACROSS CHECK VALVE PSIG _____	AIR INLET OPEN YES _____ NO _____ PSIG _____		DEVICE PASSED YES _____ NO _____

REPAIRS MADE \_\_\_\_\_

TESTED BY \_\_\_\_\_ PLUMBING COMPANY \_\_\_\_\_

DATE OF TEST \_\_\_\_\_ STATE CERTIFICATION NO. \_\_\_\_\_ PLBRS. CERT. EXPIRATION DATE \_\_\_\_\_