



# ANNUAL TEST & MAINTENANCE REPORT FOR BACKFLOW PREVENTION ASSEMBLIES

City of Fairfield, Public Utilities Department, Water Division  
(513) 858-7775

Assembly Address: \_\_\_\_\_ Business Name: \_\_\_\_\_

**CONTACT INFORMATION**

Contact Name/Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, & ZIP: \_\_\_\_\_

E-mail: \_\_\_\_\_

**BACKFLOW TEST INFORMATION**    CONTAINMENT\*     WATER SUPPLIER: City of Fairfield

*\*Containment ONLY. Isolation (plumbed after containment) should be sent to the Butler County Health Dept.*

TYPE: \_\_\_\_\_ SIZE: \_\_\_\_\_ MFR.: \_\_\_\_\_ MODEL: \_\_\_\_\_ SERIAL NO.: \_\_\_\_\_

WATER LINE:    DOMESTIC     FIRE LINE     FIRE BYPASS     IRRIGATION

EQUIPMENT LOCATION IN FACILITY: \_\_\_\_\_

NEW INSTALL     EXISTING     REPLACEMENT     PREVIOUS SERIAL NO.: \_\_\_\_\_

SUPPLY PSI: _____	<b>WHEEL VALVES</b>	<b>CHECK VALVE #1</b>	<b>CHECK VALVE #2</b>	<b>RELIEF VALVE (RP)</b>
-------------------	-------------------------	---------------------------	---------------------------	------------------------------

TEST BEFORE REPAIR	LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	OPENED AT _____ PSID <input type="checkbox"/>
DATE _____	CLOSED TIGHT <input type="checkbox"/>	CLOSED TIGHT <input type="checkbox"/> _____ PSID	CLOSED TIGHT <input type="checkbox"/> _____ PSID	DID NOT OPEN <input type="checkbox"/>

DESCRIBE REPAIR \_\_\_\_\_

FINAL TEST	CLOSED TIGHT <input type="checkbox"/>	CLOSED TIGHT <input type="checkbox"/> _____ PSID	CLOSED TIGHT <input type="checkbox"/> _____ PSID	OPENED AT _____ PSID <input type="checkbox"/>
DATE _____				

**CERTIFICATION (TESTER)**

I hereby certify the above data to be correct and that the above BFP device is in the proper operating condition.

Tester (print): \_\_\_\_\_ State of Ohio Cert. No. \_\_\_\_\_

Tester (signature): \_\_\_\_\_ Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

**CERTIFICATION (BUILDING OWNER OR AGENT)**

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 by-passed, made inoperative, or removed without proper authorization. All defects found during the operation period or during testing of device were satisfactorily corrected without delay. I further certify that I have the responsibility and authority to insure the above.

Owner/Agent (print): \_\_\_\_\_ Title: \_\_\_\_\_

Owner/Agent (signature): \_\_\_\_\_ Date: \_\_\_\_\_

**Mail to:** City of Fairfield Water Division  
5021 Groh Lane  
Fairfield, OH 45014

**E-mail to:** backflow@fairfieldoh.gov



## City of Fairfield, Ohio – Water Division

### Quick Reference Guide on Backflow Program Requirements

1. A testable backflow preventer is required on each water line (including fire lines, fire bypass lines, and irrigation lines) entering an industrial or commercial building. Most often a reduced pressure principle assembly (RP- ASSE 1013 or RPDA- ASSE 1047) is required. For fire lines and some low risk situations, a double check valve assembly (DC- ASSE 1015 or DCDA- ASSE 1048) may be allowed.
  - a. These backflow prevention assemblies are called ‘containment’ assemblies because they act to ‘contain’ any potential pollution source to inside the facility and thereby protect the public water system. Fairfield tracks all ‘containment’ assemblies.
    - A containment backflow preventer is generally installed immediately downstream of the water meter when the meter is inside, or at the “point of entry” when the meter is outside. The backflow preventer should be installed according to manufacturer specifications and be protected from freezing.
  - b. ‘Isolation’ backflow prevention assemblies are plumbed after containment assemblies and act to ‘isolate’ any potential pollution source between areas or processes within the same building; these types of assemblies are often found in large industrial facilities as well as in buildings occupied by multiple tenants. The Butler County Health Department tracks all ‘isolation’ assemblies.
2. Upon installation or repair, each backflow preventer must be tested by an Ohio certified tester to confirm it is functioning properly. Test reports must be submitted to Fairfield’s Water Division.
3. At least once every twelve (12) months, each backflow preventer must be tested by an Ohio certified tester, and repaired if needed, to confirm it is functioning properly. Test reports must be submitted to Fairfield’s Water Division.
4. For more information on Fairfield’s backflow program, including access to blank test report forms and links to the State and Local regulations governing backflow, please visit:  
<http://www.fairfield-city.org/283/Backflow-Prevention>
5. For questions about Fairfield’s backflow program, please call the City’s Water Treatment Plant at 513-858-7775. Test reports may be emailed to [public\\_utilities@fairfield-city.org](mailto:public_utilities@fairfield-city.org)

The City of Fairfield is required by Ohio State Law to administer a backflow prevention program as a means to protect the public water supply from potential contamination. Fairfield's program is designed to prevent the flow of water from a consumer's private piping back into the public water distribution system. Backflow prevention is primarily accomplished through the installation of backflow prevention assemblies on a consumer's water pipes.

**It is the responsibility of the water consumer to install, maintain, and have tested all backflow prevention assemblies associated with the consumer’s facility.**