VILLAGE OF OXFORD Building Services Department 22 West Burdick, P.O. Box 94, Oxford, MI 48371-0094 248-628-2543



Residential – Backflow	Assembly Test Report
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Test Year 20 ____

									_						
As owner of the an underground or water powere	sprin	kler s	ystem ins		-	-									
Applicant															
Service Address						City	/		S	State	Zip)			
Phone No							Fax								
Email															
Owner															
Owner Address									S	State	Zip				
Phone No															
Email Assembly Make_									۵	1	Type				
									c	'	ype				
Application															
Location								Heigh	t Above	e Floor or	Ground		Ft.		
Assembly Properl	y Inst	alled	?	Yes 🛛		No 🗆	ALL P	SID READINGS	MUST	BE RECO	RDED				
FIRST TEST DATE		-	-	Pass 🛛	Fail		Fest Time		Supp	ly Line Sta	atic Press	ure			
Test Gauge Make				Model			Serial		Last A	Annual Ce	ertificatio	n -	-		
Status of Shutoff	#1	#2									essure Vacu				
Valves During Test	"-				Check #1	Check #2	Relief	7		Air Inlet P					
Closed Tight				RP >>				_		1-Hose PSID		1-Hose PSID	<u> </u>		
Leaked			_							Check Va	irection of F lve Test PSI	D			
Not Applicable			#2 Check	Valve Confirma	ation Test >					Air Inlet F	ully Open?	Yes 🛛	No 🗆		
Status of Shutoff Valves	Before #1 #2		After #1 #2							Piping Ba	ckpressure?	Yes 🗆	No 🗆		
Valves On]											
Valves Off]											
ALL FAILE	D ASS	SEMB	LIES MUS	ST BE REPAIR	RED OR RE	PLACED	WITHIN 15	DAYS BY A LIC	ENSED	PLUMBI	NG CONT	RACTOR	ł		
FIRST TEST DATE				Pass 🛛	Pass 🛛 🛛 Fail 🗖 Test Time					Supply Line Static Pressure					
Test Gauge Make				Model	Model Serial					Last Annual Certification					
Status of Shutoff	#1	#2								Р	ressure Vac	cuum Brea	ker		
Valves During Test	#1	#2			Check #1	Check #2	Relief	7		Air Inlet P					
Closed Tight				RP >>						1-Hose PSID		1-Hose PSID			
Leaked											irection of F lve Test PSI				
Not Applicable				Valve Confirma	ation Test >					Air Inlet F	ully Open?	Yes 🛛	No 🗆		
Status of Shutoff Before			After							Piping Backpressure? Yes 🗆 No 🗆					
Valves Valves On	#1	#2	#1 #2												
Valves Off															
				- 1	accordance v	with applica	able standard	ls and the results v	vere true	at the time	e of testing	•			
Testing Co.							Phone			Fax					
Address						City				S	tate	Zip			
Tester's Name						Tester Sign	nature								
Backflow Cert #					ng License #				-	ractor Licer					
								DRS ARE ALLOW					Dhumbhai		
Michigan Codes require ow Code and the State of Mich															
assembly to fail at any time															