

City of Reynoldsburg - Backflow Prevention Information

Backflow Prevention. *If you don't want to drink it, don't connect your water system to it.*

Backflow is a reversal of the normal direction of flow in a public water system that may result in pollution or contamination of the water. A cross-connection is any arrangement whereby backflow can occur.

Implementing a backflow prevention program is an important part of keeping quality water. The Reynoldsburg Water Department is currently conducting on-site cross-connection surveys at business and commercial service connections for potential backflow. We are also reviewing each new construction to determine what type of backflow protection may be required.

What is the most common form of a cross-connection in our home? Ironically, the ordinary garden hose is the most frequent offender. A garden hose can be extremely hazardous when it is left submerged in swimming pools, utility tubs, and soapy buckets. Chemical sprayers are also attached to hoses for weed killing and fertilizing. Remember, if you don't want to drink it, don't connect your water system to it. An inexpensive hose bib vacuum breaker can be used to prevent most household cross-connections, and can be purchased at your local hardware store.

Please note that only those companies and individuals on our list of Certified Backflow testers and installers or on the City of Columbus web site, (<http://publicutilities.columbus.gov>) under forms and publications.

APPLICATION FOR City of Reynoldsburg List of Approved Certified Backflow Assembly Testers

If you wish to be placed on the City Of Reynoldsburg's list of Approved Certified Backflow Assembly Testers, return the attached application form, to the City of Reynoldsburg. The City of Reynoldsburg's guidelines are listed below. If you have any questions, please call (614) 322-4500 from 7:00 am – 3:30 pm Monday – Friday.

What You Must Have: To be placed on the City of Reynoldsburg's list of Certified Backflow Assembly Testers, you must have and maintain the following required documentation:

1. Current State of Ohio Backflow Assembly Tester certificate.
2. Currently registered and bonded in accordance with the City of Reynoldsburg Building Division's requirements for Plumbing Contractors.
3. Certificate of all testing equipment showing calibration within last (120 twelve months).

What You Must Do:

1. Ensure that test forms are complete, accurate, and legible. Failure to submit reports that are complete and accurate may result in rejection of all reports, removal from City's list, and/or a requirement to retest the backflow assembly.
2. All test forms must be submitted to the City's Water Dept. Office within (5) five days of completion.
3. Provide a copy of the completed test report to the property owner and/or person in charge of premise.
4. Be responsible for quality control and provide Reynoldsburg's Water customers with accurate test results.
5. Provide the City Of Reynoldsburg with copies of the above-referenced required documentation annually. You will be responsible to do this. You will **not** be notified by our office when you need to update your information.

We Reserve the Right To:

1. Randomly check test results submitted.
2. Remove your name from the City's list for failure to follow these guidelines. If you are removed from the list, any test results from you, or your company, will not be accepted.
3. List your information for customers on the City website. Information will include, but is not limited to:
 - Tester's Name
 - Telephone Number
 - Certification Number
4. Accepting faxed copies of test reports is currently acceptable and is done as a convenience to you, the tester. If this is or becomes a problem in the future the City may, at its discretion, require that only originals be sent via mail or hand carried to the Water Office.

APPLICATION
FOR
City of Reynoldsburg List of Approved Certified
Backflow Assembly Testers

Application: Please provide the following information then sign and date the form. Mail this application with the required documentation to the address provided below. Please print clearly. Incomplete or illegible paperwork will not be accepted.

Required Information

(Please print)

Business Name: _____

Business Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax # _____

Is this Company Registered and Bonded in accordance with the City Of Reynoldsburg Building Division's requirements for Plumbing Contractors? Yes: ____ No: ____

State Certification Card(s): Provide a copy of your State Certification card(s)

Equipment Calibration Certificate(s): Provide copies of your current equipment calibration certificate(s).

Test equipment: Make: _____ Model: _____ Serial# _____

Please note, certificates must clearly state who the test equipment belongs to or is used by.

I, the undersigned, have read and agree to the City Of Reynoldsburg Backflow Assembly Tester guidelines.

Tester Name (print clearly) _____ Date _____

Signature of Certified Tester:

State Certification Number:

Return This Completed Application by mail or in Person To:

City Of Reynoldsburg, Water Office

Attention: Matt Regan

7232 E. Main St.

Reynoldsburg, Ohio 43068

For More Information: Call The Reynoldsburg Water Dept. @ (614) 322-4500 Monday thru Friday 7:00 am – 3:30 pm

Required Information for Backflow Assembly Test Report Forms

Information Required: The information required for Backflow Assembly Test Report forms submitted to the City of Reynoldsburg is listed below. Failed, illegible or incomplete test report forms will not be accepted. Testers may use only the form mailed to our customer or the blank City of Reynoldsburg standardized form. A printer friendly version of the standardized form is available on our website.

Customer and Property Information;

1. **Property Address:** Service address of the building or residence at which testing was done. Note: For
 1. newly installed devices the **SERVICE ADDRESS** must be provided.
2. **Business Name:** Name of business or property owner.
3. **Contact person:** Name and phone number of person to contact with questions regarding this address.

Devise Information;

1. **Check the appropriate box:** New Installation, Existing or Replacement.
 - a. Note; If Replacement, you must also include old assembly's serial number.
2. **Type of Assembly:** Circle one of the choices or specify in 'Other'
3. **Make of Assembly:** Manufacture's name, such as "Conbraco"
4. **Model Number:** Use complete model number, such as "009M2QT" or "950XLT"
5. **Size:** Size of assembly being tested.
6. **Serial Number:** Be accurate. Include alpha prefixes, such as "A101682"
7. **What hazard is being isolated:** For example, for service protection, irrigation. carbonation machine, boiler, etc.
8. **Describe Assembly Location:** Please give the physical location of device, such as next to meter, west wall of room 102, 15 feet SW of building, etc.

Test Results: To include the following:

1. Values are required for each check valve tested.
2. Repair information and details.
3. Final test results.
4. Check Pass or Fail box for each check valve tested.
5. For Air Gap Inspections, indicate whether proper air gap separation is provided by checking the appropriate box.
6. **Assembly Passed (____) Failed (____)** Check Passed or Failed for entire assembly.
7. **Proper Installation Annotation:** Check the appropriate Yes or No box.
8. **NOTE:** If assembly *is not* installed in accordance with the installation requirements the discrepancy must be recorded in the comments section.

Certified Tester Information;

All test reports must include legibly printed or typed tester's name, certification number, test completion date, test equipment's make/model and serial #, tester's company name and telephone number.

Important note: *The report form must include the signature of the person performing the test.*

CITY OF REYNOLDSBURG BACKFLOW PREVENTION ASSEMBLY TEST REPORT

FAILED, ILLEGIBLE OR INCOMPLETE REPORTS WILL NOT BE ACCEPTED



Please Return To:
 MAIL: City of Reynoldsburg Water Dept.
 Backflow compliance
 7232 E. Main St.
 Reynoldsburg, Oh. 43068
 (Fax) 614-322-6857

Customer and Property Information - Please Print

PROPERTY ADDRESS: _____ ZIP _____

BUSINESS NAME: _____

CONTACT PERSON: _____ PH.# _____ FAX# _____

Device Information - Please Print

NEW INSTALLATION EXISTING or REPLACEMENT OLD ASSEMBLY SERIAL # : _____

TYPE OF ASSEMBLY (CIRCLE ONE) AIR GAP RP PVB OTHER (SPECIFY) _____

MAKE OF ASSEMBLY: _____ MODEL: _____ SIZE: _____ SERIAL # _____

What hazard is being isolated? (i.e. boiler, irrigation, complete building): _____

Describe location of assembly: _____

Initial Test	Outlet Valve	Pass C	Fail C	1st Check Valve	____psig	Pass C Fail C	Air Inlet Valve	____psig	Pass C Fail C
	1st Check Valve	____psid	Pass C Fail C	Relief Valve Opening Pt.	____psig	Pass C Fail C	Check Valve	____psig	Pass C Fail C
	2nd Check Valve	____psid	Pass C Fail C	2nd Check Valve	____psig	Pass C Fail C			
				Outlet Valve	Pass C	Fail C			
Repairs & Materials Used									
Re-Test After Repairs	Outlet Valve	____psig	Pass C Fail C	1st Check Valve	____psig	Pass C Fail C	Air Inlet Valve	____psig	Pass C Fail C
	1st Check Valve	____psig	Pass C Fail C	Relief Valve Opening Pt.	____psig	Pass C Fail C	Check Valve	____psig	Pass C Fail C
	2nd Check Valve	____psig	Pass C Fail C	2nd Check Valve		Pass C Fail C	AIR GAP SEPARATION: Required Air Gap Separation Provided? Yes C No C		
				Outlet Valve	Pass C	Fail C			

Does the assembly meet proper installation requirements? **Yes C No C**

Assembly PASSED (____) FAILED (____) *NOTE: ALL REPAIRS **MUST** BE COMPLETED WITHIN (10) DAYS.

COMMENTS: _____

Certified Tester Information - Please Print

I CERTIFY THAT ALL INFORMATION ON THIS REPORT IS TRUE AND ACCURATE.

Testers Name (Printed): _____ Certification #: _____ Exp. Date _____

Test Equipment: Make: _____ Model: _____ S# _____ Cal. Date _____

Testers Co. Name: _____ Ph. # _____

Testers Signature: _____ Date: _____