



Saginaw Charter Township
 Cross Connection Control & Backflow Prevention Program
 4870 Shattuck Rd
 Saginaw, MI. 48603
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BACKFLOW PREVENTION DEVICE - TEST & MAINTENANCE REPORT FORM

Location/Site of Backflow Device (Not Billing Address)									
Property Name									
Service Address*		Street #		Street Prefix		Street Name			
City		State		MI		Zip Code		Business Type	
Contracted Service Provider Information									
Firm Name									
Firm Address									
City		State		Zip Code		Phone #			
E-mail:									
Existing Backflow Device Information					<input type="checkbox"/> Add Backflow Device		<input type="checkbox"/> Replacement Backflow Device		
Serial #*					Serial #				
Manufacturer*					Manufacturer				
Model #*					Model #				
Device Size*					Device Size				
Location*					Location				
Type of Service Contained*		Test Measurements (Submit Results of the Initial Test and Final Test as Separate Entries)							
Domestic Containment Service <input type="checkbox"/> Fire Service and/or By-pass <input type="checkbox"/> Irrigation Service <input type="checkbox"/> Secondary Isolation Service <input type="checkbox"/>		AIR GAP: Inches Above Rim <input type="text"/>		Supply Size <input type="text"/>		AVB: Opened Fully? Yes <input type="checkbox"/> No <input type="checkbox"/>			
		CHECK VALVE NO 1		CHECK VALVE NO 2		DIFFERENTIAL PRESSURE RELIEF VALVE		AIR INLET	
		closed tight <input type="checkbox"/>		closed tight <input type="checkbox"/>		opened at psid <input type="text"/>		opened at psid <input type="text"/>	
		leaked <input type="checkbox"/>		leaked <input type="checkbox"/>		did not open <input type="checkbox"/>		check valve psid <input type="text"/>	
		psid <input type="text"/>		psid <input type="text"/>		leaked <input type="checkbox"/>		leaked <input type="checkbox"/> closed <input type="checkbox"/>	
cleaned <input type="checkbox"/>		cleaned <input type="checkbox"/>		cleaned <input type="checkbox"/>		cleaned <input type="checkbox"/>			
Device Type*		Comments (List Repair Details in Comments)							
RP <input type="checkbox"/> PVB <input type="checkbox"/> RPDA <input type="checkbox"/> SVB <input type="checkbox"/> DC <input type="checkbox"/> AVB <input type="checkbox"/> DCDA <input type="checkbox"/> AIR GAP <input type="checkbox"/>									
Test Status*		Certified Tester				Check One			
Passed <input type="checkbox"/> Repaired & Passed <input type="checkbox"/> Failed-Refused to Repair <input type="checkbox"/> Failed-Will Repair/Replace <input type="checkbox"/>		<input type="checkbox"/> Apprentice		<input type="checkbox"/> Journeyman		<input type="checkbox"/> Master			
		Printed Name*				IDEM Certification #*			
		Signature*							
		Working under the direction of:							
		<input type="checkbox"/> Apprentice		<input type="checkbox"/> Journeyman		<input type="checkbox"/> Master			
		Printed Name*				IDEM Certification #*			
		Signature*							
		Phone #				E-mail:			
		Test Date*							
Test Kit #*						Calibration Date*			

All information contained hereon is certified to be accurate and true. No cross-connections or conditions that may potentially permit the backflow of contaminants and/or pollutants from a customer's piping system into the public water distribution system shall be permitted. Piping systems within the customer's premises shall conform in all respects to the latest revision of the Michigan Plumbing Code, the Michigan Department of Environment, Great Lakes, and Energy Cross Connection Control and Backflow Prevention Manual, and the Cross-Connection Ordinance of the Saginaw Charter Township Water Utility. Backflow prevention devices are to be tested upon installation and periodically thereafter. The device detailed hereon has been tested and maintained as required by the rules and regulations listed here. No warranty is given or implied.