



LOW PRESSURE SUSTAINING DEVICE TEST REPORT

FAILED, ILLEGIBLE OR INCOMPLETE REPORTS WILL NOT BE ACCEPTED

Please return to:

MAIL: City of Columbus, Division of Water
Backflow Compliance
918 Dublin Road
Columbus, Ohio 43215-9052

EMAIL: backflow@columbus.gov

Customer and Property Information – Please Print

SERVICE ADDRESS: _____ Zip: _____

BUSINESS NAME: _____

CONTACT PERSON: _____ PHONE#: _____ FAX#: _____

Tests for low pressure sustaining devices must follow the procedures listen in the *Ohio EPA, Division of Drinking and Ground Waters, Backflow Prevention and Cross-Connection Control, Fourth Edition – 2015*. Refer to pages 149-156.

Device Information – Please Print

NEW INSTALLATION EXISTING or REPLACEMENT

Water service line type (please circle at least one): Domestic Only Fire Only Combination Domestic/Fire

Pump serves (please circle at least one): Domestic Only Fire only

Pump location: _____

Pump installation date (if known): _____

Device type:

_____ Low pressure cutoff _____ Discharge throttling valve _____ Variable speed controller

Date of test: _____

Result: _____ Pass _____ Fail

I certify that the low pressure sustaining device test as described above was performed by me on the date indicated and the findings were as indicated.

Tested by: Signature _____ Print Name _____

Company _____

Please list any relevant licenses (e.g. State Fire Protection License, State Plumbing License, etc.)

Please return the test report to:

Email backflow@columbus.gov or Postal mail or Fax
City of Columbus Division of Water 614-724-0790
Backflow Compliance Office
918 Dublin Rd
Columbus, OH 43215