



# 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  
910 Dublin Road  
Columbus, Ohio 43215-9052

EMAIL: [backflow@columbus.gov](mailto: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](mailto:backflow@columbus.gov)

or

Postal mail  
City of Columbus Division of Water  
Backflow Compliance Office  
910 Dublin Rd  
Columbus, OH 43215