

Application

For

Village of Mt. Gilead

List of Approved Certified

Backflow Assembly Testers

Thank you for your interest in being placed on the Village of Mt. Gilead's list of Approved Certified Backflow Assembly Testers. The Village of Mt. Gilead's guidelines are listed below. If you have questions, please call Kit St. Clair Water Tech/Operator of Record @ 419-569-2537.

What You Must Have:

To be placed on the Village of Mt. Gilead'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. Certificate of all testing equipment showing calibration within the last (12) twelve months.

***** NOTE *****

To test any Fire Suppression System Containment Backflow Prevention Assembly, you must have a:

1. Current State of Ohio Department of Commerce Division of State Fire Marshal Certificate.
2. Current State of Ohio Backflow Assembly Tester certificate.
3. Certificate of all testing equipment showing calibration within the last (12) twelve months.

What You Must Do:

1. Ensure that test forms are complete, accurate, and legible. Failure to submit reports that are not complete and accurate may result in rejection of all test reports, removal from the Village's list, and/or a requirement to retest the backflow assembly.
2. All test forms shall be submitted to the Village 's Backflow Personnel within (5) days of completion.
3. Provide a copy of the completed test report to the property owner and/or in charge of premise. Facility Certification must be completed on test form, you are able to gain entry to premises so someone should be able to sign it. If it is not, it will not be accepted. NO EXCEPTIONS as of January 1, 2023.
4. Failed assemblies, you shall contact Water Department contact immediately and notify that assembly has failed and when assembly will be repaired.
5. Be responsible for quality control and provide Mt. Gilead Water's customers with accurate tests results.
6. Provide the Village 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. If it is expired your/company contact information will be removed automatically.

We Reserve the Right To:

1. Randomly check the test results submitted.
2. Remove your name from the Village's list for failure to follow these guidelines. If you are removed from the list, any test reports from you, your company, will not be accepted.
3. The Village of Mt. Gilead accepts entirely completed test forms via fax, email, mail and or hand carried to the Water Department Office and or Water Treatment Plant.

**Required Information
For
Backflow Assembly Test Report Form**

Information Required: The information required for Backflow Prevention Assembly Test Report forms submitted to the Village of Mt. Gilead is listed below. Failed, illegible or incomplete test report forms will not be accepted. Testers must use the Village of Mt. Gilead standardized form mailed to our customers.

Customer and Property Information;

1. Proper Address: Service of the building or residence at which testing was done. Note: For 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.

Assembly Information & Installation Information;

1. Check the appropriate box: Pit Meter, Mechanical Room, Boiler Room, etc...
2. Type of Assembly: Containment will be already marked with an "X".
3. Line Pressure: Please indicate line pressure.
4. Make of Assembly: Manufacture's name, such as "Conbraco", "Watts", "Febco".
5. Model Number: Use completed number, such a "009M2Qt" or "950XLT."
6. Size: Size of assembly being tested.
7. Serial Number: Be Accurate. Include alpha prefixes, such as "A101682"
8. What hazard is being isolated: For example, for service protection, irrigation, carbonation machine, boiler, etc.
9. 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.
10. On all Test Result sheets mailed to our customer this information is mostly completed. This information is compiled from final inspection after Containment Backflow Prevention Assembly was installed.

Test Results: To include the following:

1. Valves are required for each check valve tested.
 2. Repairs must be noted in the Repairs & Materials Used section of the Test Results form.
 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.
- NOTE: If the assembly is not installed in accordance with the installation requirements the discrepancy must be recorded in the comments section.

Certified Tester Information:

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

Facility Certification:

1. All test reports submitted must include legibly printed and/or typed Owner/Officers Name, Signature, Title and date in which test was completed or entry was gained to perform test.

Application:

Please provide the following required documentation/information along with this Application. Fax, Email or Mail this application form and required documentation/information required with this application to the address we have provided below. Please print clearly. Entire Application must be completed to be accepted.

Required Information:

(Please print)

Business Name: _____

Business Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax#: _____

Email address: _____

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 Village of Mt. Gilead Backflow Assembly Tester guidelines.

Tester name (print clearly): _____

Signature of Certified Tester: _____

Date: Month _____ Date _____ Year _____

State Certification Number: _____

Return This Completed Application by Email, Fax, Mail or in Person To:

Village of Mt. Gilead, Backflow Prevention

Attention: Kit St. Clair

72 W. High Street

Mt. Gilead, Ohio 43338

Fax #: 419-946-8111

Email: mtgileadh2o@myomnicity.com

