

Woodfin Sanitary Water and Sewer District BACKFLOW ASSEMBLY TEST REPORT

<input type="checkbox"/>	NEW
<input type="checkbox"/>	EXISTING
<input type="checkbox"/>	REPLACEMENT

PREMISE OWNER: _____ PHONE: _____
 MAILING ADDRESS: _____

CITY: _____ STATE _____ ZIP _____
 ASSEMBLY ADDRESS: _____

ASSEMBLY TYPE: _____ ASSEMBLY LOCATION: _____

MAKE: _____ MODEL: _____ SIZE: _____
 WATER PURVEYOR: _____ SERIAL NUMBER: _____

TEST RESULTS	REDUCED PRESSURE ASSEMBLY		PRESSURE VACUUM BRKR/ SPILL-RES VACUUM BRKR		INITIAL TEST
		DOUBLE CHECK	AIR INLET	CHECK	
#1 CHECK		CHECK #1			PASSED <input type="checkbox"/>
PRESS DROP _____ (A)					FAILED <input type="checkbox"/>
RELIEF VALVE		TIGHT <input type="checkbox"/>	OPENED AT:	PRESSURE DROP	DATE: _____
OPENS AT _____ (B)		LEAKED <input type="checkbox"/>	_____ PSID	_____ PSID	_____ / ____ / ____
(MIN 2 PSID)					
BUFFER		CHECK #2			
(A) - (B) = _____		TIGHT <input type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>	FAILED <input type="checkbox"/>	SYSTEM PSI _____
(MIN 3 PSI RECOMMENDED)		LEAKED <input type="checkbox"/>			
RELIEF VALVE					
PASSED <input type="checkbox"/>	FAILED <input type="checkbox"/>				

COMMENTS & NOTES

RE-TEST AFTER REPAIRS	REDUCED PRESSURE ASSEMBLY		PVBA/SVBA		RE-TEST AFTER REPAIR DATE:
		DCVA	AIR INLET	CHECK	
#1 CHECK		CHECK #1			
PRESS DROP _____ (A)			OPENED AT	PRESS DROP	_____ / ____ / ____
RELIEF VALVE		TIGHT <input type="checkbox"/>			
OPENS AT _____ (B)		LEAKED <input type="checkbox"/>			
MIN 2 PSID					
BUFFER		CHECK #2			
(A)-(B) = _____		TIGHT <input type="checkbox"/>	_____ PSID	_____ PSID	PASSED <input type="checkbox"/>
MIN 3 PSI		LEAKED <input type="checkbox"/>			

GAUGE CALIBRATION DATE: _____ DETECTOR METER READING _____

TESTER SIGNATURE _____ TESTER CERT # _____

TESTERS NAME PRINTED _____ GAUGE # _____

TESTERS ADDRESS _____ PHONE # _____

COMPANY NAME _____

REPORT RECEIVED BY: _____ (REPRESENTATIVE OF OWNER) WATER RESTORED ?