



BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

NAME OF PWS: _____

PWS ID #: _____

MAILING ADDRESS: _____

CONTACT PERSON: _____

LOCATION OF SERVICE: _____

The backflow prevention assembly detailed below has been tested and maintained as required by commission regulations and is certified to be operating within acceptable parameters.

TYPE OF ASSEMBLY

- o Reduced Pressure Principle
o Double Check Valve
o Pressure Vacuum Breaker
o Reduced Pressure Principle-Detector
o Double Check-Detector
o Spill-Resistant Pressure Vacuum Breaker

Manufacturer: _____ Size: _____

Model Number: _____ Located at: _____

Serial Number: _____

Is the assembly installed in accordance with manufacturer recommendations and/or local codes? _____

Table with 6 columns: Initial Test, Repairs and Materials Used, Test After Repair, and sub-columns for Reduced Pressure Principle Assembly (Double Check Valve, Relief Valve) and Pressure Vacuum Breaker (Air Inlet, Check Valve).

Test gauge used: Make/Model _____ SN: _____ Calibration Date: _____

Remarks: _____

The above is certified to be true at the time of testing.

Company Name: _____ Certified Tester: _____

Company Address: _____ Certified Tester No.: _____ Date: _____

Company Phone #: _____

*TEST RECORDS MUST BE KEPT FOR AT LEAST THREE YEARS

** USE ONLY MANUFACTURER'S REPLACEMENT PARTS

(PLEASE RETURN A COPY TO LAKE CITIES MUNICIPAL UTILITY AUTHORITY AFTER TEST HAS BEEN PERFORMED)