

PUBLIC WATER SUPPLY DISTRICT #9

BACKFLOW PREVENTION ASSEMBLY TEST DATA AND MAINTENANCE REPORT

CUSTOMER		CUSTOMER NUMBER		FILE NUMBER	
MAILING ADDRESS					
SERVICE LOCATION				METER NUMBER	
DATE OF TEST	TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	SUPPLY PRESSURE _____ LBS.	AIR GAP (2 X SUPPLY DIAM.) SUPPLY _____ IN. GAP _____ IN.		<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
TYPE OF ASSEMBLY	MANUFACTURER	MODEL	SIZE	SERIAL NUMBER	
HEIGHT OFF FLOOR _____ (IN./FT.)	PROTECTION FROM: FREEZING <input type="checkbox"/> YES <input type="checkbox"/> NO		FLOODING <input type="checkbox"/> YES <input type="checkbox"/> NO		COMMENTS: NEW INSTALLATION <input type="checkbox"/> YES <input type="checkbox"/> NO
INITIAL TEST			FINAL TEST AFTER REPAIR		
REDUCED PRESSURE PRINCIPAL ASSEMBLY:			REDUCED PRESSURE PRINCIPAL ASSEMBLY:		
RELIEF VALVE OPENED AT _____ *PSID (2 PSID or more)	Passed	Failed	RELIEF VALVE OPENED AT _____ PSID (2 PSID or more)	Passed	Failed
2ND CHECK held backpressure	<input type="checkbox"/>	<input type="checkbox"/>	2ND CHECK held backpressure	<input type="checkbox"/>	<input type="checkbox"/>
NO. 2 SHUTOFF VALVE leak tight	<input type="checkbox"/>	<input type="checkbox"/>	NO. 2 SHUTOFF VALVE leak tight	<input type="checkbox"/>	<input type="checkbox"/>
1ST CHECK held in direction of flow _____ *PSID (5 PSID or more)	<input type="checkbox"/>	<input type="checkbox"/>	1ST CHECK held in direction of flow _____ PSID (5 PSID or more)	<input type="checkbox"/>	<input type="checkbox"/>
DIFFERENCE (1st check - relief) _____ PSID (3 PSID or more)	<input type="checkbox"/>	<input type="checkbox"/>	DIFFERENCE (1st check - relief) _____ PSID (3 PSID or more)	<input type="checkbox"/>	<input type="checkbox"/>
NOTE: Failure or any of the above items, requires repair.			*Pounds per Square Inch Differential		
INITIAL TEST			FINAL TEST AFTER REPAIR		
DOUBLE CHECK VALVE ASSEMBLY:			DOUBLE CHECK VALVE ASSEMBLY:		
1ST CHECK held in direction of flow _____ PSID (1 PSID or more)	Passed	Failed	1ST CHECK held in direction of flow _____ PSID (1 PSID or more)	Passed	Failed
2ND CHECK held in direction of flow _____ PSID (1 PSID or more)	<input type="checkbox"/>	<input type="checkbox"/>	2ND CHECK held in direction of flow _____ PSID (1 PSID or more)	<input type="checkbox"/>	<input type="checkbox"/>
NOTE: Failure or any of the above items, requires repair.					
APPLICATION:		COMMENTS			
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> FIRE LINE <input type="checkbox"/> IRRIGATION <input type="checkbox"/> OTHER (EXPLAIN)		<hr/> <hr/>			
REPAIR HISTORY					
<hr/> <hr/>					
THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE					
TESTED BY (PRINT)		(SIGNATURE)		REPAIRED BY (PRINT)	
				(SIGNATURE)	
COMPANY			FINAL TEST BY (PRINT)		
			(SIGNATURE)		
CERTIFICATION NUMBER AND EXPIRATION DATE		OWNER OR OWNER'S REPRESENTATIVE		DATE	

DISTRIBUTION: WHITE - WATER SUPPLIER CANARY - OWNER PINK - TESTER

RETURN WHITE COPY TO: PUBLIC WATER SUPPLY DISTRICT #9
 BACKFLOW PREVENTION PROGRAM
 391 NORTH RANGELINE ROAD
 COLUMBIA, MISSOURI 65201