

Copy 1 - Del-Co
 Copy 2 - Tester
 Copy 3 - Owner

BACKFLOW PREVENTION ASSEMBLY TEST REPORT - FAX TO (740) 548-2089

Delco Water Company

Assy ID	2001782	Facility Name			
Acct Num		Meter		Test Report Due:	
Service Address				Schedule Code	
				Assembly Info	(Replacement/Correction)
Assy Location				SN	<input type="checkbox"/>
Tap Number	Containment			Mfr	<input type="checkbox"/>
Contact Name			Ph	Type	<input type="checkbox"/>
Map Page	#2			Size	<input type="checkbox"/>
				Model	<input type="checkbox"/>
				Install Date	
				Permit Num	
<input type="checkbox"/> Confinement	<input type="checkbox"/> Freeze Protect	Hazard Type			Haz. Level

Line pressure at time of test: _____

REPORT OF TEST RESULTS

1A

	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB	Shut Off Valves		
Initial Test	<input type="checkbox"/> Held at _____ PSID	<input type="checkbox"/> Held at _____ PSID	<input type="checkbox"/> Opened at _____ PSID	<input type="checkbox"/> Air Inlet Opened at _____ PSID	Closed Tight	#1	#2
	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Did Not Open	<input type="checkbox"/> Did not Open		Leaked	<input type="checkbox"/>
REPAIR	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked		<input type="checkbox"/> Check Held at _____ PSID		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Leaked			<input type="checkbox"/> Leaked		<input type="checkbox"/>	<input type="checkbox"/>
REPAIR	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED	CLEANED	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Disc	<input type="checkbox"/> Disc	<input type="checkbox"/> Disc	<input type="checkbox"/> Air Inlet Disc	REPLACED	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring	<input type="checkbox"/> Air Inlet Spring	REPAIR	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Guide	<input type="checkbox"/> Guide	<input type="checkbox"/> Diaphragm	<input type="checkbox"/> Check Disc		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Seat	<input type="checkbox"/> Seat	<input type="checkbox"/> Seat	<input type="checkbox"/> Check Spring		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Hinge Pin	<input type="checkbox"/> Hinge Pin	<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> Float		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Diaphragm	<input type="checkbox"/> Module	<input type="checkbox"/> Module	<input type="checkbox"/> Diaphragm	Other	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____		<input type="checkbox"/>	<input type="checkbox"/>
Other/Notes: _____							

	_____ PSID	_____ PSID	_____ PSID	Air Inlet _____ PSID	
Final Test	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Opened at _____ PSID	CK Valve _____ PSID	Closed Tight <input type="checkbox"/> <input type="checkbox"/>

THE ABOVE REPORT IS CERTIFIED TO BE TRUE:

Initial Test By	Certificate	Date:	Gauge Num	Time In	Time Out	Company	Phone
Final Test By							
Repair By							