



CITY OF LAKE WINNEBAGO
10 WINNEBAGO DRIVE • LAKE WINNEBAGO, MO 64034 • 537-6778



BACKFLOW PREVENTION ASSEMBLY TEST DATA AND MAINTENANCE REPORT

CUSTOMER				ACCOUNT NUMBER		FILE NUMBER	
MAILING ADDRESS						METER TYPE	
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.) _____ IN. <input type="checkbox"/> PASS <input type="checkbox"/> FAIL	
TYPE OF ASSEMBLY		MANUFACTURER		MODEL		SIZE _____ IN. 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	Passed	Failed	FINAL TEST AFTER REPAIR	Passed	Failed
REDUCED PRESSURE PRINCIPAL ASSEMBLY:	<input type="checkbox"/>	<input type="checkbox"/>	REDUCED PRESSURE PRINCIPAL ASSEMBLY:	<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"/>
RELIEF VALVE opened at _____ PSID (2 PSID or more)	<input type="checkbox"/>	<input type="checkbox"/>	RELIEF VALVE opened at _____ PSID (2 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"/>
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"/>
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"/>
RELIEF VALVE exercised to full open position	<input type="checkbox"/>	<input type="checkbox"/>			
NOTE: Failure of any of the above items, requires repair.					

INITIAL TEST	Passed	Failed	FINAL TEST AFTER REPAIR	Passed	Failed
DOUBLE CHECK VALVE ASSEMBLY:	<input type="checkbox"/>	<input type="checkbox"/>	DOUBLE CHECK VALVE ASSEMBLY:	<input type="checkbox"/>	<input type="checkbox"/>
1ST CHECK held in direction of flow _____ PSID (1 PSID or more)	<input type="checkbox"/>	<input type="checkbox"/>	1ST CHECK held in direction of flow _____ PSID (1 PSID or more)	<input type="checkbox"/>	<input type="checkbox"/>
2ND CHECK held backpressure	<input type="checkbox"/>	<input type="checkbox"/>	2ND CHECK held backpressure	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
NO. 2 SHUTOFF VALVE leak tight	<input type="checkbox"/>	<input type="checkbox"/>	NO. 2 SHUTOFF VALVE leak tight	<input type="checkbox"/>	<input type="checkbox"/>
NOTE: Failure of any of the above items, requires repair.					

COMMENTS

REPAIR HISTORY

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 _____	OWNER OR OWNER'S REPRESENTATIVE _____		DATE _____