



NEW PORT RICHEY PUBLIC WORKS

OUR MISSION: TO PROVIDE RESPONSIVE, PROFESSIONAL, AND COURTEOUS SERVICE TO THE PUBLIC

BACKFLOW PREVENTER REPORT

EXISTING REMOVED NEW REPAIRED REPLACED OLD S/N _____

PROPERTY NAME _____ PHONE _____

CONTACT NAME _____ PHONE _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PREVENTER ADDRESS _____

WATER SUPPLIER _____ SERIAL# _____

LOCATION _____

MAKE _____ MODEL _____ SIZE _____

TYPE RP RPDA RPDA-II DC DCDA DCDA-II PVB SVB AVB AG

HAZARD PROTECTED PREMISE ISOLATION IRRIGATION FIRE SYSTEM BOILER OTHER _____

APPROVED: ASSEMBLY INSTALLATION ORIENTATION AIRGAP PIPE SIZE _____ in PHYSICAL SEPARATION _____ in

INITIAL TEST RESULTS	REDUCED PRESSURE ASSEMBLY		PVBA/SVBA		INITIALTEST PASSED FAILED DATE _____ SYSTEM PSI _____ DETECTOR METER READING: _____
	CHECK #1 PRESS DROP: _____ <small>MIN 5 PSID</small>	DOUBLE CHECK CHECK #1 TYPE II TIGHT LEAKED _____ <small>MIN 1 PSID</small>	AIR INLET OPENED AT: _____ <small>MIN 1 PSID</small>	CHECK VALVE PRESS DROP: _____ <small>MIN 1 PSID</small>	
	RELIEF VALVE OPENED AT: _____ <small>MIN 2 PSID</small>	CHECK #2 TIGHT LEAKED _____ <small>MIN 1 PSID</small>	OPEN FULLY	FAILED	
	RELIEF VALVE PASSED FAILED		DID NOT OPEN		

NOTES REPAIRS PARTS					
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REPAIR RESULTS	REDUCED PRESSURE ASSEMBLY		PVBA/SVBA		TEST AFTER REPAIRS DATE _____ PASSED
	CHECK #1 PRESS DROP: _____ <small>MIN 5 PSID</small>	DOUBLE CHECK CHECK #1 TYPE II TIGHT LEAKED _____ <small>MIN 1 PSID</small>	AIR INLET OPENED AT: _____ <small>MIN 1 PSID</small>	CHECK VALVE PRESS DROP: _____ <small>MIN 1 PSID</small>	
	RELIEF VALVE OPENED AT: _____ <small>MIN 2 PSID</small>	CHECK #2 TIGHT LEAKED _____ <small>MIN 1 PSID</small>	OPEN FULLY	FAILED	
	RELIEF VALVE PASSED FAILED				

GAUGE S/N _____ MAKE/MODEL _____ CALIBRATION DATE _____

In completing and submitting this test report, the tester certifies that the assembly was tested and maintained in accordance with all applicable rules, laws codes and regulations of the state and water system using approved testing equipment and approved testing procedures.

INITIAL TEST		TEST AFTER REPAIRS		_____ TESTERS CERT# _____ PHONE# _____ EMAIL WATER RESTORED?
TESTER SIGNATURE		TESTER SIGNATURE		
TESTER NAME (PRINTED)		TESTER NAME (PRINTED)		
TESTER ADDRESS		TESTER ADDRESS		
COMPANY NAME		COMPANY NAME		
REPORT RECEIVED BY (REPRESENTATION OF OWNER)		REPORT RECEIVED BY (REPRESENTATION OF OWNER)		