

CITY OF DUBUQUE

Masterpiece on the Mississippi

BACKFLOW PREVENTION ASSEMBLY TEST DATA AND MAINTENANCE REPORT

CUSTOMER				PERMIT #			
MAILING ADDRESS				ACCOUNT NUMBER			
SERVICE LOCATION				METER NUMBER			
DEVICE LOCATION				THERMAL EXPANSION PROTECTION YES <input type="checkbox"/> NO <input type="checkbox"/>			
DATE OF TEST	TIME <input type="checkbox"/> PM <input type="checkbox"/> AM	SUPPLY PRESSURE LBS.	AIR GAP (2 X Supply Dia.) SUPPLY IN. GAP IN.	PASS <input type="checkbox"/>		FAIL <input type="checkbox"/>	
TYPE OF ASSEMBLY	MANUFACTURER	MODEL	SIZE	SERIAL NUMBER			
HEIGHT OFF FLOOR (FT./IN.)	PROTECTION FROM: FREEZING: <input type="checkbox"/> FLOODING: <input type="checkbox"/>	RETROFIT YES <input type="checkbox"/> NO <input type="checkbox"/>	PROTECTION TYPE			INSTALL DATE	

REDUCED PRESSURE PRINCIPAL ASSEMBLY

INITIAL TEST				FINAL TEST AFTER REPAIRS			
	RESULTS	PASSED	FAILED	PASSED	FAILED	RESULTS	
1. 1st Check: Held in dir. of flow (5 PSID min.)	*PSID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		PSID
2. Relief Valve: Opened at (2 PSID min.)	PSID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		PSID
3. Difference: 1st Check - Relief	PSID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		PSID
4. 2nd Check: Held Backpressure?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5. No. 2 Shut Off Valve: Leak tight?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6. 2nd Check: Held in dir. of flow (1 PSID min.)	PSID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		PSID
7. Relief Valve: Exercised to heavy discharge		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Failure of any items above requires repair.				* Pounds Per Square Inch Differential			

DOUBLE CHECK VALVE ASSEMBLY

INITIAL TEST				FINAL TEST AFTER REPAIRS			
	RESULTS	PASSED	FAILED	PASSED	FAILED	RESULTS	
1. 1st Check: Held in dir. of flow (1 PSID min.)	*PSID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		PSID
2. 2nd Check: Held Backpressure?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3. No. 2 Shut Off Valve: Leak tight?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4. 2nd Check: Held in dir. of flow (1 PSID min.)	PSID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		PSID
Failure of any items above requires repair.							

PRESSURE VACUUM BREAKER / ANTI-SPILL VACUUM BREAKER: Approved Applications Only

INITIAL TEST				FINAL TEST AFTER REPAIRS			
	RESULTS	PASSED	FAILED	PASSED	FAILED	RESULTS	
1. Internal Check: Held (1 PSID min.)	PSID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		PSID
2. Internal Poppet: Opened at: (1 PSID min.)	PSID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		PSID
Failure of any items above requires repair.							

COMMENTS:

REPAIR HISTORY:

TESTED BY:	PRINT NAME	SIGNATURE	COMPANY	CERTIF. NO.
FINAL TEST BY:	PRINT NAME	SIGNATURE	COMPANY	CERTIF. NO.
OWNER / OWNER REPRESENTATIVE		SIGNATURE	COMPANY	DATE.

Please remit original copy to: City Water Department, 925 Kerper Court, Dubuque, IA 52001-2405

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