# Backflow Prevention Assembly Test Data and Maintenance Report

**Customer**

**Test Kit SN**

**Mailing Address**

**Account Number**

**Service Location**

**Meter Number**

**Device Location**

**Thermal Expansion Protection**

**Date of Test**

**Time**

**Supply Pressure (PSI)**

**Air Gap (2X Supply Dia.)**

**Supply IN, Gap IN, Fail**

**Type of Assembly**

**Manufacturer**

**Model**

**Size**

**Serial Number**

**Height Off Floor**

**Protection From:**

**Freezing**

**Flooding**

**Proper Installation**

**Protection Type**

**NEW INSTALL**

### Reduced Pressure Principal Assembly

#### Initial Test

<table>
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<tr>
<th>Results</th>
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#### Final Test After Repairs

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Failure of any items above requires repair.

### Double Check Valve Assembly

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### Pressure Vacuum Breaker / Anti-Spill Vacuum Breaker: Approved Applications Only

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### 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**

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Please submit a copy to: City of Dubuque Water Department, 925 Kerper Court, Dubuque, IA 52001-2405

**Telephone:** 563-589-4304  **Fax:** 563-589-4204  **Email:** dbqbackflow@cityofdubuque.org