



BACKFLOW PREVENTION ASSEMBLY TEST REPORT

WATER CUSTOMER INFORMATION	ASSEMBLY INFORMATION
NAME: _____	ACCOUNT NO. _____
MAILING ADDRESS: _____	TYPE: _____ SIZE: _____ MFG: _____
CARE OF: _____	MODEL: _____ SERIAL NO: _____
CITY, STATE, ZIP: _____	<input type="checkbox"/> EXISTING - REFERENCE NO: _____
	<input type="checkbox"/> REPLACEMENT - OLD ASSEMBLY SERIAL NO: _____
	<input type="checkbox"/> NEW
	TYPE OF SERVICE: DOMESTIC <input type="checkbox"/> IRRIGATION <input type="checkbox"/> FIRE <input type="checkbox"/>

MAILING ADDRESS CORRECTION REQUESTED

SERVICE ADDRESS _____ CITY: _____

ASSEMBLY LOCATION: _____

(Please use dimensions and reference-Lot Lines, Property Lines, curb, other permanent features.)

INTERNAL: _____

(Please provide location, name of room, room number, unit number, or suite number if the device is an internal assembly.)

TEST RESULTS INFORMATION

	DOUBLE CHECK VALVE ASSEMBLY			PRESSURE VACUUM BREAKER	
	REDUCED PRESSURE PRINCIPLE ASSEMBLY		DIFFERENTIAL RELIEF VALVE	AIR INLET VALVE	CHECK VALVE
	CHECK VALVE NO. 1	CHECK VALVE NO. 2			
INITIAL TEST	HELD AT: _____ PSID LEAKED <input type="checkbox"/>	HELD AT: _____ PSID CLOSED TIGHT (RP) <input type="checkbox"/> LEAKED <input type="checkbox"/>	OPENED AT: _____ PSID OPENED UNDER 2.0 PSID OR <input type="checkbox"/> DID NOT OPEN	OPENED AT: _____ PSID OPENED UNDER 1.0 PSID OR <input type="checkbox"/> DID NOT OPEN	HELD AT: _____ PSID LEAKED <input type="checkbox"/>
REPAIR	1) CLEANED <input type="checkbox"/> REPLACED: 2) DISC <input type="checkbox"/> 3) SPRING <input type="checkbox"/> 4) GUIDE <input type="checkbox"/> 5) SEAT <input type="checkbox"/> 6) MODULE <input type="checkbox"/> 7) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> REPLACED: 2) DISC <input type="checkbox"/> 3) SPRING <input type="checkbox"/> 4) GUIDE <input type="checkbox"/> 5) SEAT <input type="checkbox"/> 6) MODULE <input type="checkbox"/> 7) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> 2) EXERCISED: <input type="checkbox"/> REPLACED: 3) DISC(S) <input type="checkbox"/> 4) SPRING <input type="checkbox"/> 5) DIAPHRAGM(S) <input type="checkbox"/> 6) SEAT(S) <input type="checkbox"/> 7) O-RING(S) <input type="checkbox"/> 8) MODULE <input type="checkbox"/> 9) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> REPLACED: 2) DISC <input type="checkbox"/> 3) DIAPHRAGM <input type="checkbox"/> 4) FLOAT <input type="checkbox"/> 5) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> REPLACED: 2) DISC <input type="checkbox"/> 3) MODULE <input type="checkbox"/> 4) OTHER <input type="checkbox"/>
TEST AFTER REPAIR	HELD AT: _____ PSID	HELD AT: _____ PSID CLOSED TIGHT (RP) <input type="checkbox"/>	OPENED AT: _____ PSID	OPENED AT: _____ PSID	HELD AT: _____ PSID

INITIAL TEST	TEST AFTER REPAIR	COMMENTS:
START TIME: _____ END TIME: _____ DATE: _____	START TIME: _____ END TIME: _____ DATE: _____	

ASSEMBLY: PASSED FAILED TAG NO: _____

MAIL ORIGINAL TO:	WATER UTILITY MAINTENANCE 316 North Park Avenue Helena, Montana 59601 Jeff Feth 406-461-6679	CITY OF HELENA CERTIFICATION NUMBER _____ PLEASE PRINT YOUR NAME: _____ SIGNATURE: _____
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