

VILLAGE OF BEULAH

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BACKFLOW PREVENTION ASSEMBLY TEST & MAINTENANCE FORM THIS FORM MUST BE COMPLETED BY A CERTIFIED TESTER

1. GENERAL INFORMATION

| | | | | | |
|------------------|-------|-----------------|----------------|-----------------|---------|
| NAME OF FACILITY | | SERVICE ADDRESS | | RETURN FORM BY: | |
| DEVICE LOCATION | | HAZARD ID # | ACCOUNT NUMBER | | METER # |
| MANUFACTURER | MODEL | SERIAL NO. | | SIZE | TYPE |

CK DEVICE TYPE: **RPBP** **DCV** **PVB**
 RPDA **DDCV** **SVB**

2. TEST & REPAIR INFORMATION

| | CHECK VALVE NO. 1 | CHECK VALVE NO. 2 | DIFFERENTIAL PRESSURE RELIEF VALVE | PRESSURE VACUUM BREAKER |
|---------------------|---|--|--|--|
| INITIAL TEST | <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT PRESSURE DROP ACROSS FIRST CHECK VALVE _____ PSID | <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT PRESSURE DROP ACROSS SECOND CHECK VALVE _____ PSID | <input type="checkbox"/> OPEN AT _____ PSID <input type="checkbox"/> DID NOT OPEN | <input type="checkbox"/> AIR NET OPENED AT _____ PSID <input type="checkbox"/> DID NOT OPEN |
| REPAIR | | | | |
| FINAL TEST | <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT PRESSURE DROP ACROSS FIRST CHECK VALVE _____ PSID | <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT PRESSURE DROP ACROSS SECOND CHECK VALVE _____ PSID | <input type="checkbox"/> OPEN AT _____ PSID <input type="checkbox"/> DID NOT OPEN | <input type="checkbox"/> AIR NET OPENED AT _____ PSID <input type="checkbox"/> DID NOT OPEN |
| REMARKS | CONDITION OF NO. 2 CONTROL VALVE <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> LEAKED | | LINE PRESSURE _____ PSIG | DATE _____ ASSEMBLY PASS DATE _____ ASSEMBLY FAIL |

3. APPROVALS

| | | | |
|---|-----------------------------|---|---------------|
| "I Hereby Certify that this Data is Accurate and Reflects the Proper Operation and Maintenance of the Assembly." | | | |
| NAME OF CERTIFIED BACKFLOW TESTER (PRINT) | | PHONE NUMBER | BUSINESS NAME |
| TEST GAUGE SERIAL NUMBER | | TEST GAUGE LAST CALIBRATION DATE | |
| INITIAL TEST | SIGNATURE OF INITIAL TESTER | CERTIFIED TESTER NUMBER | DATE |
| REPAIRS | SIGNATURE OF REPAIRER | CERTIFIED TESTER NUMBER (IF APPLICABLE) | DATE |
| FINAL TEST | SIGNATURE OF FINAL TESTER | CERTIFIED TESTER NUMBER | DATE |

The tester is encouraged to submit the completed Backflow Prevention Assembly Test & Maintenance Report(s) to our Cross-Connection Control Department online at aquaamerica.tokaytest.com. Test forms can also be submitted through email to CCC@AquaAmerica.com, or faxed to 484-470-1156