

CITY OF BLOOMINGTON

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Bloomington, IL 61701

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Backflow Prevention Assembly

Test Report

Mailing Address

BLOOMINGTON, IL 61701

Account #: #

Meter #:

Last Test:

Survey Due:

Test Due:

Service Address

Address:

Company:

City: BLOOMINGTON, IL 61701

Location:

Serial #:

Manufacturer:

Model:

Type: RPZ

Size:

Hazard #: 1 of 2

| | | | | |
|---------------------|--|--|---|--|
| | Reduced Pressure Principle Assembly | | | RP <input type="checkbox"/> DCDA <input type="checkbox"/> DC <input type="checkbox"/> RPDA <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap <input type="checkbox"/> SVB <input type="checkbox"/> AVB <input type="checkbox"/> |
| | Double Check Valve Assembly | | | |
| | Check Valve #1 | Check Valve #2 | Relief Valve | PVB/SVB |
| Initial Test | Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Held at _____ PSID | Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Held at _____ PSID | Did not Open <input type="checkbox"/> Opened at _____ PSID | AIR INLET Did not Open <input type="checkbox"/> Opened at _____ PSID |
| Repairs | Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> | Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> | Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> | CHECK VALVE Leaked <input type="checkbox"/> Held at _____ PSID Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> |
| Details | | | | AIR INLET Opened at _____ PSID |
| Final Test | Closed Tight <input type="checkbox"/> Held at _____ PSID | Closed Tight <input type="checkbox"/> Held at _____ PSID | Opened at _____ PSID | CHECK VALVE Held at _____ PSID |

Comments

| |
|--|
| |
| |
| |
| |

Line Pressure _____

Meter Reading _____

Held Backpressure _____

#2 Shutoff _____

Relief Valve Exercised _____

The above report is certified to be true.

| | Date/Time | Tester | Signature | Tester # | Test Kit | Passed | Failed |
|---------------------|-----------|--------|-----------|----------|----------|--------------------------|--------------------------|
| Initial Test | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Repairs | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Final Test | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

\$40 FEE FOR EACH DEVICE