

BACKFLOW PREVENTION ASSEMBLY TEST REPORT



Gilbert-Summit Rural Water District
 136 Hampton St., PO Box 172, Gilbert, SC 29054
 Phone: (803) 892-5544 Fax: (803) 892-5912
 Email: gsrwd@comporium.net

For OFFICIAL USE INSTALL ID: _____ ACCOUNT #: _____

NAME OF PREMISE/BUSINESS : _____ Commercial Residential

SERVICE ADDRESS: _____ CITY: _____ ZIP: _____

MAILING ADDRESS: _____ CITY: _____ ZIP: _____
 (If Different from Service Address)

CONTACT PERSON: _____ PHONE: _____ FAX: _____

LOCATION OF ASSEMBLY: _____

DOWNSTREAM PROCESS: _____ DCVA RPBA PVBA OTHER: _____

NEW INSTALLATION EXISTING REPLACEMENT OLD ASSEMBLY SERIAL NUMBER: _____

MAKE OF ASSEMBLY: _____ MODEL: _____ SERIAL NO.: _____ SIZE: _____

(√ Check appropriate boxes)

INITIAL TEST	DCVA/RPBA CHECK VALVE No.1	DCVA/RPBA CHECK VALVE No.2	RPBA	GATE/BALL VALVES	PVBA
PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	LEAKED <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> _____ PSID	LEAKED <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> _____ PSID	OPENED AT _____ PSID #1 CHECK _____ PSID AIR GAP OK? _____	#1 Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> #2 Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/>	AIR INLET OPENED AT _____ PSID DID NOT OPEN <input type="checkbox"/>
NEW PARTS AND REPAIRS	CLEAN <input type="checkbox"/> REPLACE <input type="checkbox"/> PART <input type="checkbox"/>	CLEAN <input type="checkbox"/> REPLACE <input type="checkbox"/> PART <input type="checkbox"/>	CLEAN <input type="checkbox"/> REPLACE <input type="checkbox"/> PART <input type="checkbox"/>		CHECK VALVE HELD AT _____ PSID LEAKED <input type="checkbox"/> CLEANED <input type="checkbox"/> REPAIRED <input type="checkbox"/>
TEST AFTER REPAIRS	CLOSED TIGHT <input type="checkbox"/> _____ PSID	CLOSED TIGHT <input type="checkbox"/> _____ PSID	OPENED AT _____ PSID #1 CHECK _____ PSID	#1 Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> #2 Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/>	AIR INLET _____ PSID CHK VALVE _____ PSID

AIR GAP INSPECTION: Required minimum air gap separation provided? Yes No Detector Meter Reading _____

TESTER'S SIGNATURE _____ CERT. NO. _____ TEST DATE _____

TESTER'S NAME PRINTED _____ TESTERS PHONE # (_____) _____

COMPANY NAME: _____ COMPANY TELEPHONE #: (_____) _____

CATEGORY: General Tester Limited Tester Inspector Tester

METHOD OF TESTING: _____ TEST KIT USED: _____

GAUGE CALIBRATION DATE ____/____/____ WATER SERVICE RESTORED YES NO

REMARKS: _____ LINE PRESSURE _____