

# Putnam Public Service District

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## BACKFLOW PREVENTION ASSEMBLY TEST REPORT

INSTALL ID \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

NAME OF PREMISE: \_\_\_\_\_ Commercial  Residential

SERVICE ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

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: \_\_\_\_\_

|   |   |   |   |   |
|---|---|---|---|---|
| <b>INITIAL TEST</b><br><br>PASSED <input type="checkbox"/><br>FAILED <input type="checkbox"/> | <b>DCVA/RPBA CHECK VALVE NO. 1</b><br>LEAKED <input type="checkbox"/><br>CLOSED TIGHT <input type="checkbox"/><br>_____ PSID  | <b>DCVA/RPBA CHECK VALVE NO. 2</b><br>LEAKED <input type="checkbox"/><br>CLOSED TIGHT <input type="checkbox"/><br>_____ PSID  | <b>RPBA OPENED AT _____ PSID</b><br><br>#1 CHECK _____ PSID<br>AIR GAP OK?  | <b>PVBA AIR INLET</b><br><br>OPENED AT _____ PSID<br>NOT OPEN <input type="checkbox"/>  |
| <b>NEW PARTS/REPAIRS</b>  | PART: _____<br>CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/><br><input type="checkbox"/> <input type="checkbox"/><br><input type="checkbox"/> <input type="checkbox"/> | PART: _____<br>CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/><br><input type="checkbox"/> <input type="checkbox"/><br><input type="checkbox"/> <input type="checkbox"/> | PART: _____<br>CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/><br><input type="checkbox"/> <input type="checkbox"/><br><input type="checkbox"/> <input type="checkbox"/> | <b>CHECK VALVE</b><br>HELD AT _____ PSID<br>LEAKED _____<br>CLEANED <input type="checkbox"/><br>REPAIRED <input type="checkbox"/> |
| <b>TEST AFTER REPAIRS</b>   | CLOSED TIGHT <input type="checkbox"/><br>_____ PSID   | CLOSED TIGHT <input type="checkbox"/><br>_____ PSID   | OPENED AT _____ PSID<br>#1 CHECK _____ PSID   | AIR INLET _____ PSID<br><br>CHK VALVE _____ PSID  |

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

REMARKS: \_\_\_\_\_

\_\_\_\_\_ LINE PRESSURE \_\_\_\_\_

TESTER'S SIGNATURE \_\_\_\_\_ CERT. NO. \_\_\_\_\_ DATE: \_\_\_\_\_

TESTER'S NAME PRINTED \_\_\_\_\_ TESTER'S PHONE # ( ) \_\_\_\_\_

REPAIRED BY \_\_\_\_\_ CERT. NO. \_\_\_\_\_ DATE \_\_\_\_\_

FINAL TEST BY \_\_\_\_\_ CERT. NO. \_\_\_\_\_ DATE \_\_\_\_\_

EXPIRATION DATE OF GAUGE CALIBRATION \_\_\_\_/\_\_\_\_/\_\_\_\_ WATER SERVICE RESTORED Yes  No