

# DEL-CO WATER COMPANY, INC.

## BACKFLOW PREVENTION ASSEMBLY TEST REPORT

FAX TO (740) 548-2089 OR EMAIL TO BACKFLOW@DELCOWATER.COM

|   |  |                          |                   |
|---|--|--------------------------|-------------------|
| <b>Facility Name</b>                        | <b>Test Report Due Date:</b>                   |                          |                   |
| <b>Contact Name</b>                         | <b>Assembly Info (Replacement/Correction)</b>  |                          |                   |
| <b>Service Address</b>                      | <b>SN</b>                                      | <input type="checkbox"/> |                   |
| <b>Customer Phone</b>                       | <b>Mfr</b>                                     | <input type="checkbox"/> |                   |
| <b>Customer Email</b>                       | <b>Type</b>                                    | <input type="checkbox"/> |                   |
| <b>Device Location</b>                      | <b>Size</b>                                    | <input type="checkbox"/> |                   |
|   | <b>Model</b>                                   | <input type="checkbox"/> |                   |
| <input type="checkbox"/> <b>Confinement</b> | <input type="checkbox"/> <b>Freeze Protect</b> | <b>Hazard Type</b>       | <b>Haz. Level</b> |

**REPORT OF TEST RESULTS**

**Line Pressure at Time of Test:** \_\_\_\_\_

| <b>Initial Test</b>                    | <input type="checkbox"/> Held at _____ PSID   | <input type="checkbox"/> Held at _____ PSID   | <input type="checkbox"/> Opened at _____ PSID   | <input type="checkbox"/> Air Inlet Opened at _____ PSID   |                               | #1   | #2   |
|--|---|---|---|---|-------------------------------|--|--|
|  | <input type="checkbox"/> Closed Tight<br><input type="checkbox"/> Leaked  | <input type="checkbox"/> Closed Tight<br><input type="checkbox"/> Leaked  | <input type="checkbox"/> Did Not Open   | <input type="checkbox"/> Did Not Open<br><input type="checkbox"/> Check Held at _____ PSID<br><input type="checkbox"/> Leaked   |                               | Closed Tight<br>Leaked   | <input type="checkbox"/><br><input type="checkbox"/>                             |
| <b>R<br/>E<br/>P<br/>A<br/>I<br/>R</b> | <input type="checkbox"/> CLEANED<br><input type="checkbox"/> REPLACED<br><input type="checkbox"/> Disc<br><input type="checkbox"/> Spring<br><input type="checkbox"/> Guide<br><input type="checkbox"/> Seat<br><input type="checkbox"/> Hinge Pin<br><input type="checkbox"/> Diaphragm<br><input type="checkbox"/> Module | <input type="checkbox"/> CLEANED<br><input type="checkbox"/> REPLACED<br><input type="checkbox"/> Disc<br><input type="checkbox"/> Spring<br><input type="checkbox"/> Guide<br><input type="checkbox"/> Seat<br><input type="checkbox"/> Hinge Pin<br><input type="checkbox"/> Module | <input type="checkbox"/> CLEANED<br><input type="checkbox"/> REPLACED<br><input type="checkbox"/> Disc<br><input type="checkbox"/> Spring<br><input type="checkbox"/> Diaphragm<br><input type="checkbox"/> Seat<br><input type="checkbox"/> O-Ring(s)<br><input type="checkbox"/> Module | <input type="checkbox"/> CLEANED<br><input type="checkbox"/> REPLACED<br><input type="checkbox"/> Air Inlet Disc<br><input type="checkbox"/> Air Inlet Spring<br><input type="checkbox"/> Check Disc<br><input type="checkbox"/> Check Spring<br><input type="checkbox"/> Float<br><input type="checkbox"/> Diaphragm | CLEANED<br>REPLACED<br>REPAIR | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |
|  | Other   |   |   |   |                               | <input type="checkbox"/>   | <input type="checkbox"/>   |
| <b>Other/Notes:</b> _____              |   |   |   |   |                               |  |  |
| <b>Final Test</b>                      | _____ PSID<br><input type="checkbox"/> Closed Tight   | _____ PSID<br><input type="checkbox"/> Closed Tight   | <input type="checkbox"/> Opened at _____ PSID   | Air Inlet _____ PSID<br>CK Valve _____ PSID   |                               | Closed Tight   | <input type="checkbox"/><br><input type="checkbox"/>                             |

**PASS/FAIL** \_\_\_\_\_ (This line must be filled in or test will be rejected)

**THE ABOVE REPORT IS CERTIFIED TO BE TRUE:**

|                 |             |       |           |         |          |         |       |
|-----------------|-------------|-------|-----------|---------|----------|---------|-------|
| Initial Test By | Certificate | Date: | Gauge Num | Time In | Time Out | Company | Phone |
| Final Test By   |             |       |           |         |          |         |       |
| Repair By       |             |       |           |         |          |         |       |

Printed Name & Signature of Certified Tester: \_\_\_\_\_