

# DEL-CO WATER COMPANY, INC.

## BACKFLOW PREVENTION ASSEMBLY TEST REPORT

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

|                                      |   |   |   |   |                               |  |  |
|--------------------------------------|---|---|---|---|-------------------------------|--|--|
| Facility Name                        |   | Test Report Due Date:   |   |   |                               |  |  |
| Contact Name                         |   | Assembly Info (Replacement/Correction)  |   |   |                               |  |  |
| Service Address                      |   | SN  | <input type="checkbox"/>  |   |                               |  |  |
| Customer Phone                       |   | Mfr   | <input type="checkbox"/>  |   |                               |  |  |
| Customer Email                       |   | Type  | <input type="checkbox"/>  |   |                               |  |  |
| Device Location                      |   | Size  | <input type="checkbox"/>  |   |                               |  |  |
|                                      |   | Model   | <input type="checkbox"/>  |   |                               |  |  |
| <input type="checkbox"/> Confinement | <input type="checkbox"/> Freeze Protect   | Hazard Type   |   |   | Haz. Level                    |  |  |
| Line Pressure at time of test: _____ |   |   |   |   |                               |  |  |
|                                      | Check Valve #1  | Check Valve #2  | Relief Valve  | PVB/SVB   | Shut Off Valves               |  |  |
| <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   | Closed Tight<br>Leaked        | #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   |                               | <input type="checkbox"/><br><input type="checkbox"/>                             | <input type="checkbox"/><br><input type="checkbox"/>                             |
| <b>REPAIR</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/Notes: _____<br>_____   |   |   |   |                               | Other  | <input type="checkbox"/>   |
| <b>Final Test</b>                    | _____ PSID  | _____ PSID  | <input type="checkbox"/> Opened at _____ PSID   | Air Inlet _____ PSID  | Closed Tight                  | <input type="checkbox"/>   | <input type="checkbox"/>   |
|                                      | <input type="checkbox"/> Closed Tight   | <input type="checkbox"/> Closed Tight   | _____ PSID  | CK Valve _____ PSID   |                               |  |  |

**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: \_\_\_\_\_