Return Test Reports To:
Attn: Water Quality
City of DuPont PW
1700 Civic Drive
DuPont WA 98327
• Fax 253-912-5102
• fforeman@dupontwa.gov

BACKFLOW PREVENTION ASSEMBLY TEST REPORT

City of DuPont

Assembly ID		Facility Name		
Acct Number		Meter #		**Test Report Due:**
Service Address				Schedule Code
				Assembly Info (Replacement/Correction)
Equip Location				SN ☐
Location ID		Protection Type		Mfr ☐
Contact Name		Ph		Type ☐
Map Page		#2		Size ☐
				Model ☐
				Install Date
				Permit Num

| ☐ Confinement | ☐ Freeze Protection | Hazard Type | | Haz. Level | |

Line pressure at time of test: _____   **REPORT OF TEST RESULTS**   ☐ Approved BFP

	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB	Shut Off Valves		
						#1	#2
Initial Test **Pass** **Fail**	☐ Held at _____ PSID ☐ Closed Tight ☐ Leaked	☐ Held at _____ PSID ☐ Closed Tight ☐ Leaked	☐ Opened at _____ PSID ☐ Did Not Open	☐ Air Inlet Opened at _____ PSID ☐ Did not Open ☐ Check Held at _____ PSID ☐ Leaked	Closed Tight Leaked	☐ ☐	☐ ☐
R E P A I R	☐ CLEANED ☐ REPLACED ☐ Disc ☐ Spring ☐ Guide ☐ Seat ☐ O-Ring(s) ☐ Module ☐ Rubber Kit ☐ _____	☐ CLEANED ☐ REPLACED ☐ Disc ☐ Spring ☐ Guide ☐ Seat ☐ O-Ring(s) ☐ Module ☐ Rubber Kit ☐ _____	☐ CLEANED ☐ REPLACED ☐ Disc ☐ Spring ☐ Diaphragm ☐ Seat ☐ O-Ring(s) ☐ Module ☐ Rubber Kit ☐ _____	☐ CLEANED ☐ REPLACED ☐ Air Inlet Disc ☐ Airl Inlet Spring ☐ Check Disc ☐ Check Spring ☐ Float ☐ Diaphragm ☐ Rubber Kit	CLEANED REPLACED REPAIR Other	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐

Other/Notes: _____   ☐ USC 10th Edit.
_____

| **Final Test** | _____ PSID
☐ Closed Tight | _____ PSID
☐ Closed Tight | ☐ Opened at _____ PSID | Air Inlet _____ PSID
CK Valve _____ PSID | Closed Tight ☐ ☐
Pass ☐ |

THE ABOVE REPORT IS CERTIFIED TO BE TRUE: 1A

	Certificate	Date:	Gauge Num		Company	Phone
Initial Test By						
Final Test By						
Repair By						