

Report on Test and Maintenance of Backflow Prevention Device

PART A Please use a separate form for each device.

For the year _____
 Initial test - Complete entire form
 Annual test - Complete Part A only

Public Water Supply _____	Account No. _____	County _____	Block _____	Lot _____
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Facility Name _____	Location of Device _____
Address _____	_____
Street _____ City _____ Zip _____	_____

Device Information	Manufacturer _____	Type <input type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model _____	Size (in inches) _____	Serial Number _____
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Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure _____ psi
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Test before repair	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Opened at _____ psid	Date
	Closed tight <input type="checkbox"/>	Closed tight <input type="checkbox"/>		<input type="text"/> <input type="text"/> <input type="text"/> M D Y
	Pressure drop across first check valve _____ psid			

Describe repairs and materials used	Name _____	Lic # _____	Date repaired:
			<input type="text"/> <input type="text"/> <input type="text"/> M D Y

Final test	Closed tight <input type="checkbox"/>	Closed tight <input type="checkbox"/>	Opened at _____ psid	Date
	Pressure drop across first check valve _____ psid			<input type="text"/> <input type="text"/> <input type="text"/> M D Y

Water Meter Number _____	Meter Reading _____	Type of Service: (check one) <input type="checkbox"/> Domestic <input type="checkbox"/> Fire <input type="checkbox"/> Other _____
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Remarks (Describe deficiencies: bypasses, outlets before the device, connections between the device and point of entry, missing or inadequate airgaps, etc.)

Certification: This device meets,* does NOT meet, the requirements of an acceptable containment device at the time of testing
 I hereby certify the foregoing data to be correct.

Print Name _____ Certified Tester No. _____ Signature _____ Expiration Date _____

Property owner-s (or owner-s agent) certification that test was performed:

Print Name _____ Title _____ Signature _____ Telephone _____

PART B Certification that installation is in accordance with the approved plans. (To be completed by the design engineer or architect or water supplier.)

I hereby certify that this installation is in accordance with the approved plans.

Name Paul J. Granger, P.E.	Title Superintendent	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	NYS DOH Log # _____
License Number _____	Phone (516) 767-0171	m d y	

Representing Port Washington Water District	Describe minor installation changes
Address 38 Sandy Hollow Road, P.O. Box 432	
City Port Washington State NY Zip 11050	
Signature _____	

NOTE: Send one completed copy to the designated health department representative and one copy to the water supplier within 30 days of the testing device. Notify owner and water supplier immediately if device fails test and repairs cannot immediately be made. DOH- 1013(9/91)