

Backflow Testing and Maintenance Report

Customer's Name: _____
 Address : _____
 Business: _____
 Device Type: _____
 Manufacturer: _____
 Serial Number: _____

Size: _____ Model _____

Check only one per form:

DOMESTIC _____

FIRE _____

Irrigation/Sprinkling _____

TEST DUE DATE _____

INSTRUCTIONS FOR APPROVED TESTERS: All applicable information must be typed or clearly printed. Failure to complete this form accurately will result in rejection of the test form and possibly result in water service termination. Please attach a copy of your certification.

FACTORY AIR GAP—yes or no	Measured vertical inches above overflow rim	Supply size diameter
<input type="checkbox"/> Reduced Pressure Principle Backflow Prevention Assembly (RPZ)		
<input type="checkbox"/> Double Check Valve Backflow Prevention Assembly (DC)		
Static Line Pressure: _____ PSID	Check Valve #1	Check Valve #2
Initial Test of Device Date ____/____/____	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed tight _____ PSID (RPZ)	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed tight
Maintenance of Device (Describe Repair) Date ____/____/____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Repaired Material used _____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Repaired Material used _____
Changed or New Device Installed (must be tested on line)	<input type="checkbox"/> DC Size: _____ Model _____ Serial _____ Manuf. _____	<input type="checkbox"/> RPZ Size: _____ Model _____ Serial _____ Manuf. _____
Final Test of Device Date ____/____/____	<input type="checkbox"/> Closed tight _____ PSID (RPZ)	<input type="checkbox"/> Closed tight Opened at _____ PSID

REMARKS: _____

LOCATION: _____

CERTIFICATION — Tester

I hereby certify the above data to be correct and that the above backflow prevention assembly is in proper operating condition.

Tester (signature): _____

Tester (print): _____

Company Name: _____

Test Kit Used: _____

Test date: _____

Cert. No. _____

Phone: _____

Date Gauge Calibrated: _____

PLEASE RETURN ORIGINAL TO:
 NEW WILMINGTON MUNICIPAL AUTHORITY
 134 High St., New Wilmington, Pa. 16142
 Phone (724) 946-8167 or fax (724) 946-8841