

City of Newark

Division of Water & Wastewater

Backflow Preventer Report

Device Type:
Size:
Manufacturer:
Model Number:
Serial Number:
General Location:

Business Name:
Address:
City:
State:
Zip Code:

New Device Plumbing Permit # _____ Replaces Serial # _____

Double Check Assembly

Initial Test	Outlet Valve		Pass Fail
	1st Check Valve	_____ psid	Pass Fail
Date	2nd Check Valve	_____ psid	Pass Fail

Reduced Pressure Assembly

1st Check Valve	_____ psid	Pass Fail
Relief Valve Opening Point	_____ psid	Pass Fail
2nd Check Valve		Pass Fail
Outlet Valve	Pass	Fail

Pressure Vacuum Breaker

Air Inlet Valve	_____ psig	Pass Fail
Check Valve	_____ psig	Pass Fail

REPAIRS

Cleaned <input type="checkbox"/> Replaced: Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Pin Retainer <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Seat <input type="checkbox"/> Diaphragm <input type="checkbox"/> Other <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced: Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Pin Retainer <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Seat <input type="checkbox"/> Diaphragm <input type="checkbox"/> Other <input type="checkbox"/>	Cleaned <input type="checkbox"/> Cleaned Sensing Line <input type="checkbox"/> Replaced: Disc: Upper <input type="checkbox"/> Lower <input type="checkbox"/> Spring <input type="checkbox"/> Diaphragm <input type="checkbox"/> Large: Upper <input type="checkbox"/> Lower <input type="checkbox"/> Small <input type="checkbox"/> Seat: Upper <input type="checkbox"/> Lower <input type="checkbox"/> Spacer: Lower <input type="checkbox"/> Other <input type="checkbox"/>	Check Valve Held at _____ PSID Leaked <input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced: Air Inlet: Disc <input type="checkbox"/> Check Disc <input type="checkbox"/> Air Inlet: Spring <input type="checkbox"/> Check Spring <input type="checkbox"/> Other <input type="checkbox"/>
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Double Check Assembly

Re-Test	Outlet Valve		Pass Fail
	1st Check Valve	_____ psid	Pass Fail
Date	2nd Check Valve	_____ psid	Pass Fail

Reduced Pressure Assembly

1st Check Valve	_____ psid	Pass Fail
Relief Valve Opening Point	_____ psid	Pass Fail
2nd Check Valve		Pass Fail
Outlet Valve	Pass	Fail

Pressure Vacuum Breaker

Air Inlet Valve	_____ psig	Pass Fail
Check Valve	_____ psig	Pass Fail

TESTER CERTIFICATION:

I certify that the above data is correct and that the backflow prevention device is in proper working condition.

Tester Name (Printed) _____ Signature _____ Phone # _____

Company Name _____ Cert. # _____ Contractor # _____ Date _____

FACILITY CERTIFICATION:

I hereby certify that the above backflow prevention device has been in constant use at this location during the entire prescribed interval between test periods, and during that period, this device was not bypassed, made inoperative, or removed without proper authorization. I further certify that I have the authority and responsibility to ensure the above.

Owner/Officer (Printed) _____ Signature _____

Phone # _____ Title _____ Date _____