



Utilities Department Environmental Division Backflow Prevention Assembly Test Report

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Water Purveyor: Peoria		Sch. ID	Water Meter #:		
Device Type:	Manufacturer:		Serial #:		
Owner:	Model:		Size:		
Contact:	Phone:				
Mailing Address:					
Assembly Address:					
Location:					
Type	Hazard	Permit:			
New Installation?	<input type="checkbox"/> Replacement (Lead Free)		Old Serial #:		
Reduced Pressure Principle Assembly			PVB		
Double Check Valve Assembly			Back Pressure		
INITIAL TEST	Check Valve #1		Check Valve #2		Differential Pressure
	Held at:		Held at:		Relief Valve
	PSID		PSID		Opened at:
	<input type="checkbox"/> Closed Tight		<input type="checkbox"/> Closed Tight		PSID
	<input type="checkbox"/> Leaked		<input type="checkbox"/> Leaked		<input type="checkbox"/> Leaked
REPAIRS	<input type="checkbox"/> Cleaned		<input type="checkbox"/> Cleaned		<input type="checkbox"/> Did Not Open
	Replaced:		Replaced:		Replaced:
	<input type="checkbox"/> Rubber Kit		<input type="checkbox"/> Rubber Kit		<input type="checkbox"/> Leaked
	<input type="checkbox"/> Spring		<input type="checkbox"/> Spring		<input type="checkbox"/> Cleaned
	<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Rubber Kit
FINAL TEST	Held at:		Held at:		Air Inlet:
	PSID		PSID		PSID
	<input type="checkbox"/> Closed Tight		<input type="checkbox"/> Closed Tight		Check Valve:
				PSID	

The City of Peoria takes seriously our role in protecting the public water supply by operating and maintaining the Cross-Connection Inspection Program. The City is committed to providing timely, professional customer service and takes seriously any potential inaccuracies and/or fraudulent reports of test results with significant penalties for submitting false information. By submitting the entered test results, you are certifying that the results are true and correct. If the backflow preventer is not installed correctly or is not the correct backflow preventer for the application, I have noted the problem and corrective action necessary in the comments box below. If I have identified any other hazards, such as illegal upstream hook-ups, they are also noted in the comments box. I understand that incomplete or improperly completed test reports will not be accepted.

By submitting this report I indicate my agreement with the statement above.

Initial Test by:	Certified Tester No.	Pass/Fail
	Test Gauge Serial	Date:
Repaired by:	Certified Tester No.	
	Test Gauge Serial	Date:
Final Test by:	Certified Tester No.	Pass/Fail
	Test Gauge Serial	Date:

Comments: