



Backflow Test Report

Waukeee Public Works
 805 University Avenue
 Waukeee, IA 50263
 Phone: 515-978-7920
 Fax: 515-987-3979

Customer or Business Name:		Contact Person:		Phone Number:	
Mailing Address:					
Service Address:					
Date of Test:		Time:	Supply Pressure (in lbs.):		Size:
Serial No.:			Meter/ID No.:		Type of Assembly:
Make/Manufacturer:			Model No.:		
Device location:				Height off floor (in./ft.):	
Isolation <input type="checkbox"/>		Containment <input type="checkbox"/>		Is device installed to plumbing code requirements?	
Device Protects Backflow Form:		Yes <input type="checkbox"/> No <input type="checkbox"/>		New Installation <input type="checkbox"/>	
				Plumbing Permit No.: _____	
Protection from:			Does branch piping exist prior to the meter or containment? <input type="checkbox"/>		
Freezing <input type="checkbox"/>		Flooding <input type="checkbox"/>			
Reduced Pressure Principal Assembly			Reduced Pressure Principal Assembly		
		PSID	Pass		
Initial Test			<input type="checkbox"/>	Final Test After Repair	
1 st Check held in direction of flow		_____	<input type="checkbox"/>	1 st Check held in direction of flow	
Relief valve opened at		_____	<input type="checkbox"/>	Relief valve opened at	
Difference (1 st check-relief)		_____	<input type="checkbox"/>	Difference (1 st check-relief)	
2 nd Check held backpressure		_____	<input type="checkbox"/>	2 nd Check held backpressure	
2 nd Check held in direction of flow		_____	<input type="checkbox"/>	2 nd Check held in direction of flow	
No. 2 Shut-off valve leak tight		_____	<input type="checkbox"/>	No. Shut-off valve leak tight	
			<input type="checkbox"/>		
Double Check Valve Assembly			Double Check Valve Assembly		
		PSID	Pass		
Initial Test			<input type="checkbox"/>	Final test after Repair	
1 st Check held in direction of flow		_____	<input type="checkbox"/>	1 st Check held in direction of flow	
2 nd Check held in back pressure		_____	<input type="checkbox"/>	2 nd Check held in back pressure	
2 nd Check held in direction of flow		_____	<input type="checkbox"/>	2 nd Check held in direction of flow	
No. 2 Shut-off valve leak tight		_____	<input type="checkbox"/>	No. 2 Shut-off valve leak tight	
			<input type="checkbox"/>		
Pressure Vacuum Beaker	Initial Test	Air Inlet Opened at _____ PSID _____		Check valve held in direction of flow at _____ PSID _____	
					Passed <input type="checkbox"/>
		Air Inlet Opened at _____ PSID _____		Check valve held in direction of flow at _____ PSID _____	
				Passed <input type="checkbox"/>	
Repair Comments:					
The above report is certified to be true, accurate and complete.					
Test by:			Electronic Signature <input type="checkbox"/>	Repaired by:	
				Electronic Signature <input type="checkbox"/>	
Company:			Final Test by:		Electronic Signature <input type="checkbox"/>
Registration No.:		Registration Expiration Date:		Date:	