CITY OF GRANDVIEW
BACKFLOW ASSEMBLY
TEST REPORT

☐ NEW
☐ EXISTING
☐ REPLACEMENT

PREMISE OWNER: _____ PHONE: _____

MAILING ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

ASSEMBLY ADDRESS: _____

ASSEMBLY TYPE: _____ ASSEMBLY LOCATION: _____

MAKE: _____ MODEL: _____ SIZE: _____

WATER PURVEYOR: CITY OF GRANDVIEW SERIAL NUMBER: _____

TEST RESULTS	REDUCED PRESSURE ASSEMBLY			PRESSURE VACUUM BRKR/ SPILL-RES VACUUM BRKR		INITIAL TEST
		DOUBLE CHECK		AIR INLET	CHECK	PASSED ☐
	#1 CHECK PRESS DROP _____ (A)	CHECK #1				FAILED ☐
	RELIEF VALVE OPENS AT _____ (B) (MIN 2 PSID)	TIGHT ☐	PSID	OPENED AT:	PRESSURE DROP	DATE:
		LEAKED ☐				
	BUFFER (A) – (B) = _____ (MIN 3 PSI RECOMMENDED)	CHECK #2		___ PSID	___ PSID	/ /
	RELIEF VALVE	TIGHT ☐	PSID	DID NOT OPEN ☐	FAILED ☐	SYSTEM PSI _____
	PASSED ☐ FAILED ☐	LEAKED ☐				

COMMENTS & NOTES	

RE-TEST AFTER REPAIRS	REDUCED PRESSURE ASSEMBLY			PVBA./SVBA		RE-TEST AFTER REPAIR DATE:
	#1 CHECK	DCVA				
	PRESS DROP _____ (A)			AIR INLET OPENED AT	CHECK PRESS DROP	
	RELIEF OPENED _____ (B) MIN 2 PSID	CHECK #1 TIGHT ☐ ____ PSID				
	BUFFER (A)–(B) = _____ MIN 3 PSI	CHECK #2 TIGHT ☐ ____ PSID		___ PSID	___ PSID	/ / PASSED ☐

GAUGE CALIBRATION DATE: _____ DETECTOR METER READING _____

TESTER SIGNATURE _____ TESTER CERT # _____

TESTERS NAME PRINTED _____ GAUGE # _____

TESTERS ADDRESS _____ PHONE # _____

COMPANY NAME _____

☐ WATER RESTORED ?

REPORT RECEIVED BY: _____ (REPRESENTATIVE OF OWNER)