



**BACKFLOW PREVENTION ASSEMBLY
TEST AND MAINTENANCE RECORD**

Customer's Name: _____
 Service Address: _____
 Contact: _____ Phone No. _____

SERVICE & BACKFLOW ASSEMBLY INFORMATION

Meter No.	Account No.	Supply PSI:
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<u>Existing Assembly:</u> Manufacturer: _____ Model No.: _____ Serial No.: _____ Size & Type: _____	<u>New—Replacement Assembly:</u> Manufacturer: _____ Model No.: _____ Serial No.: _____ Size & Type: _____
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BACKFLOW ASSEMBLY TEST INFORMATION

Air Gap Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Reduced Pressure Assembly			PVB/SVB	
	Double Check Valve Assembly		Relief Valve	AIR INLET	CHECK VALVE
	Check Valve #1	Check Valve #2			
Initial Test	Held at ___ PSID Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Held at ___ PSID Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened at ___ PSID Did Not Open <input type="checkbox"/>	Opened at ___ PSID Did Not Open <input type="checkbox"/>	___ PSID Leaked <input type="checkbox"/>
Repairs & Materials					
Compliance Test	Held at ___ PSID Closed Tight <input type="checkbox"/>	Held at ___ PSID Closed Tight <input type="checkbox"/>	Opened at ___ PSID	AIR INLET Opened at ___ PSID	CHECK VALVE ___ PSID

COMMENTS

Initial Test Information	DATE _____ TIME _____ PASS <input type="checkbox"/> FAIL <input type="checkbox"/>	CERTIFICATE NO. _____ EXPIRES _____
	TESTED BY (print) _____	EQUIPMENT S/N _____ EXPIRES _____

Repair Information	REPAIRED BY (print) _____ DATE _____
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Compliance Test	DATE _____ TIME _____ PASS <input type="checkbox"/> FAIL <input type="checkbox"/>	CERTIFICATE NO. _____ EXPIRES _____
	TESTED BY (print) _____	EQUIPMENT S/N _____ EXPIRES _____

TESTER'S NAME (print) _____ TESTER'S SIGNATURE _____

Return form to: Flowing Wells Irrigation District; 3901 N. Fairview Ave.; Tucson, AZ 85705

Phone (520) 887-4192 ❖ Fax (520) 293-6532 ❖ Email: customerservice@fwid.org
 www.fwid.org