

MARION WATER DEPARTMENT BACKFLOW PREVENTION DEVICE TESTING AND MAINTENANCE REPORT

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Marion, Iowa 52302-3430

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Facility	ACCOUNT #	BUSINESS NAME	METER #	METER SIZE
	BUILDING ADDRESS	Code:	METER 1 :	METER 2 :

Water Use	ID	BUILDING	FLOOR	ROOM	ROOM TYPE	AREA	LOCATION
Description:							Isolation Containment
Hazard:	Type:						
Water Use Notes:							

Protection	ID	TYPE	USE	MANUFACTURER	MODEL	SIZE	SERIAL NUMBER
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Tests	STEP	COMPONENT	TEST	REQUIREMENT	INITIAL TEST	FINAL TEST
REDUCED PRESSURE	1.	Check Valve 1	Confirmed Pressure Drop	5.0 PSID min		
	2.	Relief Valve	Opening Pressure	2.0 PSID min		
	3.	Check Valve 2	Differential Pressure in direction of flow	1.0 PSID min		
	4.	Check Valve 2	Held against Backpressure (yes/no)	Yes		
	5.	Check Valve 1	Apparent Pressure Drop			
	6.	Check Valve 1	Difference between Apparent and Confirmed	1.0 PSID max		
	7.	Buffer	Confirmed Pressure-Relief Valve Pressure	3.0 PSID min		
DOUBLE CHECK VALVE	1.	Check Valve 1	Differential Pressure in direction of flow	1.0 PSID min		
	2.	Check Valve 1	Held against Backpressure (yes/no)	Yes		
	3.	Check Valve 2	Differential Pressure in direction of flow	1.0 PSID min		
	4.	Check Valve 2	Held against Backpressure (yes/no)	Yes		
PRESSURE VACUUM BREAKER	1.	Air Inlet Valve	Opening Differential	1.0 PSID min		
	2.	Check Valve	Closes tight in direction of flow	1.0 PSID min		
ATMOSPHERIC VACUUM BREAKER	1.	Air Inlet Valve	Proper Closure (yes/no)	Yes		
	2.	Air Inlet Valve	Proper Opening (yes/no)	Yes		
AIR GAP	1:	Air Gap	Unobstructed Distance	2 x pipe dia. 1" Min		
ANTISIPHON FLUSH VALVE	1:	Flush Valve	Proper Installation and Function	Yes No		
HOSE BIBB VACUUM BREAKER	1:	Vacuum Breaker	Proper Installation and Function	Yes No		

Repairs PROBLEMS CORRECTIVE ACTION	NOTES
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Tester's Certification			
COMPANY NAME		DATE	
INITIAL TEST BY (PRINT NAME)	SIGNATURE	TESTER #	DATE
FINAL TEST BY (PRINT NAME)	SIGNATURE	TESTER #	DATE

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