

VILLAGE OF MIDDLEFIELD WATER DEPARTMENT

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REPORT OF INSPECTIONS, TEST AND MAINTENANCE

Assembly Information Unit No.: _____ Make: _____ Model: _____ Size: _____ Serial Number: _____ Date Installed: _____ Existing Unit <input type="checkbox"/> New Unit <input type="checkbox"/> Replacement <input type="checkbox"/>	Company: _____ Device Location: _____ Device Address: _____ City, State Zip: _____ Installation Info Containment <input type="checkbox"/> Isolation <input type="checkbox"/> System Protected Domestic <input type="checkbox"/> Fire Line <input type="checkbox"/> Lawn Irrigation <input type="checkbox"/> Date of Test: _____ Boiler <input type="checkbox"/> Old Serial No. _____ New Serial No. _____
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Double Check Assembly

Initial Test	Outlet Valve		Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
	1st Check Valve	___psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
	2nd Check Valve	___psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>

Reduced Pressure Assembly

1st Check Valve	___psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
Relief Valve Opening Point	___psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
2nd Check Valve		Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
Outlet Valve		Pass <input type="checkbox"/>	Fail <input type="checkbox"/>

Pressure Vacuum Breaker

Air Inlet Valve	___psig	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
Check Valve	___psig	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>

Double Check Assembly

Re-Test After	Outlet Valve		Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
	1st Check Valve	___psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
Repairs	2nd Check Valve	___psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
Date			Pass <input type="checkbox"/>	Fail <input type="checkbox"/>

Reduced Pressure Assembly

1st Check Valve	___psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
Relief Valve Opening Point	___psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
2nd Check Valve		Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
Outlet Valve		Pass <input type="checkbox"/>	Fail <input type="checkbox"/>

Pressure Vacuum Breaker

Air Inlet Valve	___psig	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
Check Valve	___psig	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>

TESTER CERTIFICATION: *I certify that the above data is correct and that the backflow prevention device is in proper working condition.*

Tester Name (Printed) _____	Signature _____	Phone No. _____
Company Name _____	Cert. No. _____	Exp Date _____
Company Address _____	City _____	State _____ Zip _____

FACILITY CERTIFICATION: *I hereby certify that the above backflow prevention device has been in constant use at this location during the entire prescribed interval between test periods and during that period this device was not bypassed, made inoperative or removed without proper authorization. All defects found during the operating period or during testing were corrected without delay.*

** Have there been any changes in the last 12 months on your premise that could cause any hazard to the public water system?
 Yes No If yes, explain _____

Owner/Officer (Printed) _____	Signature _____	Phone No. _____
Title: _____	Date: _____	