

# BACKFLOW PREVENTION ASSEMBLY TEST REPORT



Gilbert-Summit Rural Water District  
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For OFFICIAL USE
INSTALL ID: _____
ACCOUNT #: _____

NAME OF PREMISE/BUSINESS : \_\_\_\_\_ Commercial  Residential

SERVICE ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

(If Different from Service Address)

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

LOCATION OF ASSEMBLY: \_\_\_\_\_

DOWNSTREAM PROCESS: \_\_\_\_\_ DCVA  RPBA  PVBA  OTHER: \_\_\_\_\_

NEW INSTALLATION  EXISTING  REPLACEMENT  OLD ASSEMBLY SERIAL NUMBER: \_\_\_\_\_

MAKE OF ASSEMBLY: \_\_\_\_\_ MODEL: \_\_\_\_\_ SERIAL NO.: \_\_\_\_\_ SIZE: \_\_\_\_\_

(√ Check appropriate boxes)

INITIAL TEST	DCVA/RPBA CHECK VALVE No.1	DCVA/RPBA CHECK VALVE No.2	RPBA	GATE/BALL VALVES	PVBA
PASSED <input type="checkbox"/>  FAILED <input type="checkbox"/>	LEAKED <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> _____ PSID	LEAKED <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> _____ PSID	OPENED AT _____ PSID #1 CHECK _____ PSID AIR GAP OK? _____	#1 Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> #2 Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/>	AIR INLET OPENED AT _____ PSID DID NOT OPEN <input type="checkbox"/>
NEW PARTS AND REPAIRS	CLEAN <input type="checkbox"/> REPLACE <input type="checkbox"/> PART <input type="checkbox"/>	CLEAN <input type="checkbox"/> REPLACE <input type="checkbox"/> PART <input type="checkbox"/>	CLEAN <input type="checkbox"/> REPLACE <input type="checkbox"/> PART <input type="checkbox"/>		CHECK VALVE HELD AT _____ PSID LEAKED <input type="checkbox"/> CLEANED <input type="checkbox"/> REPAIRED <input type="checkbox"/>
TEST AFTER REPAIRS	CLOSED TIGHT <input type="checkbox"/> _____ PSID	CLOSED TIGHT <input type="checkbox"/> _____ PSID	OPENED AT _____ PSID #1 CHECK _____ PSID	#1 Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> #2 Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/>	AIR INLET _____ PSID CHK VALVE _____ PSID

AIR GAP INSPECTION: Required minimum air gap separation provided? Yes  No  Detector Meter Reading \_\_\_\_\_

TESTER'S SIGNATURE \_\_\_\_\_ CERT. NO. \_\_\_\_\_ TEST DATE \_\_\_\_\_

TESTER'S NAME PRINTED \_\_\_\_\_ TESTERS PHONE # ( \_\_\_\_\_ ) \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ COMPANY TELEPHONE #: ( \_\_\_\_\_ ) \_\_\_\_\_

CATEGORY: General Tester  Limited Tester  Inspector Tester

METHOD OF TESTING: \_\_\_\_\_ TEST KIT USED: \_\_\_\_\_

GAUGE CALIBRATION DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ WATER SERVICE RESTORED YES  NO

REMARKS: \_\_\_\_\_ LINE PRESSURE \_\_\_\_\_