



West Des Moines Water Works
 1505 Railroad Avenue
 West Des Moines, IA 50265
 Phone 222-3465 Fax 222-3469

BACKFLOW DEVICE TEST REPORT

| | | |
|---------------------------|----------------|--------------|
| Customer or Business Name | Contact Person | Phone Number |
|---------------------------|----------------|--------------|

Mailing Address

| | | |
|-----------------|------------------------------------|--------------------------------------|
| Service Address | Isolation <input type="checkbox"/> | Containment <input type="checkbox"/> |
|-----------------|------------------------------------|--------------------------------------|

| | | | |
|--------------|--|---------------------------|--------------------------------|
| Date of Test | Time <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. | Supply Pressure _____ PSI | Device Protects Backflow From: |
|--------------|--|---------------------------|--------------------------------|

| | | | | | |
|------------------|--------------|-------|------|------------|-----------|
| Type of Assembly | Manufacturer | Model | Size | Serial No. | Meter No. |
|------------------|--------------|-------|------|------------|-----------|

| | | | | |
|--------------------------------------|------------------|---|---|---|
| Height Above Floor _____ (in. / Ft.) | Protection From: | Freezing <input type="checkbox"/> Yes <input type="checkbox"/> No | Flooding <input type="checkbox"/> Yes <input type="checkbox"/> No | New Installation <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--------------------------------------|------------------|---|---|---|

| | | |
|---|---|---------------------|
| Is device installed according to plumbing code requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No | Does branch piping exist prior to the meter or containment device? <input type="checkbox"/> Yes <input type="checkbox"/> No | Plumbing Permit No. |
|---|---|---------------------|

DEVICE LOCATION :

| | | |
|--|--------------------------|--------------------------|
| REDUCED PRESSURE PRINCIPLE ASSEMBLY | Passed | Failed |
| Initial Test | | |
| 1st Check held in direction of flow _____ PSID | <input type="checkbox"/> | <input type="checkbox"/> |
| Relief Valve opened at _____ PSID | <input type="checkbox"/> | <input type="checkbox"/> |
| Difference (1st check-relief) _____ PSID | <input type="checkbox"/> | <input type="checkbox"/> |
| 2nd Check held backpressure | <input type="checkbox"/> | <input type="checkbox"/> |
| 2nd Check held in direction of flow _____ PSID | <input type="checkbox"/> | <input type="checkbox"/> |
| No. 2 Shut-off Valve leak tight | <input type="checkbox"/> | <input type="checkbox"/> |
| *Failure of any of above items requires repair | | |

| | | |
|--|--------------------------|--------------------------|
| REDUCED PRESSURE PRINCIPLE ASSEMBLY | Passed | Failed |
| Final Test After Repair | | |
| 1st Check held in direction of flow _____ PSID | <input type="checkbox"/> | <input type="checkbox"/> |
| Relief Valve opened at _____ PSID | <input type="checkbox"/> | <input type="checkbox"/> |
| Difference (1st check-relief) _____ PSID | <input type="checkbox"/> | <input type="checkbox"/> |
| 2nd Check held backpressure | <input type="checkbox"/> | <input type="checkbox"/> |
| 2nd Check held in direction of flow _____ PSID | <input type="checkbox"/> | <input type="checkbox"/> |
| No. 2 Shut-off Valve leak tight | <input type="checkbox"/> | <input type="checkbox"/> |

| | | |
|--|--------------------------|--------------------------|
| DOUBLE CHECK VALVE ASSEMBLY | Passed | Failed |
| Initial Test | | |
| 1st Check held in direction of flow _____ PSID | <input type="checkbox"/> | <input type="checkbox"/> |
| 2nd Check held backpressure | <input type="checkbox"/> | <input type="checkbox"/> |
| 2nd Check held in direction of flow _____ PSID | <input type="checkbox"/> | <input type="checkbox"/> |
| No. 2 Shut-off Valve leak tight | <input type="checkbox"/> | <input type="checkbox"/> |
| *Failure of any of above items requires repair | | |

| | | |
|--|--------------------------|--------------------------|
| DOUBLE CHECK VALVE ASSEMBLY | Passed | Failed |
| Final Test After Repair | | |
| 1st Check held in direction of flow _____ PSID | <input type="checkbox"/> | <input type="checkbox"/> |
| 2nd Check held backpressure | <input type="checkbox"/> | <input type="checkbox"/> |
| 2nd Check held in direction of flow _____ PSID | <input type="checkbox"/> | <input type="checkbox"/> |
| No. 2 Shut-off Valve leak tight | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|--------------------------------|---------------------|--------------------------------------|--|---------------------------------|---------------------------------|
| PRESSURE VACUUM BREAKER | Initial Test | Air Inlet opened _____ at _____ PSID | Check Valve held in direction of flow _____ PSID | Passed <input type="checkbox"/> | Failed <input type="checkbox"/> |
| | After Repair | Air Inlet opened _____ at _____ PSID | Check Valve held in direction of flow _____ PSID | Passed <input type="checkbox"/> | Failed <input type="checkbox"/> |

Repair Comments:

THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE

| | |
|--|--|
| Tested By: _____ Print Name Signature | Repaired by: _____ Print Name Signature |
| Company | Final Test By: _____ Print Name Signature |

| | |
|---|-------------|
| Registration No. _____ Registration Expiration Date: _____ | Date: _____ |
|---|-------------|