



GREATER PINE ISLAND WATER ASSOCIATION, INC
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BACKFLOW PREVENTION TEST AND MAINTENANCE REPORT

CUSTOMER: _____
STREET ADDRESS: _____
MAILING ADDRESS: _____

LOCATION OF ASSEMBLY: _____
WATER METER # _____

CHECK ONE: ___ New Installation
 ___ Existing Unit
 ___ Replacement Unit

CHECK ONE: ___ Potable Service
 ___ Irrigation Service
 ___ Fire Line Service

TYPE OF ASSEMBLY: RP DC PVB SVB **SIZE:** _____

MANUFACTURER: _____ **MODEL:** _____ **SERIAL NO:** _____

GAUGE MANUF _____ **SERIAL #** _____ **DATE CALIBRATED:** _____

Check Valve #1	Relief Valve	Check Valve #2	PVB or SVB
<input type="checkbox"/> leaked or <input type="checkbox"/> closed tight	opened at: _____ psi or did not open <input type="checkbox"/>	<input type="checkbox"/> leaked or <input type="checkbox"/> closed tight	Air Inlet: did not open <input type="checkbox"/> or opened at _____ psi
differential pressure across check valve _____ psi	Outlet shut-off valve: <input type="checkbox"/> leaked <input type="checkbox"/> closed tight	OPTIONAL TEST differential pressure across check valve _____ psi	Check Valve: leaked <input type="checkbox"/> or held at _____ psi
Parts & Repairs	Parts & Repairs	Parts & Repairs	Parts & Repairs
differential pressure across check valve _____ psi	Relief valve opened at _____ psi	<input type="checkbox"/> leaked or <input type="checkbox"/> closed tight	air inlet _____ psi check valve _____ psi

NOTE: All repairs shall be completed within ten (10) working days.

REMARKS: _____

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.

TESTER: _____ **CERT. No:** _____ **DATE:** _____

RE-CERT Due Date: _____ **TIME:** _____

This Assembly: PASSED FAILED