

**PLEASE PRINT AND FAX OR EMAIL COMPLETED FORM**

**Town of Longboat Key  
Backflow Prevention Assembly  
Installation, Test, & Maintenance Report**

CUSTOMER: \_\_\_\_\_ UTILITY ACCOUNT/DEVICE NO.: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

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

SERVICE CONNECTION TYPE: POTABLE  IRRIGATION  FIRE  INSTALL DATE: \_\_\_\_\_

CERTIFICATION TYPE: NEW INSTALL  REPLACED  ANNUAL TEST  PERMIT NO.: \_\_\_\_\_

TYPE OF ASSEMBLY: RP  DC  PVB  SVB  SIZE: \_\_\_\_\_

MANUFACTURER: \_\_\_\_\_ MODEL: \_\_\_\_\_ SERIAL NO: \_\_\_\_\_

GAUGE MANUF \_\_\_\_\_ GAUGE SERIAL NO. \_\_\_\_\_ DATE CALIBRATED: \_\_\_\_\_

Check Valve #1	Relief Valve	Check Valve #2	Pressure Vacuum Breaker
<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	<b>Air Inlet:</b> did not open <input type="checkbox"/> or opened at _____ psi
differential pressure across check valve _____ psi	<b>Outlet shut-off valve:</b> <input type="checkbox"/> leaked <input type="checkbox"/> closed tight	<b>Backpressure Test</b> differential pressure across check valve _____ psi	<b>Check Valve:</b> leaked <input type="checkbox"/> or held at _____ psi
<input type="checkbox"/> cleaned only Replaced: <input type="checkbox"/> rubber kit <input type="checkbox"/> CV assembly or <input type="checkbox"/> disc <input type="checkbox"/> O-rings <input type="checkbox"/> Seat <input type="checkbox"/> spring <input type="checkbox"/> stem/guide <input type="checkbox"/> retainer <input type="checkbox"/> lock nuts <input type="checkbox"/> Other	<input type="checkbox"/> RV cleaned only Replaced: <input type="checkbox"/> RV rubber kit <input type="checkbox"/> RV assembly or <input type="checkbox"/> disc <input type="checkbox"/> diaphragm (s) <input type="checkbox"/> seat <input type="checkbox"/> spring <input type="checkbox"/> guide <input type="checkbox"/> O-rings <input type="checkbox"/> Other	<input type="checkbox"/> cleaned only Replaced: <input type="checkbox"/> rubber kit <input type="checkbox"/> CV assembly or <input type="checkbox"/> disc <input type="checkbox"/> O-rings <input type="checkbox"/> seat <input type="checkbox"/> spring <input type="checkbox"/> stem/guide <input type="checkbox"/> retainer <input type="checkbox"/> lock nuts <input type="checkbox"/> Other	<input type="checkbox"/> cleaned only Replaced: <input type="checkbox"/> rubber kit <input type="checkbox"/> CV assembly <input type="checkbox"/> disc, air inlet <input type="checkbox"/> disk, CV <input type="checkbox"/> seat, CV <input type="checkbox"/> spring, air inlet <input type="checkbox"/> spring, CV <input type="checkbox"/> retainer <input type="checkbox"/> guide <input type="checkbox"/> O-rings <input type="checkbox"/> Other
differential pressure across check valve _____ psi	Relief valve opened at _____ psi	differential pressure across check valve _____ psi	air inlet _____ psi check valve _____ psi

REMARKS: \_\_\_\_\_

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

Tester & Company (print): \_\_\_\_\_ Cert. No: \_\_\_\_\_ Date: \_\_\_\_\_

Tester (sig): \_\_\_\_\_ Cert. Expir: \_\_\_\_\_ Time: \_\_\_\_\_

Include a copy of your certification / license.

This Assembly:  **PASSED**  **FAILED**

**BUFFER:** \_\_\_\_\_ **PSI**