IOWA CITY – PUBLIC DRINKING WATER PROGRAM
BACKFLOW PREVENTION ASSEMBLY TEST DATA AND MAINTENANCE REPORT

CITY OF IOWA CITY

CUSTOMER	FILE NUMBER

CUSTOMER ADDRESS

SITE ADDRESS

DEVICE LOCATION

DATE OF TEST	TIME	☐ A.M. ☐ P.M.	SUPPLY PRESSURE _____ LBS.	AIR GAP (2 x SUPPLY DIAM.) SUPPLY_____ IN. GAP _____ IN.	☐ N/A ☐ PASS ☐ FAIL

TYPE OF ASSEMBLY	MANUFACTURER	MODEL	SIZE	SERIAL NUMBER

HEIGHT OFF FLOOR _____ (IN./FT.)	PROTECTION FROM: FREEZING ☐ YES ☐ NO FLOODING ☐ YES ☐ NO	NEW INSTALLATION ☐ YES ☐ NO	GAUGE CALIBRATION DATE

TESTS

	STEP	COMPONENT	TEST	REQUIREMENT	INITIAL TEST	FINAL TEST
REDUCED PRESSURE ASSEMBLY	1:	Check Valve 1	Confirmed Pressure Drop	5.0 PSID min		
	2:	Relief Valve	Opening Pressure	2.0 PSID min		
	3:	Check Valve 2	Differential Pressure in direction of flow	1.0 PSID min		
	4:	Check Valve 2	Held against Backpressure	Yes/No		
	5:	Difference	(Check Valve 1 – Relief)	3.0 PSID min		
DOUBLE CHECK VALVE ASSEMBLY	1:	Check Valve 1	Differential Pressure in direction of flow	1.0 PSID min		
	2:	Check Valve 1	Held against Backpressure (optional)	Yes/No		
	3:	Check Valve 2	Differential Pressure in direction of flow	1.0 PSID min		
	4:	Check Valve 2	Held against Backpressure (optional)	Yes/No		
PRESSURE VACUUM BREAKER	1;	Air Inlet Valve	Opening Differential	1.0 PSID min		
	2:	Check Valve	Closes tight in direction of flow	1.0 PSID min		
ANTI-SPILL VACUUM BREAKER	1:	Check Valve	Differential Pressure Across Check	1.0 PSID min		
	2:	Air Inlet	Air Inlet Start to Open at	1.0 PSID min		
	3:	Air Inlet	Air Inlet Fully Open when supply is at atmospheric pressure	Yes/No		

COMMENTS:

REPAIR HISTORY

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

Tester's Certification	OWNER OR REPRESENTATIVE (SIGNATURE)		DATE
TEST BY (PRINT NAME)	SIGNATURE	TESTER #	DATE