BACKFLOW PREVENTION ASSEMBLY TEST REPORT

Bellflower-Somerset Mutual Water Company

Assembly ID		Facility Name			
Acct Number		Meter #		**Test Report Due:**	
Service Address				Schedule Code	
				Assembly Info (Replacement/Correction)	
Equip Location				SN ☐	
Location ID		Containment		Mfr ☐	
Contact Name		Ph		Type ☐	
Map Page		#2		Size ☐	
				Model ☐	
				Install Date	
				Permit Number	
☐ Confinement	☐ Freeze Protection	Hazard Type		Haz. Level	

Line pressure at time of test: _____ **REPORT OF TEST RESULTS** ☐ Approved BFP

	Check Valve #1	**Check Valve #2**	**Relief Valve**	**PVB/SVB**	**Shut Off Valves**		
						#1	#2
Initial Test	☐ Held at _____ PSID ☐ Closed Tight	☐ Held at _____ PSID ☐ Closed Tight	☐ Opened at _____ PSID	☐ Air Inlet Opened at _____ PSID Opened Fully Y ☐ N ☐	Closed Tight	☐	☐
Pass Fail	☐ Leaked	☐ Leaked	☐ Did Not Open	☐ Check Held at _____ PSID ☐ Leaked	Leaked	☐	☐
R E P A I R	☐ CLEANED ☐ REPLACED ☐ Disc ☐ Spring ☐ Guide ☐ Seat ☐ O-Ring(s) ☐ Module ☐ Rubber/Kit ☐ _____	☐ CLEANED ☐ REPLACED ☐ Disc ☐ Spring ☐ Guide ☐ Seat ☐ O-Ring(s) ☐ Module ☐ Rubber/Kit ☐ _____	☐ CLEANED ☐ REPLACED ☐ Disc ☐ Spring ☐ Diaphragm ☐ Seat ☐ O-Ring(s) ☐ Module ☐ Rubber/Kit ☐ _____	☐ CLEANED ☐ REPLACED ☐ Air Inlet Disc ☐ Air Inlet Spring ☐ Check Disc ☐ Check Spring ☐ Float ☐ Diaphragm ☐ Rubber/Kit ☐ _____	CLEANED REPLACED REPAIR Other	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐
	Other/Notes: _____						
Final Test	_____ PSID ☐ Closed Tight	_____ PSID ☐ Closed Tight	☐ Opened at _____ PSID	Air Inlet _____ PSID CK Valve _____ PSID	Closed Tight **Pass**	☐ ☐	☐

THE ABOVE REPORT IS CERTIFIED TO BE TRUE:

Print Name	Signature	Certificate #	Gauge #		Test Date	Company	Phone
Repair By							
Final Test By							