

# Suburban Water, Inc.

## Water Use Backflow Protection Test Report

<b>Facility</b>	ID	Water Acct	Business Name		Contact Rank	
	Location:				Code:	Phone

<b>WATER USE</b>	ID	Building	Floor	Room	Room Type	Area	Location
	Description:						
	Hazard:		Type:				
	Water Use:						Back Pressure:
Notes:						Continuous Pressure:	YES

<b>Protection</b>	ID	Type	Use	Manufacture	Model	Size	Serial Number

Tests	Step	Component	Test	Requirement	Initial Test	Final Test
<b>Reduced Pressure</b>	1	Check Valve 2	Differential Pressure in direction of flow	1.0 PSID min		
	2	Check Valve 1	Apparent Pressure Drop			
	3	Relief Valve	Open Pressure	2.0 PSID min		
	4	Check Valve 2	Held against Backpressure (yes/no)	yes		
	5	Check Valve 1	Confirmed Pressure Drop	5.0 PSID min		
	6	Check Valve 1	Difference between Apparent and Confirmed	1.0 PSID min		
	7	Buffer	Confirmed Pressure - Relief Valve Pressure	3.0 PSID min		
<b>Double Check Valve</b>	1	Check Valve 1	Differential Pressure in direction of flow	1.0 PSID min		
	2	Check Valve 1	Held against Backpressure (yes/no)	yes		
	3	Check Valve 2	Differential Pressure in direction of flow	1.0 PSID min		
	4	Check Valve 2	Held against Backpressure (yes/no)	yes		
<b>Pressure Vacuum Breaker</b>	1	Air Inlet Valve	Open Differential	1.0 PSID min		
	2	Check Valve	Closes tight in direction of flow	1.0 PSID min		
<b>Atmospheric Vacuum Breaker</b>	1	Air Inlet Valve	Proper Closure (yes/no)	yes		
	2	Air Inlet Valve	Proper Opening (yes/no)	yes		
<b>Air Gap</b>	1	Air Gap	Unobstructed Distance	2x pipe dia, 1" min		
<b>Antisiphon Flush Valve</b>	1	Flush Valve	Proper Installation and Function (yes/no)			
<b>Hose Bibb Vacuum Breaker</b>	1	Vacuum Breaker	Proper Installation and Function (yes/no)			

Repairs	step	Check valve 1	Check Valve 2	Relief Valve	Air Inlet	Flush Valve	Air Gap	Notes:
	1	Debris						
	2	O-Ring						
	3	Plugged						
	4	Incorrect Installation						
	5	Operational Problems						
	6	Insufficient Air Gap						
	7	Defeat Eliminated						
<b>Corrective Action</b>	1	Cleaned						
	2	Flushed						
	3	Corrected Installation						
	4	Air Gap Corrected						
	5	Defeat Eliminated						

<b>Tester's Certification</b>				
Notes:				
Print Name	Signature	Tester #	Test Kit #	Date