

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

Return this form via email to bsicard@longboatkey.org or fax at (941) 316-1984.

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	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	Backpressure Test differential pressure across check valve _____ psi	Check Valve: leaked <input type="checkbox"/> or held at _____ psi
<input type="checkbox"/> cleaned only Replaced: rubber kit <input type="checkbox"/> CV assembly <input type="checkbox"/> or 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"/>	<input type="checkbox"/> RV cleaned only Replaced: RV rubber kit <input type="checkbox"/> RV assembly <input type="checkbox"/> or 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"/>	<input type="checkbox"/> cleaned only Replaced: rubber kit <input type="checkbox"/> CV assembly <input type="checkbox"/> or 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"/>	<input type="checkbox"/> cleaned only Replaced: 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 <input type="checkbox"/>
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