

PLAINFIELD TOWNSHIP WATER DEPARTMENT

5195 PLAINFIELD AVENUE, GRAND RAPIDS, MI 49525

PH:(616)363-9660 FX:(616)364-1174

BACKFLOW PREVENTER TEST REPORT

TESTS MUST BE PERFORMED BY AN INDIVIDUAL WHO IS CERTIFIED BY ASSE TO TEST BACKFLOW PREVENTERS

OWNER:	TELEPHONE:	DATE:

ADDRESS:	CITY:	ZIP:

MAKE AND MODEL OF DEVICE:	SIZE:	SERIAL #:

LOCATION OF DEVICE:

LINE PRESSURE	1ST SHUT OFF: C <input type="checkbox"/> L <input type="checkbox"/>	2ND SHUT OFF: C <input type="checkbox"/> L <input type="checkbox"/>			
PSI	REDUCED PRESSURE PRINCIPLE ASSEMBLY		PRESSURE VACUM BREAKER		
	DOUBLE CHECK VALVE ASSEMBLY				
INITIAL TEST	1ST CHECK C <input type="checkbox"/> L <input type="checkbox"/>	2ND CHECK C <input type="checkbox"/> L <input type="checkbox"/>	RELIEF O <input type="checkbox"/> F <input type="checkbox"/>	AIR INLET O <input type="checkbox"/> M <input type="checkbox"/>	CHECK C <input type="checkbox"/> L <input type="checkbox"/>
	PSID	PSID	PSID	PSID	PSID
FINAL TEST	1ST CHECK C <input type="checkbox"/> L <input type="checkbox"/>	2ND CHECK C <input type="checkbox"/> L <input type="checkbox"/>	RELIEF O <input type="checkbox"/> L <input type="checkbox"/>	AIR INLET O <input type="checkbox"/> M <input type="checkbox"/>	CHECK C <input type="checkbox"/> L <input type="checkbox"/>
	PSID	PSID	PSID	PSID	PSID
PASS/FAIL P <input type="checkbox"/> F <input type="checkbox"/>					

NOTES:

TEST TYPE:	GAUGE NO.:	CALIBRATION DATE:
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TESTING FIRM (NAME, ADDRESS, PHONE)

CERTIFICATION:
I hereby certify the foregoing data to be correct and that the tested device is functioning within the limits of the standards.

TESTER NAME (PRINTED BELOW):	TESTER CERT. #	PHONE:
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TESTER SIGNATURE:

TESTER IS REQUIRED TO SUBMIT A "CERTIFICATE OF ACCURACY" FOR TESTING EQUIPMENT WITH TEST FORM

FAX COMPLETED FORM TO: 616-364-1174

OR

E-MAIL: GUNSTM@PLAINFIELDMI.ORG
MAIL COMPLETED FORM TO:
PLAINFIELD TOWNSHIP WATER DEPARTMENT
CROSS CONNECTION CONTROL
5195 Plainfield Ave NE
Grand Rapids, MI 49525

Additional Copies Available on Website www.plainfieldcharterwp.org

CERTIFICATE OF ACCURACY ATTACHED OR ON FILE (CIRCLE ONE)