



BACKFLOW PREVENTION ASSEMBLY TEST REPORT

Kauai Department Of Water

| | | | |
|--------------------------------------|--|-------------|--|
| Assembly ID | Facility Name | | |
| Acct Number | Meter # | | Test Report Due: |
| Service Address | | | Schedule Code |
| | | | Assembly Info (Replacement/Correction) |
| Equip Location | | SN | <input type="checkbox"/> |
| TMK | Containment | Mfr | <input type="checkbox"/> |
| Contact Name | Ph | Type | <input type="checkbox"/> |
| Map Page | #2 | Size | <input type="checkbox"/> |
| | | | Model <input type="checkbox"/> |
| | | | Install Date |
| | | | Permit Num |
| <input type="checkbox"/> Confinement | <input type="checkbox"/> 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 | | | |
|---------------------|---|---|---|---|---|-----------------------------|-----------------------------|--------------------------|
| Initial Test | <input type="checkbox"/> Held at _____ PSID | <input type="checkbox"/> Held at _____ PSID | <input type="checkbox"/> Opened at _____ PSID | <input type="checkbox"/> Air Inlet Opened at _____ PSID | Closed Tight | #1 <input type="checkbox"/> | #2 <input type="checkbox"/> | |
| | <input type="checkbox"/> Closed Tight | <input type="checkbox"/> Closed Tight | <input type="checkbox"/> Did Not Open | <input type="checkbox"/> Did not Open | | Leaked | <input type="checkbox"/> | <input type="checkbox"/> |
| Pass | <input type="checkbox"/> Leaked | <input type="checkbox"/> Leaked | | <input type="checkbox"/> Check Held at _____ PSID | | | | |
| Fail | <input type="checkbox"/> Leaked | <input type="checkbox"/> Leaked | | <input type="checkbox"/> Leaked | | | | |
| REPAIR | <input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED | <input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED | <input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED | <input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED | CLEANED | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> O-Ring(s) <input type="checkbox"/> Module <input type="checkbox"/> Rubber Kit <input type="checkbox"/> _____ | <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> O-Ring(s) <input type="checkbox"/> Module <input type="checkbox"/> Rubber Kit <input type="checkbox"/> _____ | <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Diaphragm <input type="checkbox"/> Seat <input type="checkbox"/> O-Ring(s) <input type="checkbox"/> Module <input type="checkbox"/> Rubber Kit <input type="checkbox"/> _____ | <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Diaphragm <input type="checkbox"/> Seat <input type="checkbox"/> O-Ring(s) <input type="checkbox"/> Module <input type="checkbox"/> Rubber Kit <input type="checkbox"/> _____ | <input type="checkbox"/> Air Inlet Disc <input type="checkbox"/> Air Inlet Spring <input type="checkbox"/> Check Disc <input type="checkbox"/> Check Spring <input type="checkbox"/> Float <input type="checkbox"/> Diaphragm <input type="checkbox"/> Rubber Kit <input type="checkbox"/> _____ | REPAIR | <input type="checkbox"/> | <input type="checkbox"/> |
| | Other/Notes: _____ | | | | | | | |
| | _____ | | | | | | | |
| Final Test | _____ PSID | _____ PSID | <input type="checkbox"/> Opened at _____ PSID | Air Inlet _____ PSID | Closed Tight | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> Closed Tight | <input type="checkbox"/> Closed Tight | _____ PSID | CK Valve _____ PSID | Pass | <input type="checkbox"/> | | |

THE ABOVE REPORT IS CERTIFIED TO BE TRUE:

Owner's Signature: _____

Date: _____ 1A

| | | | | | | | |
|-----------------|-------------|-------|-----------|---------|----------|---------|-------|
| Initial Test By | Certificate | Date: | Gauge Num | Time In | Time Out | Company | Phone |
| Final Test By | | | | | | | |
| Repair By | | | | | | | |