

# Erie Water Works

## Cross-Connection Control / Backflow Prevention Program

240 West 12<sup>th</sup> Street, Erie, PA 16501 Phone (814) 870-8000 Ext. 207 or 205  
 Fax (814) 870-8011 Email: backflowprevention@eriewaterworks.org

### 2017 TEST REPORT FOR BACKFLOW PREVENTER ASSEMBLIES TEST REPORTS MUST BE RECEIVED BY EWW WITHIN 10 DAYS OF TEST COMPLETION

Customer Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Facility Service Address \_\_\_\_\_ Contact Person \_\_\_\_\_  
 Type of Service: Domestic  Fire  Irrigation  Other   
 Type of Assembly: RPBA  RPDA  DCVA  DCDA  Other   
 Manufacturer \_\_\_\_\_ Model \_\_\_\_\_ Serial # \_\_\_\_\_ Size \_\_\_\_\_  
 Assembly Location \_\_\_\_\_ EWW Meter# \_\_\_\_\_  
 Annual Test \_\_\_\_\_ Test After Repair \_\_\_\_\_ Next Rebuild Year \_\_\_\_\_ 5-Year Rebuild Y / N  
 Date Installed \_\_\_\_\_ New Installation? Y / N Scheduled EWW Inspection Y / N  
 Does this assembly replace an existing assembly? Y / N If yes, old Serial # \_\_\_\_\_

	<b>Reduced Pressure Backflow Assembly (RPBA) or Detector Assembly (RPDA)</b>		
	<b>Double Check Valve Assembly (DCVA) or (DCDA)</b>		
	1 <sup>st</sup> Check	2 <sup>nd</sup> Check	Relief Valve
<div style="text-align: center; font-weight: bold; font-size: 2em;">REPAIRS</div> <p style="font-size: 0.8em; margin-top: 10px;"><i>Note: PSID is equivalent to Pressure Differential</i></p>	Leaks _____ (min. 1.0 PSID for DCVA, PSID min. 5.0 for RPBA) _____ PSID Closed Tight _____ _____ <b>Repaired</b> _____ <b>Cleaned</b> _____ <b>Replaced</b> _____ Disc _____ Spring _____ Guide _____ Pin Retainer _____ Hinge Pin _____ Seat _____ Diaphragm _____ Other _____	Leaks _____ (min. 1.0 PSID for DCVA) _____ PSID Closed Tight _____ _____ <b>Repaired</b> _____ <b>Cleaned</b> _____ <b>Replaced</b> _____ Disc _____ Spring _____ Guide _____ Pin Retainer _____ Hinge Pin _____ Seat _____ Diaphragm _____ Other _____	Opened at _____ PSID (min. 2) Did not Open _____ _____ <b>Repaired</b> _____ <b>Cleaned</b> _____ <b>Replaced</b> _____ Disc, upper _____ Disc, Lower _____ Spring _____ Diaphragm Large _____ Upper _____ Lower _____ Diaphragm Small _____ Upper _____ Lower _____ Spacer _____ Other _____

Test <i>after</i> Cleaning or Repairs are made	_____ PSID Closed Tight _____	_____ PSID Closed Tight _____	Opened at _____ PSID Did not Open _____
--	----------------------------------	----------------------------------	--

Date of Final Test \_\_\_\_\_ Line Pressure \_\_\_\_\_ (PSI) Assembly Passed? Y / N  
 Licensed Tester (Print Name) \_\_\_\_\_ License # \_\_\_\_\_  
 Signature of Tester \_\_\_\_\_ Gauge Serial # \_\_\_\_\_  
 Master Plumber *for City of Erie Work* (Print Name) \_\_\_\_\_  
 Signature of Master Plumber \_\_\_\_\_ Date \_\_\_\_\_  
 Remarks \_\_\_\_\_  
 Facility Representative (Print Name) \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of Facility Representative \_\_\_\_\_ Title \_\_\_\_\_