

Erie Water Works

Cross-Connection Control / Backflow Prevention Program

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2019 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 # _____

	Reduced Pressure Backflow Assembly (RPBA) or Detector Assembly (RPDA)		
	Double Check Valve Assembly (DCVA) or (DCDA)		
	1 st Check	2 nd Check	Relief Valve
<div style="text-align: center; font-size: 2em; font-weight: bold; margin-bottom: 10px;">REPAIRS</div> <p style="font-size: 0.8em;">Initial Test Date: _____</p> <p style="font-size: 0.8em;"><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 _____ _____ Repaired _____ Cleaned _____ Replaced _____ Disc _____ Spring _____ Guide _____ Pin Retainer _____ Hinge Pin _____ Seat _____ Diaphragm _____ Other _____	Leaks _____ (min. 1.0 PSID for DCVA) _____ PSID Closed Tight _____ _____ Repaired _____ Cleaned _____ Replaced _____ Disc _____ Spring _____ Guide _____ Pin Retainer _____ Hinge Pin _____ Seat _____ Diaphragm _____ Other _____	Opened at _____ PSID (min. 2) Did not Open _____ _____ Repaired _____ Cleaned _____ Replaced _____ 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 _____
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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 _____