

## Orange County Utilities Water Division BACKFLOW PREVENTER FIELD TEST REPORT

## **PLEASE PRINT or TYPE**

Service Address:	<b>Customer Name</b>	:					
Company Name/Contractor:    Mailling Address:				City:	State:	Zip:	
Company Name/Contractor:    Mailing Address:	Account #:		Meter #:		Reading:		
Mailing Address:				(required)			
Mailing Address:	Company Name	/Contractor:					
Phone:						Zip:	
Serial #:							
Point of Use: Irrigation Fire Domestic Reclaimed Service  Assembly: Reduced Pressure Double Check Pressure Vacuum Breaker  Device: Existing New  Mfr.: Model #: Size: Serial #:  Device Location:							
Assembly: Reduced Pressure Double Check Pressure Vacuum Breaker  Device: Existing New    Mirr: Model #: Size: Serial #:   Device Location:				<b>Check Areas</b>			
Device: Existing New    Mfr.:	Point of Us	e: Irrigation	Fire	Domestic	Reclaimed S	ervice	
ASSEMBLY TEST  Check Valve (CV) #1	Assembly:	Reduced F	Pressure	Double Check	Pressure Vacuum Breaker		
ASSEMBLY TEST    Check Valve (CV) #1   CV # 2   Relief Valve   PVB   Shutoff Valves (SV)     Assembly Test   Closed   Tight   Tight   Leaked   Leaked   Leaked   PSID Across   Check Valve   Check Valve   Exercised   Replaced   Repla	Device:	Existing	New				
ASSEMBLY TEST    Check Valve (CV) #1   CV # 2   Relief Valve   PVB   Shutoff Valves (SV)     Assembly Test   Closed   Tight   Tight   Leaked   Leaked   Leaked   PSID Across   Check Valve   Check Valve   Exercised   Replaced   Repla	Mfr.:		odel #:	Size:	Serial #:		
Assembly Test   Check Valve (CV) #1							
Assembly Test				EMBLY TEST			
Assembly Test Annual Leaked Retest  Closed Tight Leaked Leaked PSID Across Check Valve PSID CV Closed at Leaked  Repairs  Cleaned Replaced Replaced Replaced Repaired Repaired Repaired  Repaired  This operational test Passed  Opened atPSID Did Not Open Exercised  PSID CV Closed at Leaked  Cleaned Cleaned Replaced Replaced Replaced Replaced Replaced Repaired  Repaired  Repaired  This operational test Passed  Or Failed  I certify this test to be a true operational representation of the above assembly at the time and date of this test. Date: Time:  Comments:  Tester's Signature:  Tester's Signature:		Chook Volvo (CV) #4			DVD	Shutoff Valves (SV)	
Retest    Leaked   Leaked   PSID Across   PSID Across   Check Valve   PSID Across   Check Valve   Exercised   Exercised   PSID CV Closed   SV # 2   Closure   Exercised   Exercised   Cleaned   Cleaned   Cleaned   Cleaned   Cleaned   Cleaned   Replaced   Replaced   Replaced   Replaced   Replaced   Repaired	Assembly Test	Closed	Closed		Air Inlet Opened at	SV # 1	
PSID Across Check Valve		Leaked	Leaked	PSID		Leaked	
Repairs Cleaned Cleaned Cleaned Cleaned Cleaned Replaced Replaced Replaced Repaired	□ Retest			·		-	
Replaced Repaired Rep						Leaked	
Repaired Repaired Repaired Repaired Repaired Repaired Repaired  This operational test Passed or Failed . I certify this test to be a true operational representation of the above assembly at the time and date of this test. Date: Time:  Comments: Tester's Signature:	Repairs	Cleaned	Cleaned	Cleaned	Cleaned	Cleaned	
This operational test Passed or Failed . I certify this test to be a true operational representation of the above assembly at the time and date of this test. Date: Time: Tomments:  Tester's Name (print): Tester's Signature:		Replaced	Replaced	Replaced	Replaced	Replaced	
of the above assembly at the time and date of this test. Date: Time:  Comments:  Fester's Name (print): Tester's Signature:		Repaired	Repaired	Repaired	Repaired	Repaired	
Comments:  Fester's Name (print): Tester's Signature:	This operational	test Passed	or Failed . I c	ertify this test to b	e a true operational re	presentation	
Гester's Name (print): Tester's Signature:	of the above ass	embly at the time	and date of this to	est. Date:	Time: _	····	
	Comments:						
	Tester's Name (r	orint):		Tester's	s Signature:		

Test Report must be maintained for a period of 10 years per DEP-62-550.720(3)

Provide Test Report To: Owner of the assembly and Orange County Utilities Water Division, c/o Cross Connection Control Program 8100 Presidents Drive, Suite C, Orlando, Florida 32809 Phone: 407-836-6970, Fax: 407-836-6830, Email: Water.Backflow@ocfl.net

Para más información, por favor llame al Departamento de Servicios Públicos del Condado de Orange y pida hablar con un representante en español. El número de teléfono es 407-836-6970.