

Backflow Prevention Assembly Test & Maintenance Form

Return this form to: rmielke@marquettetownship.org Marquette Township Cross-Connection Inspector
 1000 Commerce Drive, Marquette, MI 49855 Phone: (906) 228-6220 Fax: (906) 228-7337

Owner/Occupant of Property: _____ Phone: _____
 Address: _____

Manufacturer of Assembly: _____ Model #: _____
 Size: _____ Serial #: _____ RP () DCV () PVB () SRVB () New () Existing ()

Location of Assembly: _____
 Equipment or System Application: _____

Test Gauge Manufacturer: _____ Model #: _____ Serial #: _____
 Calibration Date (must be within a year of test date): _____

Date test was performed: _____ Time: _____ Static Line Pressure: _____

RP	Shut Off Valve #2	Check Valve #2	Check Valve #1	Pressure Differential Relief Valve
Initial Test	Leaking () Closed Tight ()	Leaking () Closed Tight ()	Leaking () Closed Tight () Pressure Drop Across Check Valve #1: _____ psid	Opened at _____ psid
Describe parts and repairs when needed				
Final Test	Leaking () Closed Tight ()	Leaking () Closed Tight ()	Leaking () Closed Tight () Pressure Drop Across Check Valve #1: _____ psid	Opened at _____ psid

DCV	Shut Off Valve #2	Check Valve #1	Check Valve #2
Initial Test	Leaking () Closed Tight ()	Leaking () Closed Tight () _____ psid	Leaking () Closed Tight () _____ psid
Describe parts and repairs when needed			
Final Test	Leaking () Closed Tight ()	Leaking () Closed Tight () _____ psid	Leaking () Closed Tight () _____ psid

PVB or SRVB	Shut Off Valve #2	Air Inlet Valve	Check Valve
Initial Test	Leaking () Closed Tight ()	Failed to open () Opened at _____ psid	Leaking () Closed Tight () Pressure Drop Across Check Valve #1 _____ psid
Describe parts and repairs when needed			
Final Test	Leaking () Closed Tight ()	Failed to open () Opened at _____ psid	Leaking () Closed Tight () Pressure Drop Across Check Valve #1 _____ psid

Tester Signature: _____ Tester ASSE #: _____ Phone: _____
 Company Name: _____
 Address: _____