

**GLADEVILLE UTILITY DISTRICT**  
**3826 VESTA ROAD • LEBANON, TN 37090**  
**PHONE: (615) 449-0301 • FAX: (615) 449-1346**

**BACKFLOW ASSEMBLY REPAIR REPORT**

**ACCOUNT NUMBER:** \_\_\_\_\_

<b>R E P A I R S</b>	<p><b>Cleaned</b>    <input type="checkbox"/></p> <p><b>Replaced:</b> (List all parts replaced)</p>  <p><b>List any additional repair items not previously addressed:</b></p>
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Date \_\_\_\_\_ Time \_\_\_\_\_ Certified Tester # \_\_\_\_\_

Repair by (Signature) \_\_\_\_\_ Print Name \_\_\_\_\_

Your signature certifies that all information provided on this section is correct.

<b>Reduced Pressure Principle Assembly</b>				
Relief Valve Opening Point	Check Valve # 2 Backpressure Test	Check Valve # 1	No. 2 Shutoff Valve	Check Valve # 2
Opened at _____ psid	Closed Tight <input type="checkbox"/>	Held at _____ psid	Closed Tight <input type="checkbox"/>	Held at _____ psid
Did not open <input type="checkbox"/>	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>

<b>Double Check Valve Assembly</b>				<b>Backflow Assembly Status</b>
Check Valve # 2 Backpressure Test	Check Valve # 1	No. 2 Shutoff Valve	Check Valve # 2	
Closed Tight <input type="checkbox"/>	Held at _____ psid	Closed Tight <input type="checkbox"/>	Held at _____ psid	<b>Passed</b> <input type="checkbox"/>
Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	<b>Failed</b> <input type="checkbox"/>

Date \_\_\_\_\_ Time \_\_\_\_\_ Certified Tester # \_\_\_\_\_

Test by (Signature) \_\_\_\_\_ Print Name \_\_\_\_\_

Your signature certifies that all information provided on this section is correct.

**Comments:** \_\_\_\_\_