GLADEVILLE UTILITY DISTRICT

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

BACKFLOW ASSEMBLY TEST REPORT

ACCOUNT NUMBER:									
Service Ad	dress _								
Name of Premises				Location of Device					
Device				<u> </u>					
Manufacturer Number				Model				Size	Serial Number
Device				Serial Number				Date Certified	
RP □				Serial Number				Date Certified	
$DCDA \square$									
RPDA □									
Reduced Pressure Principle Assembly									
Relief Valve Opening Point		Check Valve # 2 Backpressure Test		Check Valve # 1		No. 2 Shutoff Valve		Check Valve # 2	
Opened at	psid	Closed Tight [Held at	_ psid	Closed Tight		Held at	psid
Did not open		Leaked [Leaked		Leaked		Leaked	
								Bac	kflow
Double Check Valve Assembly								Assemb	ly Status
Check Valve # 2 Backpressure Test		Check Valve # 1		No. 2 Shutoff Valve		Check Valve # 2		Passed	
Closed Tight		Held at p	sid	Closed Tight		Held at	psid	Failed	
Leaked		Leaked [Leaked		Leaked \square			
Date Time			Certified Tester #						
Test by (Signature) Print Name									
Your signature	e certifies	that all information	provid	ded on this secti	on is corr	ect.			
Comment	c·								
Comment	s								