City of Leduc - Utility Services
4300 - 56 Avenue
Leduc, AB T9E 6T7
Phone: (780) 980-7133
Fax: (780) 986-3302

# BACKFLOW PREVENTION ASSEMBLY TEST REPORT

## City of Leduc Water Services

Facility Name:

Service Address: Postal Code:

Owner / Customer:

Owner's Contact Name:

Owner's Address:

Postal Code:

Telephone # Fax #

Initial Test ☐ Annual Test ☐ Repair Test ☐

Is this a replacement? Yes ☐ No ☐
(If YES please include information for existing AND replacement assembly.)

Remarks: (Reason for installation, test, repair, etc.)

Assembly Location:

☐ Premises-Isolating Assembly ☐ Zone Assembly ☐ Fixture Assembly

Protection Type: ☐ Domestic ☐ Fire ☐ Irrigation
☐ Other *(please specify)* _____

| BFP Assembly | New or Existing | Replacement |
|---|---|---|
| Type | | |
| Manufacturer | | |
| Model | | |
| Serial # | | |
| Size | | |
| Installation Date | | |
| Water Meter # | | |
| Plumbing Permit # | | |

**TEST**

**REDUCED PRESSURE (R.P.) OR DOUBLE CHECK VALVE ASSEMBLY (D.C.V.A.)**

**STATIC INLET LINE PRESSURE AT TIME OF TEST** Psi

**A** Static Pressure Drop Across Check Valve No. 1 **A** Psi

**B** Opening Point of Relief Valve - (Must be 2 Psi or greater) **- B** Psi

**C** Buffer (must be 3 psi or greater) **A - B = C** **= C** Psi

| | Check Valve No. 1 | Check Valve No. 2 | RP Relief Valve Test | PVB/SRPVB | Shut Off Valves | #1 | #2 | Air Gap |
|---|---|---|---|---|---|---|---|---|
| PASSED ☐ | ☐ Closed Tight<br>Pressure Drop Across Check Valve No. 1<br>Held at . PSID (REQUIRED) | ☐ Closed Tight<br>Pressure Drop Across Check Valve No. 2<br>Held at . PSID (REQUIRED) | Opened at ____.____ PSID<br>Must be 13.79 kPa ( 2 psi ) or greater | ☐ Air Inlet Opened at<br>_____ PSID | Closed Tight | ☐ | ☐ | ☐ Annual Inspection |
| FAILED ☐ | ☐ Leaked | ☐ Leaked | ☐ Failed to Open | ☐ Failed to Open | Leaked | ☐ | ☐ | ☐ Meets Definition of Approved Air Gap |

**If the device failed the initial test for any reason, complete the Retest sections below**

**REPAIRS**

| Check Valve No. 1 | Check Valve No. 2 | RP Relief Valve Test | PVB/SRPVB | | #1 | # 2 |
|---|---|---|---|---|---|---|
| ☐ CLEANED | ☐ CLEANED | ☐ CLEANED | ☐ CLEANED | CLEANED | ☐ | ☐ |
| ☐ REPLACED | ☐ REPLACED | ☐ REPLACED | ☐ REPLACED | REPA RED | ☐ | ☐ |
| ☐ Disc | ☐ Disc | ☐ Disc | ☐ Air Inlet Disc | REPLACED | ☐ | ☐ |
| ☐ Spring | ☐ Spring | ☐ Spring | ☐ Air Inlet Spring | | | |
| ☐ Guide | ☐ Guide | ☐ Guide | ☐ Check Disc | | | |
| ☐ Seat | ☐ Seat | ☐ Seat | ☐ Check Spring | | | |
| ☐ Hinge Pin | ☐ Hinge Pin | ☐ Hinge Pin | ☐ Float | | | |
| ☐ O-Ring(s) | ☐ O-Ring(s) | ☐ O-Ring(s) | ☐ Diaphragm | | | |
| ☐ Module | ☐ Module | ☐ Module | ☐ _____ | | | |
| ☐ _____ | ☐ _____ | ☐ Diaphragm ☐ _____ | | | | |

Remarks: (Reason for failure and additional actions taken to repair, etc.)

**RETEST**

**REDUCED PRESSURE (R.P.) OR DOUBLE CHECK VALVE ASSEMBLY (D.C.V.A.)**

**STATIC INLET LINE PRESSURE AT TIME OF TEST** Psi

**A** Static Pressure Drop Across Check Valve No. 1 **A** Psi

**B** Opening Point of Relief Valve - (must be 2 psi or greater) **- B** Psi

**C** Buffer (must be 3 psi or greater) **A - B = C** **= C** Psi

| | Check Valve No. 1 | Check Valve No. 2 | RP Relief Valve Test | PVB/SRPVB | Shut Off Valves | #1 | #2 | Air Gap |
|---|---|---|---|---|---|---|---|---|
| PASSED ☐ | ☐ Closed Tight<br>Pressure Drop Across Check Valve No. 1<br>Held at ____.____PSID (REQUIRED) | ☐ Closed Tight<br>Pressure Drop Across Check Valve No. 2<br>Held at ____.____PSID (REQUIRED) | Opened at ____.____ PSID<br>Must be 13.79 kPa ( 2 psi ) or greater | ☐ Air Inlet Opened at<br>_____ PS D | Closed Tight | ☐ | ☐ | ☐ Annual Inspection |
| FAILED ☐ | ☐ Leaked | ☐ Leaked | ☐ Failed to Open | ☐ Failed to Open | Leaked | ☐ | ☐ | ☐ Meets Definition of Approved Air Gap |

**THE ABOVE REPORT IS CERTIFIED TO BE TRUE:**

(Signature of Tester - I certify the above device has been tested in accordance with the Canadian AWWA Cross Connection Control Manual )

| Tester's Name | AWWA Certification # | Company Name | Test Gauge S/N | Date of Test | Tester's Phone # |
|---|---|---|---|---|---|
| | | | | | |

The information on this form is collected solely for the purpose of recording test details and results