BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE RECORD					CITY OF PHILADELPHIA PHILADELPHIA WATER DEPARTMENT					
		THIS FORM (79-77		COMPLETE						
I. GEN	IERAL INFORMATI		NTATION		ACCOUNT OF			-		
	FACILITY	ADDRESS						ZIP		
CONTACT PERSON AT FACILITY			TITLE			TELEPH	ELEPHONE NO.			
LOCATION OF ASSEMBLY			DATE OF INSTALLATION				INCOMING LINE PRESSURE			
MANUFACTURER MODEL			SERIAL NUMBER				SIZE	□ DS □ FS	□ RPZ □ DCV	
II. TEST INSTRUMENT CALIBRATION INFORMATION										
TYPE OF INSTRUMENT MODE			L SERIAL NUMBER			BER	PURCHASE DATE			
CALIBRATED BY			TELEPI			HONE NO.				
REGISTR	RATION NO.	RATED ON NEXT C			CALIBRATION DUE					
III. TE	STS & REPAIRS IN									
ы				CHECK VALVE NUMBER 2				DIFFERENTIAL PRESSURE RELIEF VALVE		
INITIAL TEST										
	□ CLOSED TIGHT	□ CLOSED TIGHT				OPEN AT PSID				
	PRESSURE DROP ACROSS THE FIRST CHECK VALVE IS :		PRESSURE DROP ACROSS THE SECOND CHECK VALVE IS :			COND				
	CHECK VALVE 13 .	PSID			□ DID NOT OPEN					
* REPAIRS										
	REPAIRED:	REPAIRED:			REPAIRED:					
	PARTS KIT	PARTS KIT STEM /								
	□ DISC □ O - RINGS									
		□ O - RINGS □ LOCKNUT □ SEAT □ OTHER:				□ O - RINGS □ LOCKNUTS □ SEAT □ OTHER:				
<u> </u>		OTHER:	LI SEAT			\ .				
FINAL TEST	CLOSED TIGHT	CLOSED TIGHT AT		PSID						
								OPENED AT PSID		
*NOTE : ALL REPAIRS / REPLACEMENTS MUST BE COMPLETED WITHIN FOURTEEN (14) DAYS IV. APPROVALS										
* I HEREBY CERTIFY THAT THIS DATA IS ACCURATE AND REFLECTS THE PROPER OPERATION AND MAINTENANCE OT THE ASSEMBLY										
NAME OF CERTIFIED BACKFLOW PREVENTION ASSEMBLY BUSINESS TELEPHONE NO. WITNESS TO AS TECHNICIAN (PRINT)							O ASSEMBLY T	EST		
Ļ	SIGNATURE OF INITIAL CERT. BACKFLOW PREV. ASSEMBLY TECH			BLY TECH. CERTIFIED TECH. NO. DATE		DATE	I	TELEPHONE NO. OF WITNESS		
INITIAL TEST										
-ss	SIGNATURE OF REPAIRER			CERTIFIED TECH. NO. DA		DATE		SEND COMPLETED FORMS TO: PWD INDUSTRIAL WASTE & BACKFLOW COMPLIANCE		
PAI										
RE							9001 STATE ROAD			
	SIGNATURE OF FINAL CER	SEMBLY TECH.	MBLY TECH. CERTIFIED TECH. NO.		DATE		PHILADELPHIA, PA 19136 TELE: (215) 685-8068			
FINAL TEST							FAX: (215) 005-0000 FAX: (215) 333-9453 E-mail: CCC.BLS@PHILA.GOV			
SIGNATURE OF LICENSED TECHNICIAN			CERTIFIED TECH. N		ED TECH. NO.	DATE		E-IIIaII. UUU.DLƏWPTILA.GUV		
						1				