# City of Chandler Backflow Prevention Assembly Test Report

**Water Quality Division**

PO Box 4008, Mail Stop 803 • Chandler, AZ 85244-4008

## Assembly Details

<table>
<thead>
<tr>
<th>Water Purveyor</th>
<th>Assembly Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Manufacturer</th>
<th>Size</th>
<th>Type</th>
<th>Model No.</th>
<th>Serial No.</th>
</tr>
</thead>
<tbody>
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<table>
<thead>
<tr>
<th>Facility/Owner</th>
<th>Phone No.</th>
<th>Meter No.</th>
</tr>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Address</th>
<th>City, State, Zip</th>
</tr>
</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Contact</th>
<th>Phone No.</th>
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</tbody>
</table>

## On Site Location

**Is this a new installation?**

<table>
<thead>
<tr>
<th>Permit #</th>
<th>Does this assembly replace another?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>If yes, old serial No.</td>
</tr>
<tr>
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</tbody>
</table>

**Type of Protection:**

- [ ] Containment
- [ ] Internal
- [ ] Domestic
- [ ] Irrigation
- [ ] Fireline

**Service Type:**

- [ ] Domestic
- [ ] Irrigation
- [ ] Fireline

## Reduced Pressure Principle Assembly

**CHECK VALVE #1**

- 1. CLOSED TIGHT
- 1. CLOSED TIGHT
- OPENED AT ________ PSID
- OPENED AT ________ PSID
- DID NOT OPEN
- DID NOT OPEN

**CHECK VALVE #2**

- 1. CLOSED TIGHT
- OPENED AT ________ PSID
- OPENED AT ________ PSID
- DID NOT OPEN
- DID NOT OPEN

**Differential Pressure Relief Valve**

- CLEANED SENSING LINES
- CLEANED SENSING LINES
- REPLACED RUBBER KIT
- REPLACED RUBBER KIT
- REPLACED RUBBER KIT
- REPLACED RUBBER KIT

## Air Inlet

- OPENED AT ________ PSID
- OPENED AT ________ PSID
- DID NOT OPEN
- DID NOT OPEN

## Shut Off Valve #1

- [ ] Repaired
- [ ] Replaced

## Shut Off Valve #2

- [ ] Repaired
- [ ] Replaced

## Final Test

- [ ] Repaired
- [ ] Replaced

THE ABOVE REPORT IS CERTIFIED TO BE TRUE

**Initial Test By:** ____________________________

**Certified Tester No.** ________________________

**Date** ____________________________ **Pass** [ ] **Fail** [ ]

**Final Test By:** ____________________________

**Certified Tester No.** ________________________

**Date** ____________________________ **Pass** [ ] **Fail** [ ]

## Comments:

______________________________________

______________________________________

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