

# Erie Water Works

## Cross-Connection Control / Backflow Prevention Program

240 West 12<sup>th</sup> Street, Erie, PA 16501 Phone (814) 870-8000 Ext. 207 or 205  
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### 2016 TEST REPORT FOR BACKFLOW PREVENTER ASSEMBLIES

TEST REPORTS MUST BE RECEIVED BY EWW WITHIN 10 DAYS OF TEST COMPLETION

Customer Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Facility Service Address \_\_\_\_\_ Contact Person \_\_\_\_\_  
Type of Service: Domestic ☐ Fire ☐ Irrigation ☐ Other ☐  
Type of Assembly: RPBA ☐ RPDA ☐ DCVA ☐ DCDA ☐ Other ☐  
Manufacturer \_\_\_\_\_ Model \_\_\_\_\_ Serial # \_\_\_\_\_ Size \_\_\_\_\_  
Assembly Location \_\_\_\_\_ EWW Meter# \_\_\_\_\_  
Annual Test \_\_\_\_\_ Test After Repair \_\_\_\_\_ Next Rebuild Year \_\_\_\_\_ 5-Year Rebuild Y / N  
Date Installed \_\_\_\_\_ New Installation? Y / N Scheduled EWW Inspection Y / N  
Does this assembly replace an existing assembly? Y / N If yes, old Serial # \_\_\_\_\_

	Reduced Pressure Backflow Assembly (RPBA) or Detector Assembly (RPDA) Double Check Valve Assembly (DCVA) or (DCDA)		
	1 <sup>st</sup> Check	2 <sup>nd</sup> Check	Relief Valve
Initial Test Date: _____	Leaks _____ (min. 1.0 PSID for DCVA, PSID min. 5.0 for RPBA) _____ PSID Closed Tight _____	Leaks _____ (min. 1.0 PSID for DCVA) _____ PSID Closed Tight _____	Opened at _____ PSID (min. 2) Did not Open _____
<b>REPAIRS</b>  <i>Note: PSID is equivalent to Pressure Differential</i>	_____ Repaired	_____ Repaired	_____ Repaired
	_____ Cleaned	_____ Cleaned	_____ Cleaned
	_____ Replaced	_____ Replaced	_____ Replaced
	_____ Disc	_____ Disc	_____ Disc, upper
	_____ Spring	_____ Spring	_____ Disc, Lower
	_____ Guide	_____ Guide	_____ Spring
	_____ Pin Retainer	_____ Pin Retainer	_____ Diaphragm Large
	_____ Hinge Pin	_____ Hinge Pin	_____ Upper
	_____ Seat	_____ Seat	_____ Lower
	_____ Diaphragm	_____ Diaphragm	_____ Diaphragm Small
_____ Other	_____ Other	_____ Upper	
_____ Other	_____ Other	_____ Lower	
_____ Other	_____ Other	_____ Spacer	
_____ Other	_____ Other	_____ Other	

Test after Cleaning or Repairs are made	_____ PSID Closed Tight _____	_____ PSID Closed Tight _____	Opened at _____ PSID Did not Open _____
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Date of Final Test \_\_\_\_\_ Line Pressure \_\_\_\_\_ (PSI) Assembly Passed? Y / N  
Licensed Tester (Print Name) \_\_\_\_\_ License # \_\_\_\_\_  
Signature of Tester \_\_\_\_\_ Gauge Serial # \_\_\_\_\_  
Master Plumber for City of Erie Work (Print Name) N/A for Federal Jurisdiction  
Signature of Master Plumber N/A for Federal Jurisdiction Date \_\_\_\_\_  
Remarks \_\_\_\_\_  
Facility Representative (Print Name) \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Facility Representative \_\_\_\_\_ Title \_\_\_\_\_