



# Byron - Gaines Utility Authority

## Backflow Prevention Device Inspection and Maintenance Report Form

Owner of Property \_\_\_\_\_ Return Form By: \_\_\_\_\_

Mailing Address \_\_\_\_\_ Test Date \_\_\_\_\_

\_\_\_\_\_  
(Town) (ST) (Zip)

Contact Person \_\_\_\_\_  RPBP  DCV  PVB

Device Address \_\_\_\_\_  RPDA  DDCV  SVB

\_\_\_\_\_  
(Town) (ST) (Zip) Permit Number \_\_\_\_\_

Exact Location \_\_\_\_\_ Make \_\_\_\_\_ Model No. \_\_\_\_\_

\_\_\_\_\_  
Size \_\_\_\_\_ Serial No. \_\_\_\_\_

Line PSI _____	Reduced Pressure Backflow Preventer			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Check Valve	Air Inlet
	Check Valve No. 1	Check Valve No. 2			
Initial Test <b>PASS</b> <input type="checkbox"/> <b>FAIL</b> <input type="checkbox"/>	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> _____PSID	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> _____PSID	Opened at _____PSID Did Not Open <input type="checkbox"/>	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> _____PSID	Opened at _____PSID Did Not Open <input type="checkbox"/>
Repairs					
Final Test <b>PASS</b> <input type="checkbox"/>	Closed Tight <input type="checkbox"/> _____PSID	Closed Tight <input type="checkbox"/> _____PSID	Opened at <input type="checkbox"/> _____PSID	Closed Tight <input type="checkbox"/> _____PSID	Opened at _____PSID
Condition of No. 2 Shutoff Valve <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked					
Notes:			Return Completed Form To: Byron - Gaines Utility Authority 1381 84th St SE Byron Center MI 49315 Or Fax To: 616-554-3655		
Certification: On this date, the above device was tested per applicable codes and the required performance standards.					
Test Type		Gauge No.		Testing Firm	
Tester Name				Tester Certification No.	

Tester Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Signature: \_\_\_\_\_ Date: \_\_\_\_\_