

## City of Port St Lucie

## **Utility Systems Department**

1001 SE Prineville St., Port St Lucie, FL 34983 Email: UtilEng@cityofpsl.com

## **Backflow Prevention Assembly Test Report**

**Facility Name** Assembly ID

Account No. Test Report Due Meter

Schedule Code Service Address

Assembly Info (Replacement/Correction) **Assy Location** 

SN Location No. Protection Contact Name Mfr Telephone Map Page Type

> Size Model Install Date

> > Permit No.

Hazard Level Hazard Type

Line Pressure at Time of Test

REPORT OF TEST RESULTS

Approved BFP

#2

Shut Off Valves Check Valve #1 Check Valve #2 Relief Valve PVB/SVB #1 **Initial Test** Opened at Air Inlet Opened at Held at Held at Closed Tight **PSID PSID PSID PSID Pass** Did Not Open Leaked Closed Tight Closed Tight Did Not Open Fail Held Check at

**PSID** Leaked Leaked

Leaked

Diaphragm

Cleaned Cleaned Cleaned Cleaned **CLEANED** 

**REPLACED REPLACED REPLACED REPLACED** 

Disc Disc Disc Air Inlet Disc **REPLACED** Spring Spring Spring Air Inlet Spring

Guide Guide Guide Check Disc **REPAIRED** 

Seat Seat Seat Check Spring

Hinge Pin Hinge Pin O-Ring(s) Float **OTHER** Module

Diaphragm Module Module

Other/Notes

Repairs

**PSID PSID** Opened at Air Inlet PSID Closed Tight **Final Test** 

PSID CK Valve Closed Tight PSID PASS Closed Tight THE ABOVE REPORT IS CERTIFIED TO BE TRUE

**Time Out** Company Telephone Certificate Gauge No. Time In Date

**Initial Test By** 

**Final Test By** 

Repair By

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