

CITY OF NOVI BACKFLOW PREVENTER TEST REPORT - 26300 LEE BEGOLE, NOVI, MI 48375

Test Reports should be forwarded to: noviwaterestreports@cityofnovi.org

Test report must be completed by a licensed Plumbing Contractor certified in backflow testing

Plumbing Permit No.: _____ Fire System Permit No.: _____

Service Location Name: _____

Service Location Address: _____

ASSE Assembly Listing Approval Number: _____

Manufacture: _____ Model No.: _____ S/N: _____ Size: _____

Type of Device: RPZ DCVA DCDA PVB SVB Int. Test Pass Fail Final Test Pass Fail

Physical Location of Device, floor, room, purpose (descriptive as possible): _____

New Install

Use of Device: Boiler Feed Water Service Containment Irrigation Cooling Tower Feed
 Main Fire Line Fire Meter Bypass Anti-freeze Isolation Fire Line Water Cooled Compressor
 Pot Filler Dental Suction Equip. X-Ray Developer Pool Fill Sterilizer Reverse Osmosis
 Water Activated Sump Test Equipment Pond Feed Baptismal Feed Other _____

Reduced Pressure Zone Assembly (RPZ)					Pressure Vacuum Breaker (PVB)				
Static Line Pressure PSI _____	Double Check Valve Assembly (DCVA)(DCDA)				Pressure Dif. When Relief Opens	Air Inlet Valve Diff. Opened	Check Valve Differential		
	Check Valve #1	Check Valve #2	Pres. Dif. #1	Pres. Dif. Across #2			<input type="checkbox"/> Closed Tight		
Initial Test	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Check	Check	PSID _____	PSID _____	<input type="checkbox"/> Leaked		
	Closed <input type="checkbox"/> Tight	Closed <input type="checkbox"/> Tight	PSID _____	PSID _____	<input type="checkbox"/> Did Not Open	<input type="checkbox"/> Did Not Open	PSID _____		
R E P A I R S	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced	Comments		<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced	Shut Off Valves		
	<input type="checkbox"/> Disc	<input type="checkbox"/> Disc			<input type="checkbox"/> Disc	<input type="checkbox"/> Air Inlet Disc.	Closed Tight	#1	#2
	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring			<input type="checkbox"/> Spring	<input type="checkbox"/> Air Inlet Spring	Leaked	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Guide	<input type="checkbox"/> Guide			<input type="checkbox"/> Guide	<input type="checkbox"/> Air Inlet Spring	Cleaned	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Seat	<input type="checkbox"/> Seat			<input type="checkbox"/> Seat	<input type="checkbox"/> O-Ring(s) Chk Disc	Replaced	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> O-Ring(s)			<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> Module Check	Repair	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Module	<input type="checkbox"/> Module			<input type="checkbox"/> Module	<input type="checkbox"/> Rubber Kit Spring	Other	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Rubber Kit	<input type="checkbox"/> Rubber Kit	<input type="checkbox"/> Rubber Kit							
Final Test	Check #1	Check #2	Check #1	Check #2	Relief Open at PSID _____	Air Inlet Opened at PSID _____	Check Valve <input type="checkbox"/> Closed		
	<input type="checkbox"/> Closed	<input type="checkbox"/> Closed	PSID _____	PSID _____			PSID _____	<input type="checkbox"/> Leaked	
	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	Check #2 Confirm _____						

CERTIFICATION: I hereby certify that the data here within to be accurate and that the tested device Did Did Not function within the limits of required performance standards ASSE 5000.

Note: NFPA 25 Main Drain Tests are required on fire sprinkler systems as required by the International Fire Code

Testing Company: _____ Phone No. _____

Tester Name (Please Print): _____ Tester Signature: _____

ASSE Tester Cert. No. _____ MI Plumbing License # _____ Gauge Model No. _____

Serial No. _____ Manufacture: _____ ** Date of Test Kit Calibration: _____

**Test Kits Must Be Certified Annually Time of Test: _____:_____ AM PM Initial Test Date: _____

After Repairs Static Line Pressure PSI _____ After Repairs Re-test Final Test Date: _____