

 <p>Lehigh County Authority P.O. Box 3348 Allentown, PA 18106-0348 Phone: 610-398-2503 Fax: 610-398-8413 www.lehighcountyauthority.org</p>	BACKFLOW PREVENTION ASSEMBLY TEST & MAINTENANCE FORM	Form No. Acct. No.	Last test was completed on Test was completed by:
	* This form must be completed by a certified tester upon testing or maintenance of a backflow prevention assembly. A list of LCA certified testers is sent to each customer/property owner with the backflow form(s). ** Send the completed original form to the address at left. Make copies of the original form for your own records. Note: Only return certified passed test result forms. The Authority no longer needs failed test results sent back to us. If a failed test occurs, you are responsible to have the backflow prevention assembly retested. *** Please contact Jacob Hunsicker with any questions at 610-398-2503 or jacobhunsicker@lehighcountyauthority.org		

I. GENERAL INFORMATION (Pre-printed information - Please correct any errors or fill in if empty)

COMPANY NAME		PROPERTY ADDRESS		
PROPERTY CITY		STATE	ZIP CODE	
LOCATION OF ASSEMBLY		DEVICE TYPE		MANUFACTURER
MODEL	SERIAL NO.	SIZE	FIRELINE OR DOMESTIC	

II. TEST & REPAIR INFORMATION

REDUCED PRESSURE PRINCIPLE ASSEMBLY			
DOUBLE CHECK VALVE ASSEMBLY			
	CHECK VALVE NO. 1	CHECK VALVE NO. 2	RELIEF VALVE
INITIAL TEST	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT <small>PRESSURE DROP ACROSS CHECK VALVE</small> _____ PSID	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT <small>PRESSURE DROP ACROSS CHECK VALVE</small> _____ PSID	<input type="checkbox"/> DID NOT OPEN <input type="checkbox"/> OPENED AT _____ PSID
	<input type="checkbox"/> ASSEMBLY PASSED		<input type="checkbox"/> ASSEMBLY FAILED* DATE: _____
REPAIRS Give details of repairs made	<input type="checkbox"/> CLEANED REPLACED: <input type="checkbox"/> RUBBER PARTS KIT <input type="checkbox"/> DISC <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/> O-RINGS <input type="checkbox"/> SEAT <input type="checkbox"/> SPRING <input type="checkbox"/> STEM/GUIDE <input type="checkbox"/> RETAINER <input type="checkbox"/> LOCKNUTS OTHER:	<input type="checkbox"/> CLEANED REPLACED: <input type="checkbox"/> RUBBER PARTS KIT <input type="checkbox"/> DISC <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/> O-RINGS <input type="checkbox"/> SEAT <input type="checkbox"/> SPRING <input type="checkbox"/> STEM/GUIDE <input type="checkbox"/> RETAINER <input type="checkbox"/> LOCKNUTS OTHER:	<input type="checkbox"/> CLEANED REPLACED: <input type="checkbox"/> RUBBER PARTS KIT <input type="checkbox"/> DISC <input type="checkbox"/> RV ASSEMBLY <input type="checkbox"/> O-RINGS <input type="checkbox"/> DIAPHRAGM <input type="checkbox"/> SPRING <input type="checkbox"/> GUIDE <input type="checkbox"/> SEAT OTHER:
	<input type="checkbox"/> CLOSED TIGHT <small>PRESSURE DROP ACROSS CHECK VALVE</small> _____ PSID	<input type="checkbox"/> CLOSED TIGHT <small>PRESSURE DROP ACROSS CHECK VALVE</small> _____ PSID	<input type="checkbox"/> OPENED AT _____ PSID
REMARKS	CONDITION OF NO. 2 CONTROL VALVE:		VALVE TYPE: <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> LEAKED
	OTHER NOTES:		
	*NOTE: All repairs must be completed within thirty (30) days of initial test.		

III. APPROVALS

I hereby certify to the accuracy of the test results and the proper functioning of the tested assembly.

SIGNATURE OF TESTER	NAME OF TESTER (print)	TESTER NUMBER
NAME OF TESTER'S COMPANY	PHONE NUMBER	DATE
ACKNOWLEDGED BY OWNER (signature)	NAME OF OWNER (print)	DATE