WATER AND SEWER DEPARTMENT

1900 2nd Avenue North · Lake Worth, Florida 33461 · Phone: 561-586-1719

CERTIFIED BACKFLOW PREVENTION ASSEMBLY FIELD TEST REPORT

Test Date: _____ Time: _____ This operational test: ☐ Passed ☐ Failed

Facility Name: _____ Contact Person _____

Service Address: _____ City: _____ State: _____ Zip: _____

Customer Account #: _____ Water Meter Number: _____ Reading: _____

Certified Backflow Test Company Information:

Name of Backflow Technician: _____ LW Registration # _____

Company: _____

Company Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

PSID Gauge Type: _____ PSID Gauge #: _____

Backflow Information:

Approved Device	Type of Use	Point of Use Protection	Orientation
☐ Yes ☐ No	☐ Potable (Domestic) ☐ Fire Suppression System ☐ Fire Leak Detector Line ☐ Irrigation ☐ Alternate Water/Reclaimed	☐ Containment ☐ Containment by Isolation ☐ Isolation	Inlet / Outlet ☐ Horizontal ☐ ☐ Vertical Up ☐ ☐ Vertical Down ☐

Assembly Type: ☐ Reduced Pressure RP or RPDA ☐ Double Check (DCVA or (DDCV) ☐ Pressure Vacuum Breaker (PVB) ☐ Air Gap (AG)

Make: _____ Model #: _____ Size: _____ Serial #: _____

☐ Existing Device ☐ New Device (Previous Assembly Number _____)

Location Description: _____

Line PSI:	Initial Test Results Tightness	Initial Test Results Differential	Repairs	Re-Test Results Tightness	Re-Test Results Differential
Check Valve #1 (RP, DC, PVB)	☐ Leak ☐ Tight			☐ Leak ☐ Tight	
Check Valve #2 (RP, DC)	☐ Leak ☐ Tight			☐ Leak ☐ Tight	
Relief Valve (RP)					
Buffer (RP)					
Air Inlet (PVB)					

Shutoff Valve #1: ☐ Tight ☐ Leaking ☐ Replaced	Shutoff Valve #2: ☐ Tight ☐ Leaking ☐ Replaced
Backpressure: ☐ Yes ☐ No	Test Procedure: ☐ ABPA: ☐ ASSE:
Comments:	

I certify this test to be a true operational representation of the above assembly at the time and date of this test.

Print Technician's Name: _____ Technician's Signature: _____

* Test Record must be maintained for a period of 10 years DEP-62-550.720(3)

Testing Company: Submit by e-mail (preferred) to cwalker@lakeworth.org or mail test to:
City of Lake Worth Water and Sewer Department, c/o Cross Connection Control Program.
1900 2nd Ave N
Lake Worth, FL 33461
Provide a copy to the owner.

Topics in the Tropics Information Line
561-586-1791

Working Together

City of Lake Worth
Where the Tropics Begin
www.lakeworth.org