



# BACKFLOW PREVENTION ASSEMBLIES TEST & MAINTENANCE REPORT

NAME OF PREMISE: Expressions  
 STREET ADDRESS: 1036 Chelsea Ave Napoleon OH 43545  
 LOCATION OF DEVICE: Mechanical Room - Service to Building

Manufacturer: Wilkins Zurn Model: 975XL Serial No.: 963508 Size: 3/4  
 RP  DC  PVB  AVB  AG

PRESSURE DROP ACROSS FIRST CHECK VALVE 8.8 PSI

	CHECK VALVE #1	CHECK VALVE #2	DIFFERENTIAL PRESSURE RELIEF VALVE	PRESSURE VACUUM BREAKER	
INITIAL TEST	1. LEAKED <input type="checkbox"/> 2. CLOSED TIGHT <input checked="" type="checkbox"/>	1. LEAKED <input type="checkbox"/> 2. CLOSED TIGHT <input checked="" type="checkbox"/>	OPENED AT <u>2.9</u> LBS. DID NOT OPEN <input type="checkbox"/>	AIR INLET OPENED AT _____ PSI DID NOT OPEN <input type="checkbox"/>	
REPAIRS	CLEANED <input type="checkbox"/> REPLACED: RUBBER PARTS KIT <input type="checkbox"/> C.V. ASSEMBLY <input type="checkbox"/> OR DISC <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"/> LOCK NUTS <input type="checkbox"/> OTHER <input type="checkbox"/>	CLEANED <input type="checkbox"/> REPLACED: RUBBER PARTS KIT <input type="checkbox"/> C.V. ASSEMBLY <input type="checkbox"/> OR DISC <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"/> LOCK NUTS <input type="checkbox"/> OTHER <input type="checkbox"/>	CLEANED <input type="checkbox"/> REPLACED: RUBBER PARTS KIT <input type="checkbox"/> R.V. ASSEMBLY <input type="checkbox"/> OR DISC <input type="checkbox"/> DIAPHRAGM <input type="checkbox"/> SEAT <input type="checkbox"/> SPRING <input type="checkbox"/> GUIDE <input type="checkbox"/> O-RINGS <input type="checkbox"/> OTHER <input type="checkbox"/>	CHECK VALVE: _____ PSI LEAKED <input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED: C.V. ASSEMBLY <input type="checkbox"/> DISC. AIR INLET <input type="checkbox"/> DISC. C.V. <input type="checkbox"/> SPRING <input type="checkbox"/> RETAINER <input type="checkbox"/> GUIDE <input type="checkbox"/> O-RINGS <input type="checkbox"/> OTHER <input type="checkbox"/>	
	FINAL TEST	CLOSED TIGHT <input type="checkbox"/>	CLOSED TIGHT <input type="checkbox"/>	OPENED AT _____ LBS. REDUCED PRESSURE	SATISFACTORY <input type="checkbox"/>

NOTE: ALL REPAIRS/REPLACEMENTS SHALL BE COMPLETED WITHIN TEN (10) DAYS

REMARKS: \_\_\_\_\_

I HEREBY CERTIFY THAT THIS DATA IS ACCURATE AND REFLECTS THE PROPER OPERATION AND MAINTENANCE OF THE UNIT

CERTIFIED TESTING COMPANY Shambaugh + Son

INITIAL TEST BY D. Knechtelberg CERTIFIED TESTER NO. 0920485 DATE MONTH 9 DAY 29 YEAR 08  
 REPAIRED BY \_\_\_\_\_ DATE \_\_\_\_\_  
 FINAL TEST BY \_\_\_\_\_ CERTIFIED TESTER NO. \_\_\_\_\_ DATE MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_

Copy 1 Water Purveyor/Regulatory Agency  
 Copy 2 Customer  
 Copy 3 File Copy