City of Post Falls Water Division 2002 W. Seltice Way Post Falls, ID 83854

Office: (208) 777-9857 **Internet:** www.postfallsidaho.org **Email:** waterdivision@postfallsidaho.org.

Customer Name: _____ Date: _____ / _____ 20

Street Address: _____ , ID _____
(assembly premises)

Location of Assembly: _____ Hazard Isolated: _____

Make: _____ Model: _____ Serial Number: _____ Size: _____

RPBA/RPDA DCVA/DCDA HORIZONTAL SET? Yes _____ No _____ Line pressure: _____ PSI

	Check valve #1	Check valve #2	Relief valve	PVB/SVB	Shut off Valves		
						#1	#2
Initial Test	☐ Held at _____ PSI ☐ Closed Tight ☐ Leaked	☐ Held at _____ PSI ☐ Closed Tight ☐ Leaked	☐Opened at _____ PSI ☐ Did not open	☐ Air Inlet Opened at _____ PSI ☐ Opened Fully ☐ Did not open ☐ Check held at _____ PSI ☐ Leaked	Closed tight Leaked	☐ ☐	☐ ☐
REPAIR	☐ CLEANED ☐REPLACED: ☐ Disc ☐ Spring ☐ Guide ☐ Seat ☐ Hinge Pin ☐ Module ☐ _____	☐ CLEANED ☐REPLACED: ☐ Disc ☐ Spring ☐ Guide ☐ Seat ☐ Hinge Pin ☐ Module ☐_____	☐ CLEANED ☐REPLACED: ☐ Disc ☐ Spring ☐ Diaphragm ☐ Seat ☐ O-Ring(s) ☐ Module ☐ _____	☐ CLEANED ☐REPLACED: ☐ Poppet / Float ☐ Air Inlet Spring ☐ Check Disc ☐ Check Spring ☐ O-Ring(s) ☐ Guide ☐ _____	CLEANED REPLACED "OTHER"	☐ ☐ ☐	☐ ☐ ☐
	NOTES: EXISTING ASSEMBLY ☐ **REPLACED ASSEMBLY ☐** **NEW INSTALLATION ☐** _____ _____ _____ **REPLACED ASSEMBLY'S SER. #:**_____						
Final Test	_____PSI ☐ Closed Tight	_____PSI ☐ Closed Tight	☐ Opened at _____PSI	Air Inlet _____ PSI CK Valve _____ PSI	Shut Off Valves Closed Tight	#1 ☐	#2 ☐

Note: Report must be submitted within ten (10) days of test. Any backflow prevention assembly left in a failed (non-passing) condition posing a potential threat to the potable water supply must be reported to the purveyor within 24 hours!

Tester's Name: _____ (print) I. B. O. L. License #: _____ Gauge #:_____

Final Backflow Assembly Test Results: **PASSED ☐ FAILED ☐ WATER SERVICE RESTORED ☐ B.A.T. Tag attached ☐**

"I certify the assembly was tested according to U. S. C. test protocol and the above report is certified to be true."

ACKNOWLEDGED BY: _____ (Tester's Signature)

Employer/company name: _____ Phone #: _____

Employer and/or Tester's email address: _____