

STATE COLLEGE BOROUGH WATER AUTHORITY

BACKFLOW PREVENTION DEVICE INSPECTION & MAINTENANCE REPORT FORM

Account _____
 Owner _____
 Address _____

Test Deadline _____
 Address _____

STATE COLLEGE, PA

Exact Device Location _____

RPZ ___ DCVA ___ PVB ___

Make: CONBRACO Model: 401499 Size: 3/4" Serial No: _____

	Reduced Pressure Backflow Preventer		Relief Valve
	Double Check Valve Assembly		
	Check Valve No 1	Check Valve No 2	
Initial Test	Closed Tight _____ Leaked _____ PSID _____	Closed Tight _____ Leaked _____ PSID _____	Opened at _____ PSID Did not open _____
Repairs			
Test After Repairs	Closed Tight _____ PSID _____	Closed Tight _____ PSID _____	Opened at _____ PSID
Condition of No. 2 Shutoff Valve: Closed Tight _____ Leaked _____			

PASS ___ FAIL ___

Date _____

Examined By _____

Certificate # _____

Certificate Expiration Date _____

Signature _____

Witness _____

REMARKS _____

All backflow reports must be emailed or submitted to our office.
 Email - backflow@schwa.org