

FAWN FRAZER JOINT WATER AUTHORITY

ANNUAL TEST AND MAINTENANCE REPORT FOR

BACKFLOW PREVENTION DEVICES

DUE BY: 11/30/2021

Reduced Pressure Principle Backflow Preventor Containment
 Double Check Valve Assembly Isolation
 Pressure Vacuum Breaker

Company Name: _____ **FFJWA Acct #** _____

(Service) Address of Device _____ City: _____ State: _____ Zip: _____

Exact Location of Device (*ex: room name*) _____

Test Completion Date: _____ **(Pass / Fail)** _____ **Current Meter Reading:** _____

Make of Device: _____ / Model # _____ / Serial # _____

Size of Assembly: _____ / Type of Protection _____ / Type of Service: _____

Assembly orientation: _____ / State of backflow before test (On / Off) / Incoming Line Pressure: _____

Line Pressure _____ psi	Check Valve #1	Shutoff Valve #___	Check Valve #2	Differential Pressure Relief Valve
Initial Test	Leaked () Closed Tight () _____ psid	Leaked () Closed Tight() N/A()	Leaked () Closed Tight () _____psid	() Opened at _____ psi Reduced Pressure
Describe Repair				
Material Used				
FINAL test	Leaked () Closed Tight () _____ psid	Leaked () Closed Tight() N/A()	Leaked () Closed Tight () _____psid	() Opened at _____ psi Reduced Pressure
<i>Comments/Notes:</i>				

CERTIFICATION (tester) I hereby certify the above date to be correct and that the above backflow prevention device is in proper operating condition and meets Federal, State and local codes and regulations as required:

Tester: (signature): _____ **Certification #:** _____

Tester: (print): _____ **Ph:** _____

Email: _____

Please returned completed form to:

FAWN FRAZER JOINT WATER AUTHORITY, 326 Donnellville Road, Natrona Heights, PA 15065

-- or email to: manager@ffjwa.com. To ensure proper credit, please include FFJWA Acct # above.

Thank you in advance!!

- FFJWA