



BACKFLOW PREVENTER FIELD TEST MAINTENANCE REPORT

CUSTOMER: _____ PHONE: _____
 ADDRESS OF PROPERTY: Crawl creek 605-608
 MAILING ADDRESS: _____
 CITY: Big Sky STATE: MT ZIP CODE: 59720
 METER NUMBER: N/A SERVICE NUMBER: N/A
 PURPOSE OF PROTECTION: METER IRRIGATION FIRES OTHER
 ASSEMBLY TYPE: RP DC PVB SPBV
 MAKE: Velco MODEL: 825P SIZE: 1/4
 SERIAL NUMBER: A050860
 LOCATION OF ASSEMBLY: Crawl space in unit 55

CONTAINMENT ISOLATION LINE PRESSURE: _____

RP/DC CHECK VALVE #1	RP/DC CHECK VALVE #2	RP RELIEF VALVE	PRESSURE VACUUM BREAKER
INITIAL TEST LEAKED <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> PSID: <u>6.4</u> <input type="checkbox"/>	INITIAL TEST LEAKED <input type="checkbox"/> CLOSED TIGHT <input checked="" type="checkbox"/> PSID _____ <input type="checkbox"/>	INITIAL TEST OPENED @ <u>2.0</u> PSID <input type="checkbox"/> DID NOT OPEN <input type="checkbox"/>	INITIAL TEST AIR INLET OPENED @ _____ PSID <input type="checkbox"/> DID NOT OPEN <input type="checkbox"/> CHECK VALVE LEAKED <input type="checkbox"/> HELD @ _____ PSID <input type="checkbox"/>
CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> RUBBER KIT <input type="checkbox"/> DISC <input type="checkbox"/> O-RING <input type="checkbox"/> SEAT <input type="checkbox"/> SPRING <input type="checkbox"/> OTHER: _____ <input type="checkbox"/>	CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> RUBBER KIT <input type="checkbox"/> DISC <input type="checkbox"/> O-RING <input type="checkbox"/> SEAT <input type="checkbox"/> SPRING <input type="checkbox"/> OTHER: _____ <input type="checkbox"/>	CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> RUBBER KIT <input type="checkbox"/> DISC <input type="checkbox"/> O-RING <input type="checkbox"/> SEAT <input type="checkbox"/> SPRING <input type="checkbox"/> DIAPHRAGM <input type="checkbox"/> OTHER: _____ <input type="checkbox"/>	CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> RUBBER KIT <input type="checkbox"/> DISC <input type="checkbox"/> O-RING <input type="checkbox"/> SEAT <input type="checkbox"/> SPRING <input type="checkbox"/> OTHER: _____ <input type="checkbox"/>
FINAL TEST LEAKED <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> PSID: <u>6.4</u> <input type="checkbox"/>	FINAL TEST LEAKED <input type="checkbox"/> CLOSED TIGHT <input checked="" type="checkbox"/> PSID _____ <input type="checkbox"/>	FINAL TEST OPENED @ <u>2.0</u> PSID <input type="checkbox"/> DID NOT OPEN <input type="checkbox"/>	FINAL TEST AIR INLET OPENED @ _____ PSID <input type="checkbox"/> DID NOT OPEN <input type="checkbox"/>

PASSED FAILED PROPERLY INSTALLED

COMMENTS: _____

I CERTIFY THE ABOVE INFORMATION IS TRUE AND ACCURATE AT THE TIME OF TESTING.

TESTER NAME: Michael Ditch - 27-377 DATE: 11-1-27

COMPANY NAME: IT&M Division Inc

ADDRESS: PO Box 5868, Helena MT 59604

PHONE NUMBER: (406) 495-1548 FAX NUMBER: (406) 443-3578

SIGNATURE: [Signature]