

BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

Customer must retain a copy of this report for a minimum of three years

Water District/Authority: Telluride Meter/Account No.: _____ Test No.: 129

Service Name: Rio Vistas II HOA

Service Address: 305 Rio Vistas Rd

Contact Person: Bill Glasscock Title: HOA Rep Phone: 708-1211

Owner/Mgmt Co/Contractor: SAME AS ABOVE

Mailing Address: _____

Contact Person: _____ Title: _____ Phone: _____

New Existing

Replacement For: _____

Use: Containment Isolation Domestic Fire Irrigation Process

Assembly Type: Reduced Pressure Double Check Pressure Vacuum Breaker Other: _____

Mfg.: Febco Model No.: 825Y Size: 2" Serial No.: A241168

Date Installed: No Record Last Inspection: 4/15/09 Line Pressure: 60 PSI

Location: Basement mechanical room

	Initial Test Result		Comments	Re-Test Results	
	Tightness	Differential		Tightness	Differential
Check No 1 (RP, DC, PVB)	Leak Tight X	6.5		Leak <input type="checkbox"/> Tight <input type="checkbox"/>	
Check No 2 (RP, DC)	Leak Tight X	2.2		Leak <input type="checkbox"/> Tight <input type="checkbox"/>	
Relief Valve (RP)		3.4			
Buffer (RP)		3.1			
Air Inlet (PVB)					
Shut-off valve No. 1	Leak	Tight X			
Shut-off valve No. 2	Leak	Tight X			

Repairs/Comments: _____

Assembly Mechanical Test: **Passed X** **Failed**

If mechanical test fails, the Water Purveyor/Authority must be notified immediately and repairs made as soon as possible.

Alarm Company/Fire Department notification: NA

Turn Off Date: _____ Time: _____ Turn On Date: _____ Time: _____

Technician certifies this assembly has been tested in accordance with ASSE Procedures: 5010- 1013-1

Tester Name: Jon Valentine Certification No.: 16949 Expires: 03/31/2012

Tester Signature: Jon Valentine Test Date: 4/15/10 Time: 10:15 AM

Tester Phone: 728-4801 Test Gauge: ASRP-4 Gauge Re-Cert Date: 09/30/09

Owner or Agent Signature: **X**

Signature indicates verification by Signer that isolation valves were returned to pre-test orientation.