



CITY OF BRIDGEPORT
Annual Test and Maintenance Report for Backflow Prevention Assemblies

Jared Cummons
 304-842-8208

515 W Main St . Bridgeport, WV

Facility Name: _____ Address: _____
 Contact Person: _____ Phone: _____
 Email For Future Notices: _____

Assembly Information	Containment	Isolation
Make: _____	Meter Pit	Basement
Model: _____	Penthouse	Boiler Room
Size: _____	Mechanical Rm	Protection Provided: _____
Serial Number: _____		Floor # _____
		Room # _____

DOUBLE CHECK ASSEMBLY			REDUCED PRESSURE ASSEMBLY			PRESSURE VACUUM BREAKER		
Initial Test	Outlet	Pass	1st Check	_____psid	Pass	Air Inlet	_____psig	Pass
	Valve	Fail	Valve		Fail	Valve		Fail
Date:	1st Check	_____psid	Pass	Relief Valve	_____psid	Pass	Check	_____psig
	Valve		Fail	Opening Point		Fail	Valve	
	2nd Check	_____psid	Pass	2nd Check		Pass		
	Valve		Fail	Valve		Fail		
				Outlet Valve		Pass		
						Fail		

Repairs & Materials Used			
--------------------------	--	--	--

DOUBLE CHECK ASSEMBLY			REDUCED PRESSURE ASSEMBLY			PRESSURE VACUUM BREAKER		
RETEST	Outlet	Pass	1st Check	_____psid	Pass	Air Inlet	_____psig	Pass
	Valve	Fail	Valve		Fail	Valve		Fail
AFTER REPAIRS	1st Check	_____psid	Pass	Relief Valve	_____psid	Pass	Check	_____psig
	Valve		Fail	Opening Point		Fail	Valve	
DATE:	2nd Check	_____psid	Pass	2nd Check		Pass		
	Valve		Fail	Valve		Fail		
				Outlet Valve		Pass		
						Fail		

TESTER CERTIFICATIONS: *I certify the above data is correct and that the backflow preventer is in proper working condition.*

Tester Name (Printed) _____ Signature _____
 Company Name _____ Phone _____ Date _____
 WV Certification Number _____ City of Bridgeport Business License # _____

NOTE: All businesses doing work in the City of Bridgeport must have a current City of Bridgeport Business License. If you do not have a city license, please contact the Finance Department at 304-842-8230. Test reports submitted without the license number will be rejected.

Comments: _____

FACILITY CERTIFICATION: I hereby certify that the above backflow prevention device has been in constant use at this location during the entire prescribed interval between test periods and during that period this device was not bypassed, made inoperative or removed without proper authorization. I further certify that I have the authority and responsibility to ensure the above.

Owner/Officer (Print) _____ Signature _____
 Title _____ Phone No. _____ Date _____

Completed reports can be emailed to engutilities@bridgeportwv.com or faxed to 304-842-8213