



CITY OF BELLEVIEW

City with Small Town Charm
www.bellevuefl.org

Public Works

5525 SE 119th St.
Bellevue, FL 34420
Office: 352-245-7021
Fax: 352-307-7708

Public Water System (PWS): No. 3420074 Name: City of Bellevue

Customer Name/Address: _____

Service Connection (SC): No.: _____ Address: _____

SC: Category: non-residential residential Subcategory: standard irrigation fire

Location of BPA at/for SC: _____

BPA: Type: DC DCDA PVB RP RPDA Size: _____

BPA: Manufacturer: _____ Model: _____ Serial No. _____

Detector Assembly Water Meter Reading: Before Test: _____ After Test: _____

Reduced-Pressure Principle Assembly				
Double Check Valve Assembly				
	Check Valve #1	Check Valve #2	Relief Valve	PVB
Initial Test Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Closed Tight <input type="checkbox"/> _____ Leaked <input type="checkbox"/>	Closed Tight <input type="checkbox"/> _____ Leaked <input type="checkbox"/>	Opened at _____ PSID Did Not Open <input type="checkbox"/>	Air Inlet: Opened at _____ PSID Did Not Open <input type="checkbox"/> Check Valve: Held at _____ PSID Leaked <input type="checkbox"/>
Repair	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced following:	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced following:	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced following:	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced following:
Final Test Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Closed Tight <input type="checkbox"/> _____ Leaked <input type="checkbox"/>	Closed Tight <input type="checkbox"/> _____ Leaked <input type="checkbox"/>	Opened at _____ PSID Did Not Open <input type="checkbox"/>	Air Inlet: Opened at _____ PSID Check Valve: Held at _____ PSID

Comments:

Initial Test	I certify that I used testing procedures meeting the requirements of the above identified PWS. Tester's Signature: _____ Date: _____ Tester's Printed Name: _____ Tester's Qualification: _____ Tester's Gauge: Manufacturer: _____ Model: _____ Serial No.: _____ Date of Last Verification/Calibration: _____
Repair	Repairer's Signature: _____ Date: _____ Repairer's Printed Name: _____
Final Test	I certify that I used testing procedures meeting the requirements of the above identified PWS. Tester's Signature: _____ Date: _____ Tester's Printed Name: _____ Tester's Qualification: _____ Tester's Gauge: Manufacturer: _____ Model: _____ Serial No.: _____ Date of Last Verification/Calibration: _____

* For any assembly at a dedicated fire service connection, the tester's Fire Protection System Contractor I or II certification number; for any other assembly, the tester's plumbing contractor certification or registration number or the tester's backflow preventer tester certification organization and number.