



CITY OF BELLEVIEW

City with Small Town Charm

www.belleviewfl.org

Public Works

5525 SE 119th St.

Belleview, FL 34420

Office: 352-245-7021

Fax: 352-307-7708

Public Water System (PWS): No. 3420074 Name: City of Belleview
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"/> _____ PSID Leaked <input type="checkbox"/>	Closed Tight <input type="checkbox"/> _____ PSID 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"/> _____ PSID	Closed Tight <input type="checkbox"/> _____ PSID	Opened at _____ PSID	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.