



City of Benson

BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE RECORD

Customer's Name: _____

Service Address: _____ Phone: _____

Report Origin: Annual Test Notice Inspector's Notice Other _____

Service Information

Account Number: _____ Meter Number: _____

Backflow Assembly Information

Existing Assembly: _____ New Replacement Assembly

Manufacturer: _____ Manufacturer: _____

Model Number: _____ Model Number: _____

Serial Number: _____ Serial Number: _____

Size & Type: _____ Size & Type: _____

Permit Number: _____

Backflow Assembly Test Information

<input type="checkbox"/> Air Gap <input type="checkbox"/> Passed <input type="checkbox"/> Failed	Reduced Pressure Assembly Double Check Assembly		Relief Valve	Pressure Vacuum Breaker	
	First Check	Second Check		Air Inlet	Check Valve
Assembly Initial Test	<input type="checkbox"/> DC-Closed Tight RP- _____ PSID <input type="checkbox"/> Leaked	<input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Opened at _____ PSID	Opened at _____ PSID <input type="checkbox"/> Did Not Open	_____ PSID <input type="checkbox"/> Leaked
Describe Repairs and Materials Used					
Assembly Compliance	<input type="checkbox"/> DC-Closed Tight RP- _____ PSID	<input type="checkbox"/> Closed Tight	Opened at _____ PSID	Opened at _____ PSID	_____ PSID

Initial Test Information

Test Meter I.D. Number: _____ Date: _____

Tested By: _____ Certification Number: _____

Repair Information

Repaired By: _____ Date: _____

Compliance Test Information

Test Meter I.D. Number: _____ Date: _____

Tested By: _____ Certification Number: _____

The above information is certified to be true and is in compliance with the City of Benson adopted Code.

COMPLIANCE TESTER'S SIGNATURE: _____

Return no later than three (3) days from compliance test date, mail to: City of Benson, Water Cross Connection Section, P.O. Box 2223, Benson, AZ 85602