



**CITY OF MINDEN
BUILDING AND INSPECTION
318/371-4215
Fax 318/371-4264**

**BACKFLOW PREVENTION ASSEMBLY
CERTIFIED TEST REPORT**

PROPERTY	
PROJECT NAME	
PROPERTY ADDRESS	
MAILING ADDRESS	
CONTACT FIRST NAME	LAST NAME
PHONE NUMBER	EMAIL

ASSEMBLY TYPE

- REDUCED PRESSURE PRINCIPLE (RP)
 REDUCED PRESSURE PRINCIPLE-DETECTOR (RPD)
 PRESSURE VACUUM BREAKER (PBV)
 DOUBLE CHECK VALVE (DCV)
 SPILL RESISTANT PRESSURE VACUUM BREAKER (SVB)

THE BACKUP PREVENTION ASSEMBLY DETAILED HEREON HAS BEEN TESTED AND MAINTAINED AS REQUIRED BY THE CITY OF MINDEN AND THE LSPC, AND IS CERTIFIED TO COMPLY WITH THE REQUIREMENTS.

DATE INSTALLED	MANUFACTURER	MODEL NUMBER	SERIAL NUMBER	SIZE	LOCATED AT

IS THE ASSEMBLY INSTALLED IN ACCORDANCE WITH MANUFACTURER RECOMMENDATION AND/OR CITY'S REQUIREMENTS? YES NO

	REDUCED PRESSURE PRINCIPLE ASSEMBLY			PRESSURE VACUUM BREAKER & SVB	
	DOUBLE CHECK VALVE ASSEMBLY		RELIEF VALVE	AIR INLET	CHECK VALVE
	CHECK VALVE #1	CHECK VALVE #2			
INITIAL TEST	<input type="checkbox"/> D.C. CLOSED TIGHT RP _____ PSI <input type="checkbox"/> LEAKED	<input type="checkbox"/> CLOSED TIGHT _____ PSI <input type="checkbox"/> LEAKED	OPENED AT _____ PSI <input type="checkbox"/> LEAKED	OPENED AT _____ PSI <input type="checkbox"/> LEAKED	HELD AT _____ PSI <input type="checkbox"/> LEAKED
**REPAIRS AND MATERIAL USED					
FINAL TEST	<input type="checkbox"/> D.C. CLOSED TIGHT RP _____ PSI	<input type="checkbox"/> CLOSED TIGHT _____ PSI	OPENED AT _____ PSI	OPENED AT _____ PSI	HELD AT _____ PSI

NOTES

- * TEST REPORTS MUST BE KEPT BY OWNER FOR FIVE YEARS AND MADE AVAILABLE TO CITY OF MINDEN AND LA DHH. TESTING IS REQUIRED UPON INSTALLATION, REPAIR, OR RELOCATION AND ANNUALLY THEREAFTER.
- ** USE ONLY MANUFACTURE REPLACEMENT PARTS.

TESTING CONTRACTOR	
COMPANY NAME	CONTRACTOR REGISTRATION NUMBER.
COMPANY ADDRESS	
PHONE NUMBER	
REMARKS	

TEST GAUGE USED	
MAKE/MODEL	SERIAL NUMBER
CALIBRATION DATE (Tested Annually)	
REMARKS	
ACKNOWLEDGMENT	
THE ABOVE TEST IS CERTIFIED TO BE TRUE AT THE TIME OF TESTING.	
BACKFLOW TEST STATUS	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE OF CERTIFIED TESTER	DATE
PRINT NAME	