After the Initial Test / Certification, all Annual Test Results should be sent to:

City of North Port Utilities
6644 W. Price Blvd.
North Port, Fl. 34291
(941) 240-8000 (941) 240-8022 fax

Backflow Prevention Assembly Test Report

Permit / Work Order No. _____

Mailing Address

Name _____
Address _____
City _____
Phone _____
Fax / email _____

Tester Information

Company _____
Address _____
City _____
Phone _____
Fax / email _____

Service Address

Name _____
Address _____
City _____
Phone _____
Permit Number _____

Serial # _____
Manufacturer _____
Model _____
Type _____
Size _____
Location _____

	REDUCED PRESSURE PRINCIPLE ASSEMBLY			RP ☐ DCDA ☐ DC ☐ RPDA ☐
	Double Check Valve Assembly			
	Check Valve #1	Check Valve #2	Relief Valve	
Initial Test	Leaked ☐ Closed Tight ☐ Held at _____ PISD	Leaked ☐ Closed Tight ☐ Held at _____ PISD	Did Not Open ☐ Opened at _____ PISD	Fire Line Assembly Make _____ Model _____ S/N _____ Size _____
Repairs Details	Cleaned ☐ Replaced ☐	Cleaned ☐ Replaced ☐	Cleaned ☐ Replaced ☐	Fire Line By-Pass Make _____ Model _____ S/N _____ Size _____
Final Test	Closed Tight ☐ Held at _____ PISD	Closed Tight ☐ Held at _____ PISD	Opened at _____ PISD	Irrigation Service Make _____ Model _____ S/N _____ Size _____

Comments:

Meter Reading _____
Meter Number _____

Test Kit Model No. _____
Kit S/N _____
Calibrated Date _____
State License _____

The Above Report is Certified to be True.

	DATE	TIME	STATE CERTIFIED TESTER PRINT	STATE CERTIFIED TESTER SIGNATURE	TESTER #	TEST RESULTS
INITIAL TEST						PASS / FAIL
REPAIRS						PASS / FAIL
FINAL TEST						PASS / FAIL