

**ST. JOHNS COUNTY UTILITY DEPARTMENT
3B - CLOSEOUT - BACKFLOW PREVENTER CERTIFICATION**

NAME OF PROJECT: _____

STREET ADDRESS: _____

LOCATION OF DEVICE: _____

Manufacturer: _____ Model: _____

Serial No.: _____ Size: _____

RP DC PVB AVB AG

Pressure drop across first check valve _____ psi

	CHECK VALVE #1	CHECK VALVE #2	DIFFERENTIAL PRESSURE RELIEF VALVE	PRESSURE VACUUM BREAKER
INITIAL TEST	1. LEAKED <input type="checkbox"/> 2. CLOSED TIGHT <input type="checkbox"/>	1. LEAKED <input type="checkbox"/> 2. CLOSED TIGHT <input type="checkbox"/>	OPENED AT _____ LBS DID NOT OPEN <input type="checkbox"/>	AIR INLET OPENED AT _____ PSI DID NOT OPEN <input type="checkbox"/>
REPAIRS	CLEANED <input type="checkbox"/> REPLACED: RUBBER PARTS KIT <input type="checkbox"/> C.V. ASSEMBLY <input type="checkbox"/> OR DISC <input type="checkbox"/> O-RINGS <input type="checkbox"/> SEAT <input type="checkbox"/> SPRING <input type="checkbox"/> STEM/GUIDE <input type="checkbox"/> RETAINER <input type="checkbox"/> LOCK NUTS <input type="checkbox"/> OTHER <input type="checkbox"/>	CLEANED <input type="checkbox"/> REPLACED: RUBBER PARTS KIT <input type="checkbox"/> C.V. ASSEMBLY <input type="checkbox"/> OR DISC <input type="checkbox"/> O-RINGS <input type="checkbox"/> SEAT <input type="checkbox"/> SPRING <input type="checkbox"/> STEM/GUIDE <input type="checkbox"/> RETAINER <input type="checkbox"/> LOCK NUTS <input type="checkbox"/> OTHER <input type="checkbox"/>	CLEANED <input type="checkbox"/> REPLACED: RUBBER PARTS KIT <input type="checkbox"/> R.V. ASSEMBLY <input type="checkbox"/> OR DISC <input type="checkbox"/> O-RINGS <input type="checkbox"/> SEAT <input type="checkbox"/> SPRING <input type="checkbox"/> GUIDE <input type="checkbox"/> DIAPHRAGM <input type="checkbox"/> OTHER <input type="checkbox"/>	CHECK VALVE: _____ PSI LEAKED <input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED C.V. ASSEMBLY <input type="checkbox"/> DISC AIR INLET <input type="checkbox"/> DISC C.V. <input type="checkbox"/> SPRING <input type="checkbox"/> RETAINER <input type="checkbox"/> GUIDE <input type="checkbox"/> O-RING <input type="checkbox"/> OTHER <input type="checkbox"/>
	FINAL TEST	CLOSED TIGHT <input type="checkbox"/>	CLOSED TIGHT <input type="checkbox"/>	OPEN AT _____ LBS REDUCED PRESSURE

NOTE: All repairs/replacements shall be completed within ten (10) business days.

NOTES: _____

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I hereby certify that this data is accurate and reflects the proper operation and maintenance of the unit.

Certified Testing Company _____

Initial test by: _____ Certified tester #: _____

Date: _____

Repaired by: _____ Date: _____

Final test by: _____ Certified tester #: _____

Date: _____

Email this completed form to Construction Technician ConstructTech@sjcfl.us. Call 904-209-2618 with questions.