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 □ 2. CLOSED TIGHT □	1. LEAKED □ 2. CLOSED TIGHT □	OPENED AT _____ LBS DID NOT OPEN □	AIR INLET OPENED AT _____ PSI DID NOT OPEN □
REPAIRS	CLEANED □ REPLACED: RUBBER PARTS KIT □ C.V. ASSEMBLY □ OR DISC □ O-RINGS □ SEAT □ SPRING □ STEM/GUIDE □ RETAINER □ LOCK NUTS □ OTHER □	CLEANED □ REPLACED: RUBBER PARTS KIT □ C.V. ASSEMBLY □ OR DISC □ O-RINGS □ SEAT □ SPRING □ STEM/GUIDE □ RETAINER □ LOCK NUTS □ OTHER □	CLEANED □ REPLACED: RUBBER PARTS KIT □ R.V. ASSEMBLY □ OR DISC □ O-RINGS □ SEAT □ SPRING □ GUIDE □ DIAPHRAGM □ OTHER □	CHECK VALVE: ____ PSI LEAKED □ CLEANED □ REPLACED C.V. ASSEMBLY □ DISC AIR INLET □ DISC C.V. □ SPRING □ RETAINER □ GUIDE □ O-RING □ OTHER □
FINAL TEST	CLOSED TIGHT □	CLOSED TIGHT □	OPEN AT _____ LBS REDUCED PRESSURE	SATISFACTORY □

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

NOTES: _____

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.