

# LAFAYETTE UTILITIES SYSTEM

## BACKFLOW PREVENTION ASSEMBLY TEST-MAINTENANCE-INSPECTION REPORT

White Copy for LUS Email or Mail original test form to:  
 Yellow Copy for Customer  
 Pink Copy for Tester

**PWSID LA1055017**

**Janalice Duplechien DEPT 7045**  
**LAFAYETTE UTILITIES SYSTEM**  
 1636 Walker Rd  
 Scott, LA 70583-5340  
 Email: backflowtest@lus.org  
 337-291-5756

**Account #** \_\_\_\_\_ **Water or Sprinkler Mtr#** \_\_\_\_\_ **or Fire Line #** \_\_\_\_\_  
**Owner:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**BFP Street Address:** \_\_\_\_\_ **Bldg/Ste #** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**BFP ASSEMBLY INFORMATION** Residential  Commercial

**LOCATION OF BFP at Premise** (From on street facing property):

<input type="checkbox"/> PVB <input type="checkbox"/> SVB <input type="checkbox"/> DCVA <input type="checkbox"/> DCDA <input type="checkbox"/> TYPE II <input type="checkbox"/> RP <input type="checkbox"/> RPDA <input type="checkbox"/> AIR GAP <input type="checkbox"/> HBVB <b>New Install?</b> Y or N <b>Change Out?</b> Y or N (If Change Out) <b>Old S/N:</b> _____ <b>Permit #</b> _____ <b>Permit Date:</b> _____ <b>Serial #</b> _____ <b>Model #</b> _____ <b>Mfr:</b> _____ <b>Size:</b> _____ <b>Haz Type:</b> <input type="checkbox"/> Irrig <input type="checkbox"/> Fire <input type="checkbox"/> FireBypass <input type="checkbox"/> Domestic <input type="checkbox"/> Isolation <input type="checkbox"/> Aux Water supply <input type="checkbox"/> Pool <input type="checkbox"/> Pool w/o autofill	<b>Fire Detector Assembly Bypass Info</b> UNPROTECTED BYPASS? Y or N <b>Bypass Meter #</b> _____ Reading Before Test: _____ 0 Reading After Test: _____ 0
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↓ INITIAL TESTING	↓ TEST AFTER REPAIR /CHG OUT	REPAIRS or CLEANING	
<b>DATE:</b> _____ <b>TIME:</b> _____ BFP installed at correct height? Y or N	<b>DATE:</b> _____ <b>TIME:</b> _____ BFP installed at correct height? Y or N	Any Repairs Done? Yes or No Before Testing? Yes or No Cleaned Only? Yes or No Repaired by: _____ WSPS# _____ What parts cleaned/replaced? _____	
<p style="text-align: center;"><b>RP / RPDA</b></p> Supply Pressure _____ PSI <b>CV #1</b> Closed Tight ___ Leaked ___ <b>RV</b> Opened at _____ PSID or Didn't Open ___ Bottom of RV is 12" above ground Y or N <b>CV #2</b> Closed Tight ___ Leaked ___ <b>CV #1</b> Held at _____ PSID <b>SOV</b> Closed Tight ___ Leaked ___ <b>CV #2</b> Held at _____ PSID (BFP still passes by USC if falls below 1.0)	<p style="text-align: center;"><b>RP / RPDA</b></p> Supply Pressure _____ PSI <b>CV #1</b> Closed Tight ___ Leaked ___ <b>RV</b> Opened at _____ PSID or Didn't Open ___ Bottom of RV is 12" above ground Y or N <b>CV #2</b> Closed Tight ___ Leaked ___ <b>CV #1</b> Held at _____ PSID <b>SOV</b> Closed Tight ___ Leaked ___ <b>CV #2</b> Held at _____ PSID (BFP still passes by USC if falls below 1.0)	<p style="text-align: center;"><b>AIR GAP INSPECTION INFO</b></p> Supply Pipe diameter size _____" Air Gap separation distance vertically _____" <p style="text-align: center;"><b>TEST GAUGE INFO</b></p> Manufacturer: _____ Model # _____ Serial # _____ Calibration Date: _____	<p style="text-align: center;"><b>HOSE BIBB VACUUM BREAKER</b></p> No. of outside spigots _____ Do all have an HBVB installed? Y or N
<p style="text-align: center;"><b>DCVA / DCDA</b></p> Supply Pressure _____ PSI <b>CV #1</b> Closed Tight ___ Leaked ___ <b>CV #1</b> Held at _____ PSID <b>CV #2</b> Closed Tight ___ Leaked ___ <b>CV #2</b> Held at _____ PSID	<p style="text-align: center;"><b>DCVA / DCDA</b></p> Supply Pressure _____ PSI <b>CV #1</b> Closed Tight ___ Leaked ___ <b>CV #1</b> Held at _____ PSID <b>CV #2</b> Closed Tight ___ Leaked ___ <b>CV #2</b> Held at _____ PSID	<p style="text-align: center;"><b>TESTING or INSPECTION RESULTS</b></p> <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED Does BFP meet CODE? Y or N	
<p style="text-align: center;"><b>COMMENTS</b></p>			
<p style="text-align: center;"><b>TESTER &amp; COMPANY INFO</b></p> TESTER NAME (print): _____ WSPS# _____ TESTER (signature): _____ COMPANY NAME: _____ COMPANY ADDRESS: _____ CITY/ STATE/ ZIP: _____ COMPANY EMAIL: _____ PHONE: _____			
<p style="text-align: center;"><b>Single Check or Type II</b></p> Supply Pressure _____ PSI <b>CV</b> Held at _____ PSID <b>CV</b> Leaked? ___	<p style="text-align: center;"><b>Single Check or Type II</b></p> Supply Pressure _____ PSI <b>CV</b> Held at _____ PSID <b>CV</b> Leaked? ___		

\*\*\*This is a public Health Document. The above is certified to be true at the time of testing. TEST RECORDS MUST BE KEPT ON FILE FOR AT LEAST (5) YEARS\*\*\*