



# EASTON SUBURBAN WATER AUTHORITY

## Double Check Valve Backflow Preventer Assembly ASSE Standard 1015 Field Test Report



Owner of Property \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Manufacturer of Device \_\_\_\_\_ Model Number \_\_\_\_\_

Serial Number \_\_\_\_\_ Size of Device \_\_\_\_\_

Location of Assembly and Equipment or System Application \_\_\_\_\_

### Test Equipment

Manufacturer \_\_\_\_\_ Model Number \_\_\_\_\_

Serial Number \_\_\_\_\_ Calibration Date \_\_\_\_\_

Test Date \_\_\_\_\_ Test Time \_\_\_\_\_ Static Line Pressure \_\_\_\_\_

	Check Valve #1	Check Valve #2	Shut-off #2
<b>INITIAL TEST</b>	Leaking ( ) Closed Tight ( ) Pressure Drop Across Check Valve #1 _____ psid	Leaking ( ) Closed Tight ( ) Pressure Drop Across Check Valve #2 _____ psid	Leaking ( ) Closed Tight ( )
<b>Describe Parts and Repairs When Needed</b>			
<b>FINAL TEST</b>	Leaking ( ) Closed Tight ( )	Leaking ( ) Closed Tight ( )	Leaking ( ) Closed Tight ( )

Certified Tester (print) \_\_\_\_\_

License # \_\_\_\_\_ Certification # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### ASSEMBLY FINAL TEST PERFORMANCE

PASS

FAIL

Comments or Recommendations (attach additional sheet to report if needed):

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