

## DOYLESTOWN TOWNSHIP MUNICIPAL AUTHORITY

### Double Check Backflow Prevention Assembly (DC)

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

Address \_\_\_\_\_

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

Occupant of Property (if different from owner) \_\_\_\_\_

Occupant Address \_\_\_\_\_

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

Manufacturer of Device: \_\_\_\_\_ Model #: \_\_\_\_\_

Size of Device: \_\_\_\_\_ Serial #: \_\_\_\_\_

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

Test Equipment:

Manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_ Serial #: \_\_\_\_\_

Calibration Date: \_\_\_\_\_

Date test was performed: \_\_\_\_\_ Time test was performed: \_\_\_\_\_ Static Line Pressure: \_\_\_\_\_

	Check Valve #1	Check Valve #2	Shutoff valve #2
Initial Test	Leaking ( ) psid ____ Closed Tight ( )	Leaking ( ) psid ____ Closed Tight ( )	Leaking ( ) Closed Tight ( )
Describe parts and repairs when needed			
Final Test	Leaking ( ) psid ____ Closed Tight ( )	Leaking ( ) psid ____ Closed Tight ( )	Leaking ( ) Closed Tight ( )

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

Address \_\_\_\_\_

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

Phone #: \_\_\_\_\_

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

**Assembly Final Test Performance**

Pass

Fail

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

Comments or Recommendations (continue to other side, if needed): \_\_\_\_\_