

**LEWES BOARD OF PUBLIC WORKS  
BACK FLOW PREVENTION FORM**

Location of Property: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Annual Test ( ) DC ( ) RPP ( )

\_\_\_\_\_  
Size                      Manufacturer                      Model No.                      Serial #

New Installation ( ) Replacement ( ) DC ( ) RPP ( )

\_\_\_\_\_  
Size                      Manufacturer                      Model No.                      Serial #

Domestic Containment ( ) Irrigation ( ) Fire Service ( ) Boiler ( ) Swimming Pool ( )

Cooling Tower ( ) Water Cooled Ice Maker ( ) Other ( ) (Desc): \_\_\_\_\_

Device Location: \_\_\_\_\_

Check Valve #1	Check Valve #2	Pressure Relief Valve	PVB/SVB
Initial Test			
Held At                      PSID	Held At                      PSID	Held At                      PSID	Air Inlet
Leaked { }Yes { }NO	Closed Tight { }Yes { }No	Did Not Open	Opened At                      PSID
Cleaned	Leaked { }Yes { }No	Cleaned	Did Not Open
Replaced	Cleaned	Replaced	Check Valve
	#2 Shut Off Closed Tight		Held At
	{ }Yes { }No		Leaked
			Cleaned
			Replaced

Final Test			
	Closed Tight { }Yes { }No		Check Valve                      PSID
	PSID	Replaced                      PSID	Air Inlet                      PSID

\_\_\_\_\_  
State Certified Technician (Please Print)

\_\_\_\_\_  
Company

\_\_\_\_\_  
Cell/Phone No.

\_\_\_\_\_  
State Certified Technician (Signature)

\_\_\_\_\_  
Date Of Test

Test Gauge Manufacturer \_\_\_\_\_ Test Gauge Serial No. \_\_\_\_\_ Date of Calibration \_\_\_\_\_

Comments: \_\_\_\_\_

Plumbing Company: \_\_\_\_\_

\_\_\_\_\_  
Date

I certify that we have received this form at time of purchase

White – State Certified Technician

Yellow – Lewes BPW

Pink – Purchaser