



CHICAGO WATER DEPARTMENT BACKFLOW PREVENTER TEST REPORT

PLUMBING INSPECTION DEPARTMENT

PHONE

FAX

PERMIT # _____

ORIGINAL TEST

TIME ____ AM. PM. ____ DATE ____ DISTRICT ____

RETEST PASS FAIL

TEST KIT _____ CALIBRATION DATE _____

ADDRESS _____ OWNER _____

CONTACT _____ PHONE _____ FAX _____

CONTRACTOR _____ PHONE _____

DEVICE = RP DC DCDA PVB SUPPLY PRESSURE _____ PSIG

MFR _____ SIZE _____ MODEL# _____ SERIAL# _____

ON LINE TO _____

EXACT LOCATION _____

CHECK VALVE #1

CHECK VALVE #2

RELIEF VALVE

INITIAL TEST CLOSED TIGHT
LEAKED
_____ PSID
COMMENTS

CLOSED TIGHT
LEAKED
_____ PSID
COMMENTS

OPENED @ _____ PSID / RP ZONE
 DID NOT OPEN
COMMENTS

FINAL TEST CLOSED TIGHT

CLOSED TIGHT

OPENED @ _____ PSID

CONTROL VALVE #1

CONTROL VALVE #2

TEST COCKS

TYPE _____
RW
CLOSED TIGHT
LEAKED
COMMENTS

TYPE _____
RW
CLOSED TIGHT
LEAKED
COMMENTS

COMPLETE
 MISSING # _____
 DAMAGED
 COMMENTS

COMMENTS _____

CCCDI# XC _____ PLUMBING LICENSE# _____

CCCDI NAME (PRINT) _____ SIGNATURE _____