

Appendix C

Approved Assembly

Testing Methods

Reference:

Field Test Procedures for Backflow Prevention Assemblies
Backflow Prevention Assembly Tester Certification Program

As adopted by:

American Backflow Prevention Association

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State of Utah DEQ/DDW
Backflow Tester Certification Program
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Appendix D

List of Acceptable Testing Equipment

Gages and Manufacturers

Manufacturer

Apollo Valves/Conbraco Industries, Inc.
P.O. Box 247
Matthews, NC 28106
(704) 841-6000
FAX (843) 672-1648

Astra
PO Box 888
3525 Old Conejo Road, Suite 104
Newbury Park, CA 91320
(800) 776-1464
FAX (805) 499-9084

Cameron
(Formerly Prime Measurement, ITT Barton)
Measurement Systems Division
Industrial Products
4040 Capitol Avenue
City of Industry, CA 90601
(562) 222-8440
FAX (562) 222-8446

Danfoss Flomatic Corporation
15 Pruyn's Island Drive
Glen Falls, NY 12801-4421
(518) 761-9797
FAX (518) 761-9798

Duke
PO Box 16007
Irvine, CA 92713
(714) 581-7200
FAX (714) 552-9368

FEBCO
3816 S. Willow Ave
Fresno, CA 93725
Phone: (559) 441-5300
Fax: (559) 441-5301

Meriam Instrument
10920 Madison Avenue
Cleveland, OH 44102
(216) 281-1100
FAX (216) 281-0228

Differential Gage

Model 40-200-TKU, 40-200-TK5U

ProMaster-Model ASRP-4

Barton- Model 226, 227, 246, 247, 226C, 227C, 246C, 247C

Model TK1

Model 75, 75B, 100, 1000, EZ900

Model TK845-5

Model 1124

Gages and Manufacturers

Manufacturer

Differential Gage

Mid-West Instrument
6500 Dobry Drive
Sterling Heights, MI 48314
(810) 254-6500
FAX (810) 254-6509

Model 830, 835, 845-2, 845-3, 845-5

Watts Regulator Company
815 Chestnut Street
North Andover, MA 01845
(508) 688-1811
FAX (508) 794-1848

Model TKDR, TKDP, TK99D

Wilkins Regulator Company
1747 Commerce Way
Paso Robles, CA 93446
(805) 238-7100
FAX (805) 237-3969
September, 2007

Model TG-3, TG-5

Appendix E

Assembly Test Report Form

Backflow Assembly Test Report

Water System

File No.:

Name: _____

Location of Assembly: _____

Owner of Assembly: _____

Address: _____

City: _____

State: _____

Zip: _____

Size of Assembly: _____

Model No.: _____

Serial No.: _____

Name of Assembly Manufacturer: _____

		Check Valve #1	Check Valve #2	Differential Pressure Relief Valve	Pressure Vacuum Breaker
I N T I A L	RP	PSI Across _____	PSI Across _____	Opened at ____# Opened Under 2# or did not open <input type="checkbox"/>	AIR INLET: Opened at ____ # Opened Under 1# or did not open <input type="checkbox"/>
	DC	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>		CHECK VALVE: Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>
R E P A I R S		Cleaned <input type="checkbox"/> Replaced:	Cleaned <input type="checkbox"/> Replaced:	Cleaned <input type="checkbox"/> Replaced:	Cleaned <input type="checkbox"/> Replaced:
		Disc <input type="checkbox"/>	Disc <input type="checkbox"/>	Disc <input type="checkbox"/>	Air Inlet Disc <input type="checkbox"/>
		Spring <input type="checkbox"/>	Spring <input type="checkbox"/>	Spring <input type="checkbox"/>	Air Inlet Spring <input type="checkbox"/>
		Guide <input type="checkbox"/>	Guide <input type="checkbox"/>	Diaphragm <input type="checkbox"/>	Check Disc <input type="checkbox"/>
		Pin Feather <input type="checkbox"/>	Pin Feather <input type="checkbox"/>	Seat(s) <input type="checkbox"/>	Check Spring <input type="checkbox"/>
		Hingepin <input type="checkbox"/>	Hingepin <input type="checkbox"/>	O-ring(s) <input type="checkbox"/>	Other (describe) <input type="checkbox"/>
		Seat <input type="checkbox"/>	Seat <input type="checkbox"/>	Module <input type="checkbox"/>	
		Diaphragm <input type="checkbox"/>	Diaphragm <input type="checkbox"/>	Other (describe) <input type="checkbox"/>	
		Other (describe) <input type="checkbox"/>	Other (describe) <input type="checkbox"/>		
FINAL TEST	PSI Across _____ Closed Tight <input type="checkbox"/>	PSI Across _____ Closed Tight <input type="checkbox"/>	Opened at ____ # Reduced Pressure	Satisfactory <input type="checkbox"/>	

Initial Test By: _____ Certification No.: _____ Date: _____

Repaired By: _____ Date: _____

Final Test By: _____ Certification No.: _____ Date: _____

This assembly's INITIAL TEST performance was: Satisfactory Unsatisfactory

This assembly's FINAL TEST performance was: Satisfactory Unsatisfactory

I certify the above test has been performed and I am aware of the final performance.

BY: _____ Assembly Owner Representative

Distribution: White - Assembly Owner

Pink – Tester

Canary – Water Utility