



**LEE COUNTY UTILITIES
CROSS CONNECTION CONTROL PROGRAM
BACKFLOW PREVENTION DEVICE FIELD TEST & MAINTENANCE REPORT**

PLEASE CHECK ONE:
 New Installation
 Existing Unit
 Replacement Unit

CUSTOMER _____ ADDRESS _____ METER # _____
 LOCATION _____ SIZE _____ ASSEMBLY TYPE _____ MODEL # _____ SERIAL # _____
 DATE INSTALLED _____ INSTALLED BY _____ CHECK ONE: FIRELINE SERVICE POTABLE SERVICE IRRIGATION SERVICE
 TEST GAUGE MANUFACTURER _____

	REDUCED PRESSURE				PRESSURE VACUUM BREAKER			DETECTOR LOOP DEVICE		
	DOUBLE CHECK		RELIEF VALVE		AIR INLET	CHECK VALVE		#1 CHECK VALVE	#2 CHECK VALVE	#3 CHECK VALVE
INITIAL TEST	PSID _____ PASSED _____ LEAKED _____	PSID _____ PASSED _____ LEAKED _____	OPENED @ _____ PSID _____ DIDN'T OPEN _____		OPENED @ _____ PSID _____ DIDN'T OPEN _____	OPENED @ _____ PSID _____ DIDN'T OPEN _____		PSID _____ PASSED _____ LEAKED _____	PSID _____ PASSED _____ LEAKED _____	OPENED @ _____ PSID _____ DIDN'T OPEN _____
PARTS & REPAIRS										
FINAL TEST	PSID _____ PASSED _____ LEAKED _____	PSID _____ PASSED _____ LEAKED _____	OPENED @ _____ PSID _____ DIDN'T OPEN _____		OPENED @ _____ PSID _____ DIDN'T OPEN _____	OPENED @ _____ PSID _____ DIDN'T OPEN _____		PSID _____ PASSED _____ LEAKED _____	PSID _____ PASSED _____ LEAKED _____	OPENED @ _____ PSID _____ DIDN'T OPEN _____

NOTE: ALL REPAIRS SHALL BE COMPLETED WITHIN 10 BUSINESS DAYS.

-PLEASE PRINT-

COMMENTS _____

TESTER SIGNATURE _____ CUSTOMER SIGNATURE _____ *TEST TIME _____

TESTER _____ CERT.# _____ COMPANY _____ TEST DATE _____

I HEREBY CERTIFY THAT THIS DATA IS ACCURATE AND REFLECTS THE ACTUAL OPERATION AND MAINTENANCE OF THE ABOVE ASSEMBLY.

WHITE COPY, MAIL TO: LEE COUNTY UTILITIES
 CROSS CONNECTION CONTROL PROGRAM
 7401 COLLEGE PKWY.
 FT. MYERS, FL 33907

YELLOW COPY: CUSTOMER

PINK COPY: TESTER

NOTE: ONE TEST FORM PER DEVICE ONLY.

CHECK ONE: PASSED FAILED