



Charter Township of Chesterfield

Department of Public Works

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Phone 586-949-0400 ext.3 Fax 586-949-3872

Double Check Backflow
Prevention Assembly
(DC) ASSE Standard
#1015 Field Test Report

Owner of Property _____

Address _____

City _____ State _____ Zip Code _____

Occupant of Property (if different from owner) _____

Occupant Address _____

City _____ State _____ Zip Code _____

Manufacturer of Assembly: _____ Model #: _____

Size of Assembly: _____ 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) _____

Company Name _____

Company Address _____

City _____ State _____ Zip _____

Phone #: _____

License #: _____ Certification #: _____

Assembly Final Performance

Pass

Fail

Signature _____ Date: _____

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