



BACKFLOW ASSEMBLY TEST REPORT

ASSEMBLY INFORMATION		
TYPE: _____	SIZE: _____	MFG: _____
MODEL: _____	SERIAL NO.: _____	
<input type="checkbox"/> EXISTING \$ REFERENCE NO.: _____		
<input type="checkbox"/> REPLACEMENT \$ OLD ASSEMBLY SERIAL NO.: _____		
<input type="checkbox"/> NEW \$ PLUMBING PERMIT NO.: _____		
TYPE OF SERVICE: DOMESTIC <input type="checkbox"/> IRRIGATION <input type="checkbox"/> FIRE <input type="checkbox"/>		

IF APPLICABLE, WATER METER NO.: _____

FACILITY	BUSINESS NAME: _____ SITE PHONE: _____
	SITE ADDRESS: _____ CITY: _____
OWNER / MANAGEMENT	ASSEMBLY LOCATION: _____ <i>(Please use dimensions and references – Lot Lines, Property Lines, Curb, and/or other permanent features/landmarks)</i>
	INTERNAL <input type="checkbox"/> : _____ <i>(Please provide location description such as name of room and/or room / unit / suite number)</i>
	HOME OR PERSONAL INFORMATION IS NOT GIVEN ON PUBLIC RECORD SEARCHES. ARE THE ADDRESS AND THE PHONE NUMBER BELOW FOR YOUR HOME OR BUSINESS? HOME: <input type="checkbox"/> BUSINESS: <input type="checkbox"/> MAILING ADDRESS CORRECTION REQUESTED <input type="checkbox"/>
	OWNER / CONTACT NAME (ATTN): _____ PHONE: _____
	MANAGEMENT NAME (C/O): _____ CELL PHONE: _____
	MAILING ADDRESS: _____ FAX NUMBER: _____
	CITY, STATE, & ZIP: _____ OTHER: _____

	TEST RESULTS INFORMATION				
	DOUBLE CHECK VALVE ASSEMBLY		REDUCED PRESSURE PRINCIPLE ASSEMBLY		PRESSURE VACUUM BREAKER
	CHECK VALVE NO. 1	CHECK VALVE NO. 2	DIFFERENTIAL RELIEF VALVE	AIR INLET VALVE	CHECK VALVE
INITIAL TEST	HELD AT: _____ PSID LEAKED <input type="checkbox"/>	HELD AT: _____ PSID CLOSED TIGHT (RP) <input type="checkbox"/> LEAKED <input type="checkbox"/>	OPENED AT: _____ PSID OPENED UNDER 2.0 PSID OR DID NOT OPEN <input type="checkbox"/>	OPENED AT: _____ PSID OPENED UNDER 1.0 PSID OR DID NOT OPEN <input type="checkbox"/>	HELD AT: _____ PSID LEAKED <input type="checkbox"/>
REPAIR	1) CLEANED <input type="checkbox"/> REPLACED: 2) DISC <input type="checkbox"/> 3) SPRING <input type="checkbox"/> 4) GUIDE <input type="checkbox"/> 5) SEAT <input type="checkbox"/> 6) MODULE <input type="checkbox"/> 7) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> REPLACED: 2) DISC <input type="checkbox"/> 3) SPRING <input type="checkbox"/> 4) GUIDE <input type="checkbox"/> 5) SEAT <input type="checkbox"/> 6) MODULE <input type="checkbox"/> 7) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> 2) EXERCISED <input type="checkbox"/> REPLACED: 3) DISC(S) <input type="checkbox"/> 4) SPRING <input type="checkbox"/> 5) DIAPHRAGM(S) <input type="checkbox"/> 6) SEAT(S) <input type="checkbox"/> 7) O-RING(S) <input type="checkbox"/> 8) MODULE <input type="checkbox"/> 9) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> REPLACED: 2) DISC <input type="checkbox"/> 3) DIAPHRAGM <input type="checkbox"/> 4) FLOAT <input type="checkbox"/> 5) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> REPLACED: 2) DISC <input type="checkbox"/> 3) MODULE <input type="checkbox"/> 4) OTHER <input type="checkbox"/>
TEST AFTER REPAIR	HELD AT: _____ PSID	HELD AT: _____ PSID CLOSED TIGHT (RP) <input type="checkbox"/>	OPENED AT: _____ PSID	OPENED AT: _____ PSID	HELD AT: _____ PSID

INITIAL TEST	TEST AFTER REPAIR
START TIME: _____	START TIME: _____
END TIME: _____	END TIME: _____
DATE: _____	DATE: _____

COMMENTS:

ASSEMBLY: PASSED FAILED

PLEASE MAIL ORIGINAL TO THE DISTRICT OFFICE

3707 Old Highway 395, Fallbrook, CA 92028

FREEZE BAG? FREEZE CAGE?

THOMAS GUIDE MAP, PAGE – GRID: _____

TESTER NUMBER: _____

PLEASE PRINT YOUR NAME: _____

SIGNATURE: _____