

BACKFLOW ASSEMBLY TEST REPORT

WATER PURVEYOR: _____

IF APPLICABLE, WATER METER NO.: _____

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"/>		

FACILITY	BUSINESS NAME: _____ SITE PHONE: _____
	SITE ADDRESS: _____ CITY: _____ ZIP: _____ 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>
OWNER / MANAGEMENT	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			PRESSURE VACUUM BREAKER	
	REDUCED PRESSURE PRINCIPLE ASSEMBLY			AIR INLET VALVE	CHECK VALVE
	CHECK VALVE NO. 1	CHECK VALVE NO. 2	DIFFERENTIAL RELIEF 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 TAG NO.: _____

If FAILED, please mail the test report to the County and notify the appropriate water purveyor within 24 hours!

PLEASE MAIL ORIGINAL TO THE COUNTY OFFICE

SAC. COUNTY TESTER NUMBER: _____

FREEZE BAG? FREEZE CAGE?

PLEASE PRINT YOUR NAME: _____

THOMAS GUIDE MAP, PAGE – GRID: _____

SIGNATURE: _____