

# 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"/>

WATER PURVEYOR: \_\_\_\_\_  
 IF APPLICABLE, WATER METER NO.: \_\_\_\_\_

FACILITY	BUSINESS NAME: _____	SITE PHONE: _____
	SITE ADDRESS: _____	CITY: _____ ZIP: _____
	ASSEMBLY LOCATION: _____ (Please use dimensions and references – Lot Lines, Property Lines, Curb, and/or other permanent features/landmarks)	
	INTERNAL <input type="checkbox"/> _____ (Please provide location description such as name of room and/or room / unit / suite number)	
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: _____

	DOUBLE CHECK VALVE ASSEMBLY			TEST RESULTS INFORMATION	
	REDUCED PRESSURE PRINCIPLE ASSEMBLY			PRESSURE VACUUM BREAKER	
	CHECK VALVE NO. 1	CHECK VALVE NO. 2	DIFFERENTIAL RELIEF VALVE	AIR INLET VALVE	CHECK VALVE
<b>INITIAL TEST</b>	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"/>
<b>REPAIR</b>	1) CLEANED <input type="checkbox"/> REPLACED: <input type="checkbox"/> 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: <input type="checkbox"/> 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: <input type="checkbox"/> 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: <input type="checkbox"/> 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: <input type="checkbox"/> 2) DISC <input type="checkbox"/> 3) MODULE <input type="checkbox"/> 4) OTHER <input type="checkbox"/>
<b>TEST AFTER REPAIR</b>	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	COMMENTS:
START TIME: _____	START TIME: _____	
END TIME: _____	END TIME: _____	
DATE: _____	DATE: _____	

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: \_\_\_\_\_