

ELK GROVE WATER DISTRICT BACKFLOW PREVENTION ASSEMBLY TEST REPORT

NAME OF FACILITY: _____

SERVICE ADDRESS: _____

OWNER /CONTACT NAME: _____ PHONE: () _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

LOCATION OF ASSEMBLY: _____

EXISTING NEW INSTALL REPLACEMENT NEW SER. # _____ Tag # _____

MFG: MODEL: TYPE: SERIAL NO.: SIZE:

INITIAL TEST	<u>DC / RP</u> <u>CHECK VALVE NO.1</u>	<u>DC / RP</u> <u>CHECK VALVE NO.2</u>	<u>RELIEF VALVE</u>	<u>PVB/SVB</u> <u>AIR INLET</u>
PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	LEAKED <input type="checkbox"/> _____ PSID	CLOSED TIGHT <input type="checkbox"/> LEAKED <input type="checkbox"/> _____ PSID	OPENED AT _____ PSID DID NOT OPEN <input type="checkbox"/>	OPENED AT _____ PSID DID NOT OPEN <input type="checkbox"/>
NEW PARTS AND REPAIRS	CLEAN REPLACE PART <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	CLEAN REPLACE PART <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	CLEAN REPLACE PART <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	CHECK VALVE HELD AT _____ PSID LEAKED <input type="checkbox"/> CLEANED <input type="checkbox"/> REPAIRED <input type="checkbox"/>
TEST AFTER REPAIRS PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	LEAKED <input type="checkbox"/> _____ PSID	CLOSED TIGHT <input type="checkbox"/> LEAKED <input type="checkbox"/> _____ PSID	OPENED AT _____ PSID DID NOT OPEN <input type="checkbox"/>	AIR INLET _____ PSID CHK VALVE _____ PSID

Detector Meter Number: _____ Detector Meter Reading: _____

REMARKS: _____

TESTER SIGNATURE: _____ CERT. NO.: _____ DATE: _____

TESTER NAME PRINTED: _____ TESTER PHONE #: () _____

TESTER COMPANY: _____ TESTER E-MAIL: _____

FINAL TEST BY: _____ CERT. NO. : _____ DATE: _____

GAUGE CALIBRATION DATE: ____ / ____ / ____ GAUGE SER. #: _____ MODEL #: _____

*Please fill out form completely. Incomplete forms will not be accepted.
 Please E-mail completed test form to crossconnection@egwd.org*

I certify that this report is accurate, and I have used USC Manual of CCC Tenth Edition approved test methods and test equipment.