**SAN JACINTO SPECIAL UTILITY DISTRICT**

**BACKFLOW ASSEMBLY TEST FORM**

The following form must be completed for each assembly tested. A signed and dated original must be submitted to the public water supplier for recordkeeping purposes:

**BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT**

NAME OF PWS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
PWS I.D.: #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
WATER SUPPLY CONTACT PERSON:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
LOCATION OF SERVICE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ON SITE CONTACT PERSON\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INTERNAL PROTECTION\_\_\_\_\_\_\_\_\_\_ PREMISES ISOLATION (ACCT#)\_\_\_\_\_\_\_\_\_\_\_\_\_

The backflow prevention assembly detailed below has been tested and maintained as required by commission regulations and is certified to be operating within acceptable parameters.

**TYPE OF ASSEMBLY**

 Reduced Pressure Principle                                  Reduced Pressure Principle-Detector  
 Double Check Valve                                            Double Check-Detector  
 Pressure Vacuum Breaker                                    Spill-Resistant Pressure Vac. Break.

Manufacturer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_           Size \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Model Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_           Located At \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Serial Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the assembly installed in accordance with manufacturer recommendations and/or local codes?\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Reduced Pressure Principle Assembly | | | Pressure Vacuum Breaker | |
|  | Double Check Valve Assembly | |  | Air Inlet | Check Valve |
|  | 1st Check | 2nd Check | Relief Valve |
| Initial Test | Held at \_\_\_\_ psid Closed Tight Leaked | Held at \_\_\_\_ psid Closed Tight Leaked | Opened at \_\_\_ psid Did not open | Opened at \_\_\_\_ psid Did not open | Held at \_\_\_\_\_ psid Leaked |
| Repairs and Materials Used |  |  |  |  |  |
| Test After Repair | Held at \_\_\_\_ psid Closed Tight | Held at \_\_\_\_ psid Closed Tight | Opened at \_\_\_ psid | Opened at \_\_\_\_ psid | Held at \_\_\_\_\_ psid |

Test gauge used: Make/Model\_\_\_\_\_\_\_\_\_\_\_ SN:\_\_\_\_\_\_\_\_\_\_\_\_\_ Calibration Date:\_\_\_\_\_\_\_\_\_\_\_  
Remarks:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
The above is certified to be true at the time of testing.

TESTER INFORMATION:

Firm Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Certified Tester \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Firm Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cert. Tester No. \_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_  
Firm Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SKETCH OF ON SITE LOCATION OF ASSEMBLY

\* TEST RECORDS MUST BE KEPT FOR AT LEAST THREE YEARS  
\*\* USE ONLY MANUFACTURER'S REPLACEMENT PARTS