**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 \_\_\_\_ psidClosed TightLeaked | Held at \_\_\_\_ psidClosed TightLeaked | Opened at \_\_\_ psidDid not open  | Opened at \_\_\_\_ psidDid not open | Held at \_\_\_\_\_ psidLeaked |
| Repairs and Materials Used |   |   |   |   |   |
| Test After Repair | Held at \_\_\_\_ psidClosed Tight  | Held at \_\_\_\_ psidClosed 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