



Backflow Prevention Assembly Test Report

WATER CUSTOMER INFORMATION	ASSEMBLY INFORMATION
NAME: _____	TYPE: _____ SIZE: _____ MFG: _____
MAILING ADDRESS: _____	MODEL: _____ SERIAL NO: _____
CITY, STATE, ZIP: _____	<input type="checkbox"/> EXISTING
CARE OF: _____	<input type="checkbox"/> REPLACEMENT - OLD ASSEMBLY SERIAL NO: _____
	<input type="checkbox"/> NEW
	TYPE OF SERVICE: DOMESTIC IRRIGATION FIRE

MAILING ADDRESS CORRECTION REQUESTED

SERVICE ADDRESS: _____ CITY: _____

ASSEMBLY LOCATION: _____
(Please use dimensions and reference - lot lines, property lines, curb or other permanent features.)

INTERNAL: _____
(Please provide location , name of room number, unit number or suite number if the device is an internal assembly.)

TEST RESULTS INFORMATION

DOUBLE CHECK VALVE ASSEMBLY					
REDUCED PRESSURE PRINCIPLE ASSEMBLY			PRESSURE VACUUM BREAKER		
	CHECK VALVE NO. 1	CHECK VALVE NO. 2	DIFFERENTIAL RELIEF VALVE	AIR INLET VALVE	CHECK 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"/>
REPAIRS	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:

TEST RESULT: PASSED FAILED IF FAILED, YOU MUST NOTIFY SSWD CROSS-CONNECTION CONTROL SPECIALIST AT TAG NO: _____ 916.679.2888 WITHIN 24 HOURS OF TEST.

A COPY OF THIS REPORT MUST BE SUBMITTED TO SSWD WITHIN 48 HOURS OF TEST.

MAIL COPY TO: SACRAMENTO SUBURBAN WATER DISTRICT
 Attention: Cross-Connection Control
 3701 Marconi Avenue, Suite 100
 Sacramento, CA 95821-5346
 or FAX: 916.332.6215

SACRAMENTO COUNTY CERTIFICATE NUMBER: _____ PRINT NAME: _____

"I certify that all the information contained herein is accurate, true and complete to the best of my knowledge and belief."

SIGNATURE: _____