



...Dedicated to Community Service

2554 SWEETWATER SPRINGS BLVD, SPRING VALLEY, CA 91978-2096  
TELEPHONE: (619) 670-2263 WWW.OTAYWATER.GOV

Owner ID #:

Due Date:

### BACKFLOW CERTIFICATE TEST

BUSINESS:  
ADDRESS:  
LOCATION:  
SERVICE TYPE:

MANF:  
SIZE:  
MODEL #:  
SERIAL #:

METER #:  
DEVICE #:  
ACCT #:

INITIAL/FINAL TEST INFORMATION:

SUPPLY PRESSURE:

| Reduced Pressure Principle Assembly  |  |  | Pressure Vacuum Breaker   |
|--|--|--|---|
| Double Check Valve Assembly  |  | Diff Pressure Relief Valve   |   |
| Check Valve #1   | Check Valve #2   |  |   |
| <b>Initial Test</b><br>Apparent (psid): <input type="text"/><br>Leaked: <input type="checkbox"/><br>Closed Tight: <input type="checkbox"/><br>Actual (psid): <input type="text"/><br><hr/> <b>Final Test</b><br>Apparent (psid): <input type="text"/><br>Closed Tight: <input type="checkbox"/><br>Actual (psid): <input type="text"/> | <b>Initial Test</b><br>Closed Tight: <input type="checkbox"/><br>Did Not Open: <input type="text"/><br>Leaked: <input type="checkbox"/><br><hr/> <b>Ball/Gate Valve #2</b><br>Leaked: <input type="checkbox"/><br>Closed Tight: <input type="checkbox"/><br><hr/> <b>Final Test</b><br>RP (psid): <input type="text"/><br>Closed Tight: <input type="checkbox"/> | <b>Initial Test</b><br>Opened (psid): <input type="text"/><br>Fouled: <input type="checkbox"/><br>Did Not Open: <input type="checkbox"/><br><hr/> <b>Final Test</b><br>Opened (psid): <input type="text"/> | <b>Initial Test</b><br>Opened (psid): <input type="text"/><br>Did Not Open: <input type="checkbox"/><br>CV Held (psid): <input type="text"/><br>CV Leaked: <input type="checkbox"/><br><hr/> <b>Final Test</b><br>Opened (psid): <input type="text"/><br>CV Held (psid): <input type="text"/> |

REPAIR INFORMATION:

| Check Valve #1   | Check Valve #2  | Diff. Pressure Relief Valve  | PVB  |
|--|---|--|--|
| Cleaned: <input type="checkbox"/><br>Replaced:<br>Disc: <input type="checkbox"/><br>Spring: <input type="checkbox"/><br>Guide: <input type="checkbox"/><br>Pin Retainer: <input type="checkbox"/><br>Hinge Pin: <input type="checkbox"/><br>Seat: <input type="checkbox"/><br>Diaphragm: <input type="checkbox"/><br>Flushed: <input type="checkbox"/><br><input type="text"/> | Cleaned: <input type="checkbox"/><br>Replaced:<br>Disc: <input type="checkbox"/><br>Spring: <input type="checkbox"/><br>Guide: <input type="checkbox"/><br>Pin Retainer: <input type="checkbox"/><br>Hinge Pin: <input type="checkbox"/><br>Seat: <input type="checkbox"/><br>Diaphragm: <input type="checkbox"/><br>Other (desc): <input type="checkbox"/><br><input type="text"/> | Cleaned: <input type="checkbox"/> Cln Sensing Line: <input type="checkbox"/><br>Replaced:<br>Lower Disc: <input type="checkbox"/><br>Upper Disc: <input type="checkbox"/><br>Spring: <input type="checkbox"/><br>Upr Lg Diaphrm: <input type="checkbox"/><br>Lwr Lg Diaphrm: <input type="checkbox"/><br>Small Diaphrm: <input type="checkbox"/><br>Upper Seat: <input type="checkbox"/><br>Lower Seat: <input type="checkbox"/><br>Lower Spacer: <input type="checkbox"/><br>Other (desc): <input type="text"/> | Cleaned: <input type="checkbox"/><br>Replaced:<br>Air Inlet Disc: <input type="checkbox"/><br>Check Disc: <input type="checkbox"/><br>Air Inlet Spring: <input type="checkbox"/><br>Check Spring: <input type="checkbox"/><br>Other (desc): <input type="checkbox"/><br><input type="text"/> |

THIS MUST BE PERFORMED BY A CERTIFIED AWWA/ABPA BACKFLOW TESTER TO BE VALID. THIS REPORT CERTIFIES THAT DURING THE TEST, THE DEVICE DESCRIBED, PERFORMED AS REPORTED ABOVE.

|                       |                        |                      |                        |                                     |
|-----------------------|------------------------|----------------------|------------------------|-------------------------------------|
| AWWA/ABPA # _____     | EXP. DATE _____        | AWWA/ABPA # _____    | EXP. DATE _____        | COMMENT:<br>_____<br>_____<br>_____ |
| TEST KIT # _____      | CALIBRATION DATE _____ | TEST KIT # _____     | CALIBRATION DATE _____ |                                     |
| INITIAL TEST BY _____ | TEST DATE _____        | FINIAL TEST BY _____ | TEST DATE _____        |                                     |