



...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:
CITY/ZIP:
LOCATION:
SERVICE TYPE:

MANF:
SIZE:
MODEL #:
SERIAL #:

METER #:
DEVICE #:
ACCT #:

INITIAL/FINAL TEST INFORMATION:

F/S METER READ:

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SUPPLY PRESSURE:

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

REPAIR INFORMATION:

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