

**MAMMOTH COMMUNITY WATER DISTRICT**

Phone: 760-934-2596 x232

**Backflow Prevention Assembly**

**Test Report**

**Mailing Address**

**Serial #:**

Size, Manufacture, Model #, Assembly Type:

Account #:

Site Use:

Test Due:

Protection:

Meter ID:

Address:

Company:

Contact:

Hazard:

Location:

<b>Reduced Pressure Principle Assembly</b>				RP <input type="checkbox"/>	DCDA <input type="checkbox"/>		
<b>Double Check Valve Assembly</b>				DC <input type="checkbox"/>	RPDA <input type="checkbox"/>		
				PVB <input type="checkbox"/>	Air Gap <input type="checkbox"/>		
				SVB <input type="checkbox"/>	AVB <input type="checkbox"/>		
	<b>Check Valve #1</b>	<b>Check Valve #2</b>	<b>Relief Valve</b>	<b>PVB/SVB</b>			
<b>Initial Test</b>	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Held at _____ PSID	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Held at _____ PSID	Did not Open <input type="checkbox"/> Opened at _____ PSID	<b>AIR INLET</b> Did not Open <input type="checkbox"/> Opened at _____ PSID			
<b>Repairs Details</b>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	<b>CHECK VALVE</b> Leaked <input type="checkbox"/> Held at _____ PSID			
				Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>			
				<b>AIR INLET</b> Opened at _____ PSID			
<b>Final Test</b>	Closed Tight <input type="checkbox"/> Held at _____ PSID	Closed Tight <input type="checkbox"/> Held at _____ PSID	Opened at _____ PSID	<b>CHECK VALVE</b> Held at _____ PSID			
<b>Comments</b>				Line Pressure _____			
				Meter Reading _____			
				Held Backpressure _____			
				#2 Shutoff _____			
The above report is certified to be true.				Relief Valve Exercised _____			
	Date/Time	Tester	Signature	Tester #	Test Kit	Passed	Failed
<b>Initial Test</b>						<input type="checkbox"/>	<input type="checkbox"/>
<b>Repairs</b>						<input type="checkbox"/>	<input type="checkbox"/>
<b>Final Test</b>						<input type="checkbox"/>	<input type="checkbox"/>