BACKFLOW PREVENTION ASSEMBLY TEST REPORT

Crescenta Valley Water District

Assembly ID		Facility Name			
Acct Number		Meter #		**Test Report Due:**	
Service Address				Schedule Code	
				Assembly Info	(Replacement/Correction)
Equip Location				SN ☐	
Location ID		Containment		Mfr ☐	
Contact Name		Ph		Type ☐	
Map Page		#2		Size ☐	
				Model ☐	
				Install Date	
				Permit Num	

☐ Confinement ☐ Freeze Protection | Hazard Type | Haz. Level

Line pressure at time of test: _____ **REPORT OF TEST RESULTS** ☐ Approved BFP

	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB	Shut Off Valves	#1	#2
Initial Test	☐ Held at _____ PSID	☐ Held at _____ PSID	☐ Opened at _____ PSID	☐ Air Inlet Opened at _____ PSID			
	☐ Closed Tight	☐ Closed Tight		Opened Fully Y ☐ N ☐	Closed Tight	☐	☐
Pass	☐ Leaked	☐ Leaked	☐ Did Not Open	☐ Check Held at _____ PSID	Leaked	☐	☐
Fail				☐ Leaked			
R E P A I R	☐ CLEANED REPLACED	☐ CLEANED REPLACED	☐ CLEANED REPLACED	☐ CLEANED REPLACED	CLEANED	☐	☐
	☐ Disc	☐ Disc	☐ Disc	☐ Air Inlet Disc	REPLACED	☐	☐
	☐ Spring	☐ Spring	☐ Spring	☐ Airl Inlet Spring	REPAIR	☐	☐
	☐ Guide	☐ Guide	☐ Diaphragm	☐ Check Disc			
	☐ Seat	☐ Seat	☐ Seat	☐ Check Spring			
	☐ O-Ring(s)	☐ O-Ring(s)	☐ O-Ring(s)	☐ Float			
	☐ Module	☐ Module	☐ Module	☐ Diaphragm			
	☐ Rubber Kit	☐ Rubber Kit	☐ Rubber Kit	☐ Rubber Kit			
	☐ _____	☐ _____	☐ _____	☐ _____	Other	☐	☐
	Other/Notes: _____						
Final Test	_____ PSID	_____ PSID	☐ Opened at	Opened Fully Y ☐ N ☐			
	☐ Closed Tight	☐ Closed Tight	_____ PSID	Air Inlet _____ PSID	Closed Tight	☐	☐
				CK Valve _____ PSID	**Pass** ☐		

THE ABOVE REPORT IS CERTIFIED TO BE TRUE: 1A

Initial Test By	Certificate	Test Date:	Gauge Num	Time In	Time Out	Company	Phone
Final Test By							
Repair By							