

# BACKFLOW PREVENTION ASSEMBLY TEST REPORT



Return completed report by any of the following:

Phone: (209) 937-7031

Mail: City of Stockton MUD WFO  
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FACILITY NAME: \_\_\_\_\_ DEVICE ADDRESS: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT PERSON : \_\_\_\_\_ PHONE : \_\_\_\_\_

TEST DUE: \_\_\_\_\_ METER #: \_\_\_\_\_ LID #: \_\_\_\_\_

SERIAL #: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ SIZE: \_\_\_\_\_ TYPE: \_\_\_\_\_

LOCATION OF ASSEMBLY: \_\_\_\_\_

- |                                     |                                      |                                      |                        |                              |                             |
|-------------------------------------|--------------------------------------|--------------------------------------|------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> COMMERCIAL | <input type="checkbox"/> RESIDENTIAL |                                      | LOCATED AT METER?      | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> DOMESTIC   | <input type="checkbox"/> IRRIGATION  | <input type="checkbox"/> FIRE        | PROPER INSTALLATION?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> EXISTING   | <input type="checkbox"/> NEW INSTALL | <input type="checkbox"/> REPLACEMENT | SOV CLOSED AT ARRIVAL? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

**COMPLETE FOR NEW INSTALLATIONS AND REPLACEMENTS**

NEW SERIAL NUMBER: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ SIZE: \_\_\_\_\_

TYPE:  RP  DC  DCDA  AIR GAP  RPDA DATE: \_\_\_\_\_

NOTIFY CITY OF STOCKTON WHEN FAILED ASSEMBLY WILL NOT BE REPAIRED OR REPLACED WITHIN SAME DAY.  
CALL CITY OF STOCKTON BEFORE REPLACING A FAILED PVB.

INITIAL TEST <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED LINE PSI _____	<u>DC/RP/DCDA/RPDA</u> CHECK VALVE # 1	<u>DC/RP/DCDA/RPDA</u> CHECK VALVE # 2	<u>DC/RP/DCDA/RPDA</u> RELIEF VALVE	<u>PVB/SVB</u>
		<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT _____ PSID	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT _____ PSID	OPENED AT _____ PSID <input type="checkbox"/> DID NOT OPEN <b>*RP MUST HAVE A 3LB BUFFER*</b>
NEW PARTS AND REPAIRS	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPAIRED <input type="checkbox"/> PARTS REPLACED: _____ _____ _____	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPAIRED <input type="checkbox"/> PARTS REPLACED: _____ _____ _____	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPAIRED <input type="checkbox"/> PARTS REPLACED: _____ _____ _____	CHECK VALVE HELD AT _____ PSID <input type="checkbox"/> LEAKED
				<b>*CALL BEFORE REPLACING A FAILED PVB*</b>
TEST AFTER REPAIRS <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED LINE PSI _____	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT _____ PSID	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT _____ PSID	OPENED AT _____ PSID <input type="checkbox"/> DID NOT OPEN <b>*RP MUST HAVE A 3LB BUFFER*</b>	AIR GAP REQUIRED SEPARATION? <input type="checkbox"/> Yes <input type="checkbox"/> No

WATER SERVICE RESTORED?  YES  NO

**INITIAL TEST**

REMARKS: \_\_\_\_\_

TESTER'S NAME PRINTED: \_\_\_\_\_ TESTER'S PHONE #: (\_\_\_\_) \_\_\_\_\_

TESTER'S SIGNATURE: \_\_\_\_\_ CERT #: \_\_\_\_\_ TEST DATE: \_\_\_\_\_

TEST KIT SERIAL #: \_\_\_\_\_ GAGE CALIBRATION DATE: \_\_\_\_\_

**FINAL TEST**

SAME AS INITIAL TEST

REMARKS: \_\_\_\_\_

TESTER'S NAME PRINTED: \_\_\_\_\_ TESTER'S PHONE #: (\_\_\_\_) \_\_\_\_\_

TESTER'S SIGNATURE: \_\_\_\_\_ CERT #: \_\_\_\_\_ TEST DATE: \_\_\_\_\_

TEST KIT SERIAL #: \_\_\_\_\_ GAGE CALIBRATION DATE: \_\_\_\_\_