

MAMMOTH COMMUNITY WATER DISTRICT

Backflow Prevention Assembly

backflow@mcwd.dst.ca.us

760-934-2596 x232

Test Report

Customer Name:

Address:

Serial #:

Contact Information Updates:

Size:

Manufacturer:

Model #:

Assembly Type:

Hazard:

Protection:

Location:

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