

UNITED WATER CONSERVATION DISTRICT
 1701 N. LOMBARD ST, SUITE 200
 OXNARD, CA 93030
 (805) 525-4331 Fax: (805) 525-2661

ASSEMBLY INFORMATION	
SERIAL NO:	_____
TYPE:	_____ SIZE: _____
MFG:	_____
MODEL:	_____
TYPE OF SERVICE:	_____
TYPE OF PROTECTION:	METER: <input type="checkbox"/> INTERNAL: <input type="checkbox"/>

SUMMARY OF BACKFLOW PREVENTION ASSEMBLY TEST REPORT

Submitted on: _____
 Record #: _____

FACILITY	FACILITY NAME: _____
	DEVICE LOCATION: _____
	RESPONSIBLE PARTY: _____

TEST RESULTS INFORMATION

	DOUBLE CHECK VALVE ASSEMBLY		REDUCED PRESSURE PRINCIPLE ASSEMBLY			PRESSURE VACUUM BREAKER	
	CHECK VALVE NO. 1	CHECK VALVE NO. 2	DIFFERENTIAL RELIEF VALVE	AIR INLET VALVE	CHECK VALVE		
	INITIAL TEST	HELD AT _____ PSID CLOSED TIGHT (RP) <input type="checkbox"/> LEAKED <input type="checkbox"/>	HELD AT _____ PSID CLOSED TIGHT (RP) <input type="checkbox"/> LEAKED <input type="checkbox"/>	OPENED AT: _____ PSID DID NOT OPEN <input type="checkbox"/>	OPENED AT: _____ PSID DID NOT OPEN <input type="checkbox"/>	HELD AT _____ PSID LEAKED <input type="checkbox"/>	

<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED <input type="checkbox"/> REPAIRED	DATE: _____	NAME: _____
	TESTER #: _____	

COMMENTS:

Please forward the completed form with a **photograph** of the backflow prevention assembly to backflowtest@unitedwater.org. If you have any questions, please email backflowtest@unitedwater.org.