



City of West Sacramento
 Department of Public Works
 Backflow Division
 1951 South River Road
 West Sacramento, CA 95691
 (916) 617-4850 • FAX (916) 371-1516

BACKFLOW ASSEMBLY TEST REPORT

ASSEMBLY INFORMATION		
TYPE:	SIZE:	MFG:
MODEL:	SERIAL NO.:	
<input type="checkbox"/> EXISTING ⇒ REFERENCE NO.:		
<input type="checkbox"/> REPLACEMENT ⇒ OLD ASSEMBLY SERIAL NO.:		
<input type="checkbox"/> NEW ⇒ PLUMBING PERMIT NO.:		
TYPE OF SERVICE: DOMESTIC <input type="checkbox"/> IRRIGATION <input type="checkbox"/> FIRE <input type="checkbox"/>		

FACILITY	BUSINESS NAME: _____ SITE PHONE: _____
	SITE ADDRESS: _____ CITY: _____
ASSEMBLY LOCATION: _____ <i>(Please use dimensions and references – Lot Lines, Property Lines, Curb, and/or other permanent features/landmarks)</i>	
OWNER / MANAGEMENT	HOME OR PERSONAL INFORMATION IS NOT GIVEN ON PUBLIC RECORD SEARCHES. ARE THE ADDRESS AND THE PHONE NUMBER BELOW FOR YOUR HOME OR BUSINESS? HOME: <input type="checkbox"/> BUSINESS: <input type="checkbox"/> MAILING ADDRESS CORRECTION REQUESTED <input type="checkbox"/>
	OWNER / CONTACT NAME (ATTN): _____ PHONE: _____
	MANAGEMENT NAME (C/O): _____ CELL PHONE: _____
	MAILING ADDRESS: _____ FAX NUMBER: _____
	CITY, STATE, & ZIP: _____ OTHER: _____

	DOUBLE CHECK VALVE ASSEMBLY		TEST RESULTS INFORMATION		
	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 LEAKED <input type="checkbox"/>	HELD AT: _____ PSID CLOSED TIGHT (RP) <input type="checkbox"/> LEAKED <input type="checkbox"/>	OPENED AT: _____ PSID OPENED UNDER 2.0 PSID OR DID NOT OPEN <input type="checkbox"/>	OPENED AT: _____ PSID OPENED UNDER 1.0 PSID OR DID NOT OPEN <input type="checkbox"/>	HELD AT: _____ PSID LEAKED <input type="checkbox"/>
REPAIRS	1) CLEANED <input type="checkbox"/> REPLACED: 2) DISC <input type="checkbox"/> 3) SPRING <input type="checkbox"/> 4) GUIDE <input type="checkbox"/> 5) SEAT <input type="checkbox"/> 6) MODULE <input type="checkbox"/> 7) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> REPLACED: 2) DISC <input type="checkbox"/> 3) SPRING <input type="checkbox"/> 4) GUIDE <input type="checkbox"/> 5) SEAT <input type="checkbox"/> 6) MODULE <input type="checkbox"/> 7) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> 2) EXERCISED <input type="checkbox"/> REPLACED: 3) DISC(S) <input type="checkbox"/> 4) SPRING <input type="checkbox"/> 5) DIAPHRAGM(S) <input type="checkbox"/> 6) SEAT(S) <input type="checkbox"/> 7) O-RING(S) <input type="checkbox"/> 8) MODULE <input type="checkbox"/> 9) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> REPLACED: 2) DISC <input type="checkbox"/> 3) DIAPHRAGM <input type="checkbox"/> 4) FLOAT <input type="checkbox"/> 5) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> REPLACED: 2) DISC <input type="checkbox"/> 3) MODULE <input type="checkbox"/> 4) OTHER <input type="checkbox"/>
TEST AFTER REPAIR	HELD AT: _____ PSID	HELD AT: _____ PSID CLOSED TIGHT (RP) <input type="checkbox"/>	OPENED AT: _____ PSID	OPENED AT: _____ PSID	HELD AT: _____ PSID

INITIAL TEST	TEST AFTER REPAIR	COMMENTS:	
START TIME: _____	START TIME: _____		_____
END TIME: _____	END TIME: _____		_____
DATE: _____	DATE: _____	_____	

ASSEMBLY: PASSED FAILED

If FAILED, please mail the test report to the City of West Sacramento within 24 hours!

PLEASE MAIL ORIGINAL TO:

City of West Sacramento Public Works Backflow Division 1110 West Capitol Avenue West Sacramento, CA 95691

Or email to: pwoffice@cityofwestsacramento.org

AWWA TESTER NUMBER: _____
 PLEASE PRINT YOUR NAME: _____

SIGNATURE: _____