

| WATER CUSTOMER INFORMATION | | ASSEMBLY INFORMATION | |
|----------------------------|--|--|------------------------|
| CUSTOMER NAME: | | TYPE: _____ | SERIAL NO.: _____ |
| CARE OF: | | MODEL: _____ | SIZE: _____ MFG: _____ |
| MAILING ADDRESS: | | TYPE OF SERVICE: <input type="checkbox"/> DOMESTIC <input type="checkbox"/> IRRIGATION <input type="checkbox"/> FIRE <input type="checkbox"/> POOL | |
| CITY, STATE, ZIP: | | <input type="checkbox"/> EXISTING <input type="checkbox"/> NEW <input type="checkbox"/> REPLACEMENT | |
| | | DCDA METER READING: _____ | |
| | | REPLACEMENT OLD ASSEMBLY SN: _____ | |

| WATER SERVICE LOCATION | |
|------------------------|-------|
| BUSINESS NAME: | _____ |
| SERVICE ADDRESS: | _____ |
| ASSEMBLY LOCATION: | _____ |

| REPORT OF TEST RESULTS | | | | | |
|------------------------|---|---|---|--|--|
| | DOUBLE CHECK VALVE ASSEMBLY | | | SPILL PROOF VACUUM BREAKER | |
| | REDUCED PRESSURE PRINCIPLE ASSEMBLY | | | PRESSURE VACUUM BREAKER | |
| | CHECK VALVE NO.1 | CHECK VALVE NO.2 | RELIEF VALVE | AIR INLET VALVE | CHECK VALVE |
| INITIAL TEST | CLOSED TIGHT <input type="checkbox"/> _____psid LEAKED <input type="checkbox"/> | CLOSED TIGHT <input type="checkbox"/> _____psid LEAKED <input type="checkbox"/> | OPENED AT: _____psid OPENED UNDER 2.0 psid or DID NOT OPEN <input type="checkbox"/> | BODY DRAINED <input type="checkbox"/> OPENED AT: _____psid 1.0 psid OR DID NOT OPEN <input type="checkbox"/> | CLOSED TIGHT <input type="checkbox"/> _____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) O-RINGS <input type="checkbox"/> 8) 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) O-RINGS <input type="checkbox"/> 8) 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"/> 2) EXERCISED <input type="checkbox"/> REPLACED: 3) DISC <input type="checkbox"/> 4) GUIDE <input type="checkbox"/> 5) FLOAT <input type="checkbox"/> 6) SEAT <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"/> |
| FINAL TEST | CLOSED TIGHT <input type="checkbox"/> _____psid | CLOSED TIGHT <input type="checkbox"/> _____psid | OPENED AT: _____psid | OPENED AT: _____psid | CLOSED TIGHT <input type="checkbox"/> _____psid |

THE ABOVE REPORT IS CERTIFIED TO BE TRUE BY:

INITIAL TEST Pass Fail START TIME: _____ END TIME: _____ DATE: _____

NOTE: TO PASS, A 3 PSI BUFFER IS REQUIRED BETWEEN THE #1 CHECK AND THE RELIEF VALVE ON AN RP

FINAL TEST Pass Fail START TIME: _____ END TIME: _____ DATE: _____

AWWA CERTIFICATE #: _____ NAME (PRINT) _____

SIGNATURE _____

MAIL TO:
CITY OF DAVIS
PUBLIC WORKS
ATTN: BACKFLOW
1717 5TH STREET
DAVIS, CA 95616



COMMENTS

ORIGINAL TO CITY