

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 <input type="checkbox"/> EXISTING <input type="checkbox"/> NEW <input type="checkbox"/> REPLACEMENT
CITY, STATE, ZIP:	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"/>
R E P A I R S	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

Email to: PWeb@cityofdavis.org