BACKFLOW TEST REPORT FORM

VALLECITOS WATER DISTRICT
A PUBLIC AGENCY

201 Vallecitos de Oro • San Marcos, California 92069
Tel. (760) 744-0460

District Use Only - Date Received

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MANUFACTURER MODEL SERIAL NUMBER SIZE ACCOUNT NUMBER

SERVICE ADDRESS: EXISTING ☐ NEW ☐ REPLACED ☐ STOLEN ☐

LOCATION: METER #: SIZE:

	CHECK VALVE #1	CHECK VALVE # 2	DIFFERENTIAL PRESSURE RELIEF VALVE	PRESSURE VACUUM BREAKER
INITIAL TEST	1. LEAKED ☐ 2. CLOSED TIGHT ☐ APPARENT _____ ACTUAL _____ DC _____ PSID (Direction of flow)	1. LEAKED ☐ 2. CLOSED TIGHT ☐ LINE PRESSURE _____ DC _____ PSID (Direction of flow)	OPENED AT _____ LBS. REDUCED PRESSURE. DID NOT OPEN ☐ DUMPED ☐	AIR INLET OPENED AT _____ PSI DID NOT OPEN ☐ CHECK VALVE TIGHT AT _____ PSI DID NOT CLOSE ☐
REPAIRS	CLEANED ☐ REPLACED: DISC ☐ SPRING ☐ GUIDE ☐ PIN RETAINER ☐ HINGE PIN ☐ SEAT ☐ OTHER, DESCRIBE ☐	CLEANED ☐ REPLACED: DISC ☐ SPRING ☐ GUIDE ☐ PIN RETAINER ☐ HINGE PIN ☐ SEAT ☐ OTHER, DESCRIBE ☐	CLEANED ☐ REPLACED: DISC: ☐ SPRING ☐ DIAPHRAGM: ☐ SMALL ☐ SEAT: UPPER ☐ LOWER ☐ SPACER: LOWER ☐ OTHER, DESCRIBE ☐	CLEANED ☐ REPLACED: AIR INLET DISC ☐ CHECK DISC ☐ AIR INLET SPRING ☐ CHECK SPRING ☐ OTHER DESCRIBE ☐
FINAL TEST	APP _____ ACT _____ CLOSED TIGHT ☐	CLOSED TIGHT ☐	OPENED AT _____ LBS. REDUCED PRESSURE.	

The above test information is certified to be true at the time of the test.

GAUGE SERIAL # (initial test): _____ TESTER PHONE NUMBER: _____

INITIAL TEST BY: _____ CERTIFIED TESTER NO: _____ DATE: _____

REPAIRED BY: _____ DATE: _____

GAUGE SERIAL # (final test): _____

FINAL TEST BY: _____ CERTIFIED TESTER NO: _____ DATE: _____