

# Town of Yountville

## Backflow Prevention Assembly Test Report

Service Address: \_\_\_\_\_

Assembly Location: \_\_\_\_\_

Mailing Address		Assembly Information			
Name:		Size:	Make:	Model:	
Address:		Serial #:		RP	DC DCDA RPDA
City/State/Zip:		Domestic <input type="checkbox"/>	Irrigation <input type="checkbox"/>	Fire <input type="checkbox"/>	
Meter ID:	Meter Read:	Residential <input type="checkbox"/>	Commercial <input type="checkbox"/>		
		Existing <input type="checkbox"/>	New <input type="checkbox"/>	Replaced <input type="checkbox"/>	

### Report of Test Results

\*\* Do Not Use Black Ink\*\*

Test	Reduced Pressure Assembly			Double Check Valves		Result
	Check Valve No. 1	Check Valve No. 2	Pressure Relief Valve	Check Valve No. 1	Check Valve No. 2	
Initial <input type="checkbox"/>	Closed Tight <input type="checkbox"/> At _____ PSID	Closed Tight <input type="checkbox"/>	Opened at _____ PSID	Closed Tight <input type="checkbox"/> At _____ PSID	Closed Tight <input type="checkbox"/> At _____ PSID	PASS <input type="checkbox"/>
After Repairs <input type="checkbox"/>	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Did not open <input type="checkbox"/>	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	FAIL <input type="checkbox"/>

**\*\*CALL TOWN STAFF @ (707) 944-2988 BEFORE REPAIRING OR REPLACING A DOUBLE CHECK VALVE ASSEMBLY\*\***

**\*\*NOTE ANY REPAIRS MADE IN THE COMMENT SECTION BELOW\*\***

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The above report is certified to be true.

Date of Initial Test: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Tester's Name: \_\_\_\_\_

AWWA Tester No: \_\_\_\_\_

Tester's Signature: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Gauge Make/Model: \_\_\_\_\_

Gauge Serial #: \_\_\_\_\_ Calibration Date: \_\_\_\_\_