

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: _____