



APN # _____
 Account # _____

BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

New Installation: Annual Test: Replacement:

Account Name: _____ Mail to: Truckee Donner PUD
 Service Address: _____ 11570 Donner Pass Road
 Location of Device: _____ Truckee, CA 96161
 Email to: waterquality@tdpud.org
 Fax: 530-582-5056

Type of Service: Domestic: Fire: Irrig: Mechanical: Other: _____
 Type of Device: DC: RP: RPDA: DCDA: PVB SVB

MANUFACTURER _____ MODEL _____ SIZE _____ SERIAL NUMBER _____

INITIAL TEST	Reduced Pressure Principle Assembly (RP)			PVB / SVB
	Double Check Valve Assembly		Relief Valve	
Apparent Reading	Check Valve 1	Check Valve 2	Relief Valve	PVB / SVB
_____ PSID	_____ PSID	_____ PSID	Opened at _____ PSID	Air Inlet _____ PSID
Leaked <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Leaked <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Opened at _____ PSID <input type="checkbox"/>
REPAIRS	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	Check Valve Held at _____ PSID <input type="checkbox"/>
	Replaced: Disc <input type="checkbox"/>	Replaced: Disc <input type="checkbox"/>	Cleaned Sensing Line <input type="checkbox"/>	Leaked <input type="checkbox"/>
	Spring <input type="checkbox"/>	Spring <input type="checkbox"/>	Replaced: Disc: Upper <input type="checkbox"/>	Cleaned <input type="checkbox"/>
	Guide <input type="checkbox"/>	Guide <input type="checkbox"/>	Lower <input type="checkbox"/>	Replaced: Air Inlet: Disc <input type="checkbox"/>
	Pin Retainer <input type="checkbox"/>	Pin Retainer <input type="checkbox"/>	Spring <input type="checkbox"/>	Check Disc <input type="checkbox"/>
	Hinge Pin <input type="checkbox"/>	Hinge Pin <input type="checkbox"/>	Diaphragm: Large: Upper <input type="checkbox"/>	Air Inlet: Spring <input type="checkbox"/>
	Seat <input type="checkbox"/>	Seat <input type="checkbox"/>	Lower <input type="checkbox"/>	Check Spring <input type="checkbox"/>
	Diaphragm <input type="checkbox"/>	Diaphragm <input type="checkbox"/>	Small <input type="checkbox"/>	Other <input type="checkbox"/>
	Other <input type="checkbox"/>	Other <input type="checkbox"/>	Seat: Upper <input type="checkbox"/>	_____
	_____	_____	Lower <input type="checkbox"/>	_____
_____	_____	Spacer: Lower <input type="checkbox"/>	_____	
_____	_____	Other <input type="checkbox"/>	_____	
_____	_____	_____	_____	
Apparent Reading	_____ PSID	_____ PSID	Opened at _____ PSID	Air Inlet _____ PSID
Leaked <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Leaked <input type="checkbox"/>	_____	Check Valve _____ PSID

Comments: _____

Initial Test By: _____ Company: _____ Test Date: _____

Pass: Fail: AWWA Tester #: _____ Gauge #: _____

Final Test by: _____ Company: _____ Test Date: _____

Pass: Fail: AWWA Tester #: _____ Gauge #: _____