

ELK GROVE WATER DISTRICT

BACKFLOW PREVENTION ASSEMBLY TEST REPORT

9829 Elk Grove Blvd.
Elk Grove, CA 95624
Ph: (916) 685-3556

Location Name		Phone Number		Contact Name	
Location Address				Email Address	
Assembly Type	Assembly Manufacturer		Assembly Model	Size	Serial Number
Assembly Physical Location					
Detector Meter		Detector Meter Reading		Tag #	
Test Type					

	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB	Shut Off Valves		
Initial Test	<input type="checkbox"/> Held at _____ PSID	<input type="checkbox"/> Held at _____ PSID	<input type="checkbox"/> Opened at _____ PSID	<input type="checkbox"/> Air Inlet Opened at _____ PSID		#1	#2
	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight		<input type="checkbox"/> Opened Fully	Closed Tight	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Did Not Open	<input type="checkbox"/> Check Held at _____ PSID	Leaked	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> Leaked			
R E P A I R	<input type="checkbox"/> CLEANED	<input type="checkbox"/> CLEANED	<input type="checkbox"/> CLEANED	<input type="checkbox"/> CLEANED	CLEANED	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> REPLACED	<input type="checkbox"/> REPLACED	<input type="checkbox"/> REPLACED	<input type="checkbox"/> REPLACED	REPLACED	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Disc	<input type="checkbox"/> Disc	<input type="checkbox"/> Disc	<input type="checkbox"/> Air Inlet Disc	REPAIR	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring	<input type="checkbox"/> Air Inlet Spring			
	<input type="checkbox"/> Guide	<input type="checkbox"/> Guide	<input type="checkbox"/> Diaphragm	<input type="checkbox"/> Check Disc			
	<input type="checkbox"/> Seat	<input type="checkbox"/> Seat	<input type="checkbox"/> Seat	<input type="checkbox"/> Check Spring			
	<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> Float			
	<input type="checkbox"/> Module	<input type="checkbox"/> Module	<input type="checkbox"/> Module	<input type="checkbox"/> Diaphragm			
	<input type="checkbox"/> Rubber Kit	<input type="checkbox"/> Rubber Kit	<input type="checkbox"/> Rubber Kit	<input type="checkbox"/> Rubber Kit			
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	Other	<input type="checkbox"/>	<input type="checkbox"/>	
Final Test	_____ PSID	_____ PSID	Opened at _____ PSID	Air Inlet _____ PSID	Closed Tight	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight		CK Valve _____ PSID			

Line Pressure at Time of Test	Test Date	Test Results
Comments		
Test Kit Manufacturer	Test Kit Model	Test Kit Serial Number

☐ I certify that the information in this report is true, complete, and accurate.

Tester Name	Certification Number
Tester Company	

Please complete the form in its entirety. Incomplete forms will not be accepted. Test reports must be uploaded to the SwiftComply portal within five calendar days of conducting the test. I certify that this report is accurate and that I have used test methods and equipment approved by the USC Manual of Cross-Connection Control, Tenth Edition.