

ELK GROVE WATER DISTRICT  
9829 Waterman Rd.  
ELK GROVE, CA. 95624

Sch. Code:

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## ELK GROVE WATER DISTRICT BACKFLOW PREVENTION ASSEMBLY TEST REPORT

NAME OF FACILITY: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

OWNER /CONTACT NAME: \_\_\_\_\_ PHONE: (     ) \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

LOCATION OF ASSEMBLY: \_\_\_\_\_

EXISTING ☐ NEW INSTALL ☐ REPLACEMENT ☐ NEW SER. # \_\_\_\_\_ Tag # \_\_\_\_\_

MFG: \_\_\_\_\_ MODEL: \_\_\_\_\_ TYPE: \_\_\_\_\_ SERIAL NO.: \_\_\_\_\_ SIZE: \_\_\_\_\_

<b>INITIAL TEST</b>  <b>PASSED <input type="checkbox"/></b> <b>FAILED <input type="checkbox"/></b>	<b><u>DC / RP</u></b> <b><u>CHECK VALVE NO.1</u></b>  LEAKED <input type="checkbox"/> _____ PSID	<b><u>DC / RP</u></b> <b><u>CHECK VALVE NO.2</u></b>  CLOSED TIGHT <input type="checkbox"/> LEAKED <input type="checkbox"/> _____ PSID	<b><u>RELIEF VALVE</u></b>  OPENED AT _____ PSID  DID NOT OPEN <input type="checkbox"/>	<b><u>PVB/SVB</u></b> <b>AIR INLET</b>  OPENED AT _____ PSID  DID NOT OPEN <input type="checkbox"/>
	CLEAN REPLACE PART <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	CLEAN REPLACE PART <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	CLEAN REPLACE PART <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	<b>CHECK VALVE</b> HELD AT _____ PSID LEAKED <input type="checkbox"/> _____ CLEANED <input type="checkbox"/> REPAIRED <input type="checkbox"/>
<b>TEST AFTER REPAIRS</b>  <b>PASSED <input type="checkbox"/></b> <b>FAILED <input type="checkbox"/></b>	LEAKED <input type="checkbox"/> _____ PSID	CLOSED TIGHT <input type="checkbox"/> LEAKED <input type="checkbox"/> _____ PSID	OPENED AT _____ PSID  DID NOT OPEN <input type="checkbox"/>	AIR INLET _____ PSID  CHK VALVE _____ PSID

Detector Meter Number: \_\_\_\_\_ Detector Meter Reading: \_\_\_\_\_

REMARKS: \_\_\_\_\_

TESTER SIGNATURE: \_\_\_\_\_ CERT. NO.: \_\_\_\_\_ DATE: \_\_\_\_\_

TESTER NAME PRINTED: \_\_\_\_\_ TESTER PHONE #: (     ) \_\_\_\_\_

TESTER COMPANY: \_\_\_\_\_ TESTER E-MAIL: \_\_\_\_\_

FINAL TEST BY: \_\_\_\_\_ CERT. NO. : \_\_\_\_\_ DATE: \_\_\_\_\_

GAUGE CALIBRATION DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ GAUGE SER. #: \_\_\_\_\_ MODEL #: \_\_\_\_\_

*Please fill out form completely. Incomplete forms will not be accepted.*  
*Please E-mail completed test form to [crossconnection@egwd.org](mailto:crossconnection@egwd.org)*

*I certify that this report is accurate, and I have used USC Manual of CCC Tenth Edition approved test methods and test equipment.*