



TOWN OF ORO VALLEY WATER UTILITY
11000 N LA CAÑADA DR ORO VALLEY AZ 85737

Phone (520) 229-5061

backflowtest@orovalleyaz.gov

BACKFLOW PREVENTION ASSEMBLY TEST REPORT

CUSTOMER INFORMATION	ASSEMBLY INFORMATION
NAME _____	SERIAL NO. _____
ADDRESS _____	MFG. _____ MODEL _____ SIZE _____
CITY, STATE, ZIP _____	LOCATION _____

SERVICE ADDRESS _____ ACCOUNT NUMBER _____

WATER METER NO. _____ CONTACT PERSON _____ PHONE _____

NEW <input type="checkbox"/>	EXISTING <input type="checkbox"/>	REPLACEMENT OLD SER # _____	DOMESTIC <input type="checkbox"/> FIRE <input type="checkbox"/> IRRIGATION <input type="checkbox"/>	RP <input type="checkbox"/> PVB <input type="checkbox"/> DCDA <input type="checkbox"/> DC <input type="checkbox"/> SVB <input type="checkbox"/> RPDA <input type="checkbox"/>
---------------------------------	--------------------------------------	--------------------------------	--	--

REDUCED PRESSURE ASSEMBLY				Air Gap PASS <input type="checkbox"/> FAIL <input type="checkbox"/>
DOUBLE CHECK VALVE ASSEMBLY				PVB/SVB
	CHECK VALVE #1	CHECK VALVE #2	DIFFERENTIAL PRESSURE RELIEF VALVE	BACK PRESSURE YES <input type="checkbox"/> NO <input type="checkbox"/>
INITIAL TEST	1. CLOSED TIGHT <input type="checkbox"/> RP/DC _____ PSID 2. LEAKED <input type="checkbox"/>	1. CLOSED TIGHT <input type="checkbox"/> DC _____ PSID 2. LEAKED <input type="checkbox"/>	OPENED AT _____ PSID DID NOT OPEN <input type="checkbox"/>	AIR INLET OPENED AT _____ PSID DID NOT OPEN <input type="checkbox"/>
R E P A I R S	CLEANED <input type="checkbox"/> REPLACED RUBBER KIT <input type="checkbox"/> OTHER DESCRIBE <input type="checkbox"/>	CLEANED <input type="checkbox"/> REPLACED RUBBER KIT <input type="checkbox"/> OTHER DESCRIBE <input type="checkbox"/>	CLEANED <input type="checkbox"/> CLEANED SENSING LINE <input type="checkbox"/> REPLACED RUBBER KIT <input type="checkbox"/> OTHER DESCRIBE <input type="checkbox"/>	CHECK VALVE OPENED AT _____ PSID DID NOT OPEN <input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED RUBBER KIT <input type="checkbox"/> OTHER DESCRIBE <input type="checkbox"/>
FINAL TEST	RP/DC _____ PSID CLOSED TIGHT <input type="checkbox"/>	DC _____ PSID CLOSED TIGHT <input type="checkbox"/>	OPENED AT _____ PSID	AIR INLET _____ PSID CHECK VALVE _____ PSID

COMMENTS _____

INITIAL TEST BY (print):	TESTER CERT #	DATE:	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>
REPAIRED BY (print):	TESTER CERT #	DATE:	
FINAL TEST BY (print):	TESTER CERT #	DATE:	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>
TEST GAUGE:	SERIAL #:	EXP DATE:	

THE ABOVE REPORT IS CERTIFIED TO BE TRUE AND IS IN COMPLIANCE WITH ARIZONA ADMINISTRATIVE CODE R18-4-215. TESTER'S SIGNATURE _____