



**North Tahoe Public Utility District**

Operations Water Quality Department  
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**BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT**

New Installation:  Annual Test:

Account Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Location of Device: \_\_\_\_\_

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

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