

North Tahoe Public Utility District  
P.O. Box 139, Tahoe Vista, CA 96148  
530.546.4212 FAX 530.546.2652

APN # \_\_\_\_\_  
Account # \_\_\_\_\_

**BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT**

New Installation:  Annual Test:

Email: mwarren@ntpud.org

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

Mail to: North Tahoe Public Utility District  
P.O. Box 139  
Tahoe Vista, CA 96148  
Attn: Michael Warren

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

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

Comments: \_\_\_\_\_

Initial Test By: \_\_\_\_\_ Company: \_\_\_\_\_ Test Date: \_\_\_\_\_  
Pass:  Fail:  AWWA Tester #: \_\_\_\_\_ Gauge #: \_\_\_\_\_

Final Test by: \_\_\_\_\_ Company: \_\_\_\_\_ Test Date: \_\_\_\_\_  
Pass:  Fail:  AWWA Tester #: \_\_\_\_\_ Gauge #: \_\_\_\_\_