

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

Service Address: _____

P.O. Box 139
Tahoe Vista, CA 96148

Location of Device: _____

Attn: Michael Warren

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)			SERIAL NUMBER
	Double Check Valve Assembly		Relief Valve	
INITIAL TEST	Check Valve 1	Check Valve 2		Relief Valve
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"/>
REPAIRS	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 #: _____