

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: savewater@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

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