Golden State
Water Company
A Subsidiary of American States Water Company

Serving Californians since 1929.

BACKFLOW PREVENTION ASSEMBLY TEST & MAINTENANCE REPORT

Customer Name: **METER NO:**
Mailing Address:
City State Zip

SERVICE LOCATION:
BACKFLOW ASSEMBLY LOCATION:

MFG: **MODEL:** **SIZE:** **SERIAL NO:**
TYPE (Circle One): DCDA, DC, RPDA, RP, PVB

LINE PRESSURE:

INITIAL TEST	CHECK VALVE 1 HELD AT ____._____ LEAKED ◻	CHECK VALVE 2 HELD AT _____ ._____ RP TIGHT ◻ LEAKED ◻	RELIEF VALVE OPEN___.___ PSI DID NOT OPEN ◻	AIR INLET OPEN ___.___PSI DID NOT OPEN ◻
REPAIRS	CLEANED ◻ **REPLACED**: DISC ◻ SPRING ◻ GUIDE ◻ HINGE PIN ◻ SEAT ◻ MODULE ◻ OTHER ◻ DESCRIBE:	CLEANED ◻ **REPLACED**: DISC ◻ SPRING ◻ GUIDE ◻ HINGE PIN ◻ SEAT ◻ MODULE ◻ OTHER ◻ DESCRIBE:	CLEANED ◻ **REPLACED**: DISC ◻ DIAPHRAGM ◻ FLOAT ◻ SPRING ◻ OTHER ◻ O-RING(S) ◻ MODULE ◻ DESCRIBE:	CLEANED ◻ **REPLACED**: DISC ◻ DIAPHRAGM ◻ FLOAT ◻ SPRING ◻ OTHER ◻ DESCRIBE:
FINAL TEST	CLOSED TIGHT ___.___	CLOSED TIGHT ___.___	OPENED AT ___.___ PSI	OPENED AT ___.___ PSI

COMMENTS:

THE ABOVE REPORT IS CERTIFIED TO BE TRUE. PASS ☐ FAIL ☐

INITIAL TEST (SIGN) - PRINT NAME- CERTIFICATION#(AWWA/ABPA/Specify Other_____) DATE

FINAL TEST AFTER REPAIR - PRINT NAME- CERTIFICATION#(AWWA/ABPA/Specify Other_____) DATE

TESTER'S COMPANY NAME TESTER'S PHONE NUMBER

GAUGE MAKE/MODEL/ SERIAL NO. GAUGE CALIBRATION DATE

ONLY CALIFORNIA DEPT OF PUBLIC HEALTH APPROVED ASSEMBLIES, SHUT-OFF VALVES, TEST COCKS, PARTS ARE AUTHORIZED FOR USE BY THIS DEPARTMENT. TEST REPORTS MUST BE COMPLETED IN INK. **DO NOT REPLACE ASSEMBLY WITHOUT CONTACTING ENVIRONMENTAL QUALITY DEPARTMENT.**

PLEASE EMAIL COMPLETED FORM TO: Backflowtest@gswater.com