



City of Garden Grove – Public Works Department
Water Service Division – Water Quality Section
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BACKFLOW PREVENTION ASSEMBLY TEST & MAINTENANCE REPORT

Name: _____ **File #:** _____ **Seq#:** _____
Attn: _____ **Quarter Due:** _____
Address: _____ **Water Use:** _____
City, State, Zip _____ **Meter Serv Protection?**
Email: _____ Yes No

Service Location: _____ **Device Location:** _____
Mfg/Model/Type: _____ **Size:** _____ **Serial #:** _____

This is a Replacement Assembly This is a New Installation This is a Lead Free BFP

| REDUCED PRESSURE PRINCIPLE ASSEMBLY | | | | | Line Pressure _____ | |
|-------------------------------------|---|---|--|--|--|--|
| DOUBLE CHECK ASSEMBLY | | | | | | |
| INITIAL TEST | Check Valve #1 | Check Valve #2 | Relief Valve | PVB/SVB | | |
| | Held at _____ PSID Tight <input type="checkbox"/> Leaked <input type="checkbox"/> | Held at _____ PSID 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"/> | Opened fully? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| | | | | Check Valve Held at _____ PSID Tight <input type="checkbox"/> Leaked <input type="checkbox"/> | | |
| REPAIRS | CLEANED..... <input type="checkbox"/> REPLACED..... <input type="checkbox"/> DISC..... <input type="checkbox"/> SPRING..... <input type="checkbox"/> GUIDE..... <input type="checkbox"/> HINGE PIN..... <input type="checkbox"/> SEAT..... <input type="checkbox"/> MODULE..... <input type="checkbox"/> OTHER..... <input type="checkbox"/> DESCRIBE: | CLEANED..... <input type="checkbox"/> REPLACED..... <input type="checkbox"/> DISC..... <input type="checkbox"/> SPRING..... <input type="checkbox"/> GUIDE..... <input type="checkbox"/> HINGE PIN..... <input type="checkbox"/> SEAT..... <input type="checkbox"/> MODULE..... <input type="checkbox"/> OTHER..... <input type="checkbox"/> DESCRIBE: | CLEANED..... <input type="checkbox"/> REPLACED..... <input type="checkbox"/> DISC..... <input type="checkbox"/> DIAPHRAGM..... <input type="checkbox"/> FLOAT..... <input type="checkbox"/> SPRING..... <input type="checkbox"/> O-RING(S)..... <input type="checkbox"/> MODULE..... <input type="checkbox"/> OTHER..... <input type="checkbox"/> DESCRIBE: | CLEANED..... <input type="checkbox"/> REPLACED..... <input type="checkbox"/> DISC..... <input type="checkbox"/> DIAPHRAGM..... <input type="checkbox"/> FLOAT..... <input type="checkbox"/> SPRING..... <input type="checkbox"/> O-RING(S)..... <input type="checkbox"/> MODULE..... <input type="checkbox"/> OTHER..... <input type="checkbox"/> DESCRIBE: | | |
| | FINAL TEST | Held at _____ PSID Closed Tight <input type="checkbox"/> | Held at _____ PSID Closed Tight <input type="checkbox"/> | Opened at _____ PSID | Air Inlet: Opened at _____ PSID Opened Fully? Yes <input type="checkbox"/> No <input type="checkbox"/> Check Valve: Held at _____ PSID | |

Comments: _____

| | | | | |
|---------------------|---------------|-----------------|-------------------------------|-------------------------------|
| Initial Test | Date: _____ | Tester #: _____ | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> |
| | Signed: _____ | Print: _____ | Phone: _____ | |

| | | | | |
|-------------------|---------------|-----------------|-------------------------------|-------------------------------|
| Final Test | Date: _____ | Tester #: _____ | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> |
| | Signed: _____ | Print: _____ | Phone: _____ | |

Send Report To:
 Cody Nicolae or Cel Pasillas
 Water Quality Technicians, City of Garden Grove

Copy To:
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