



**City of Garden Grove – Public Works Department
Water Service Division – Water Quality Section
13802 Newhope St, Garden Grove, CA 92843
TEL (714) 741-5399 FAX (714) 638-9906**

BACKFLOW PREVENTION ASSEMBLY TEST & MAINTENANCE REPORT

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

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

This is a Replacement Assembly

This is a New Installation

		REDUCED PRESSURE PRINCIPLE ASSEMBLY		Line Pressure _____	
		DOUBLE CHECK ASSEMBLY			
	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB	
INITIAL TEST	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"/>	
				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 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:
 Zachary Barrett, Water Quality Supervisor
 Millie Castellanos-Rodriguez, WQ Tech/CCC Specialist
 City of Garden Grove

Copy To:
 Orange County Environmental Health
 1241 E Dyer Rd, Suite 120, Santa Ana, CA 92705