



**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					
	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"/>
					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"/>

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:
cross.connection@ggcity.org

Copy To:
ocbackflowtests@ochca.com