



Complete and Return to:
Laguna Beach County Water District
P.O Box 987
Laguna Beach, CA 92652
Email: backflow@lbcwd.org

BACKFLOW PREVENTION DEVICE TEST REPORT

NAME OF FACILITY:		SERVICE ADDRESS:		
ASSEMBLY LOCATION:				
WTS PERMIT NO.		LOCATION ID:	INSTALL DATE:	
BLD PERMIT NO.		Test Month:		
METER NO.	SERIAL NO.	MFR:	MODEL:	SIZE
TYPE: <input type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> DCDA <input type="checkbox"/> RPDA <input type="checkbox"/> DCDA II				
SERVICE TYPE: <input type="checkbox"/> DOMESTIC <input type="checkbox"/> LANDSCAPE <input type="checkbox"/> FIRE SYSTEM <input type="checkbox"/> BYPASS Line Pressure:				

	CHECK VALVE NO. 1/Bypass Single Check	CHECK VALVE NO. 2	REDUCED PRESSURE RELIEF VALVE	PRESSURE VACUUM BREAKER
INITIAL TEST	<input type="checkbox"/> LEAKED	<input type="checkbox"/> LEAKED	<input type="checkbox"/> OPEN AT _____ PSID	<input type="checkbox"/> AIR NET OPENED AT _____ PSID
PASS <input type="checkbox"/>	<input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> DID NOT OPEN	<input type="checkbox"/> DID NOT OPEN
FAIL <input type="checkbox"/>	HELD AT _____ PSID	HELD AT _____ PSID		<input type="checkbox"/> LEAKED
FINAL TEST	<input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> OPEN AT _____ PSID	<input type="checkbox"/> SATISFACTORY
PASS <input type="checkbox"/>	_____ PSID	_____ PSID	_____ PSID	
FAIL <input type="checkbox"/>				

COMMENTS	
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"I Hereby Certify that this Data is Accurate and Reflects the Proper Operation and Maintenance of the Assembly"

NAME OF CERTIFIED BACKFLOW PREVENTION ASSEMBLY TESTER (PRINT)		PHONE NO.	GAUGE NO.
INITIAL TEST	SIGNATURE OF BACKFLOW PREVENTION TESTER:	CERTIFIED TESTER NO.	DATE:
FINAL TEST	SIGNATURE OF BACKFLOW PREVENTION TESTER:	CERTIFIED TESTER NO.	DATE: