

La Cumbre Mutual Water Co. Cross-Connection Program

BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

RETURN COMPLETED TEST FORM BY:

INSTALL ID _____ ACCOUNT NO _____

NAME OF PREMISE _____ Commercial Residential

SERVICE ADDRESS _____ CITY _____ ZIP _____

CONTACT PERSON _____ PHONE _____ FAX _____

LOCATION OF ASSEMBLY _____

DOWNSTREAM PROCESS _____ DC RPBA PVB · OTHER _____

NEW INSTALLATION EXISTING REPLACEMENT OLD ASSEMBLY SERIAL NUMBER _____

MAKE OF ASSEMBLY _____ MODEL _____ SERIAL NO. _____ SIZE _____

INITIAL TEST	DC/RP CHECK VALVE NO 1	DC/RP CHECK VALVE NO 2	RPBA	PVB AIR INLET																																																
PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	LEAKED <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> _____ PSID	LEAKED <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> _____ PSID DETECTOR METER READ _____	OPENED AT _____ PSID #1 CHECK _____ PSID DID NOT OPEN <input type="checkbox"/>	OPENED AT _____ PSID DID NOT OPEN <input type="checkbox"/>																																																
NEW PARTS REPAIRS	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">CLEAN</td> <td style="text-align: center;">REPLACE</td> <td style="text-align: center;">PART</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Seat</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Port</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Disc</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>O-Ring</td> </tr> </table>	CLEAN	REPLACE	PART	<input type="checkbox"/>	<input type="checkbox"/>	Seat	<input type="checkbox"/>	<input type="checkbox"/>	Port	<input type="checkbox"/>	<input type="checkbox"/>	Disc	<input type="checkbox"/>	<input type="checkbox"/>	O-Ring	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">CLEAN</td> <td style="text-align: center;">REPLACE</td> <td style="text-align: center;">PART</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Seat</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Port</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Disc</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>O-Ring</td> </tr> </table>	CLEAN	REPLACE	PART	<input type="checkbox"/>	<input type="checkbox"/>	Seat	<input type="checkbox"/>	<input type="checkbox"/>	Port	<input type="checkbox"/>	<input type="checkbox"/>	Disc	<input type="checkbox"/>	<input type="checkbox"/>	O-Ring	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">CLEAN</td> <td style="text-align: center;">REPLACE</td> <td style="text-align: center;">PART</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Seat</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Port</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Disc</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>O-Ring</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Relief Valve</td> </tr> </table>	CLEAN	REPLACE	PART	<input type="checkbox"/>	<input type="checkbox"/>	Seat	<input type="checkbox"/>	<input type="checkbox"/>	Port	<input type="checkbox"/>	<input type="checkbox"/>	Disc	<input type="checkbox"/>	<input type="checkbox"/>	O-Ring	<input type="checkbox"/>	<input type="checkbox"/>	Relief Valve	CHECK VALVE HELD AT _____ PSID LEAKED <input type="checkbox"/> _____ CLEANED <input type="checkbox"/> REPAIRED <input type="checkbox"/>
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TEST AFTER REPAIRS	CLOSED TIGHT <input type="checkbox"/> _____ PSID	CLOSED TIGHT <input type="checkbox"/> _____ PSID	OPENED AT _____ PSID #1 CHECK _____ PSID	AIR INLET _____ PSID CHK VALVE _____ PSID																																																

REMARKS _____

TESTER'S SIGNATURE _____ CERT. NO. _____ DATE _____

TESTER'S NAME PRINTED _____ TESTER'S PHONE # () _____

REPAIRED BY _____ CERT. NO. _____ DATE _____

FINAL TEST BY _____ CERT. NO. _____ DATE _____

GAGE CALIBRATION DATE ____ / ____ / ____

PLEASE RETURN REPORT TO:
 La Cumbre Mutual Water Company
 695 Via Tranquila
 Santa Barbara, CA 93110
 office@lacumbrewater.com