



ELSINORE VALLEY

MUNICIPAL WATER DISTRICT

BACKFLOW TEST AND MAINTENANCE REPORT

Customer Name: _____

Acct #: _____ Meter #: _____

Service Address: _____

Backflow Assembly Information:

Size: _____ Manufacturer: _____ Model: _____ Serial #: _____

Location of Backflow: _____

Type: RP DC PVB DCDA RPDA

Meter Read: _____ Proper Installation: YES NO

	REDUCED PRESSURE PRINCIPAL ASSEMBLY			PRESSURE/SPILL-PROOF VACUUM BREAKER (PVB/SVB)
	DOUBLE CHECK VALVE		RELIEF VALVE	
	Check #1	Check #2		
INITIAL	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Holding PSID: _____	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Holding PSID: _____	R.V. Opening PSID: _____ <input type="checkbox"/> Discharging <input type="checkbox"/> Did Not Open	Opening PSID: _____ <input type="checkbox"/> Discharging <input type="checkbox"/> Did Not Open CHECK VALVE <input type="checkbox"/> Leaked Holding PSID: _____
REPAIR	<input type="checkbox"/> Cleaned Only <input type="checkbox"/> Replaced <input type="checkbox"/> Disc/O-Ring <input type="checkbox"/> Spring <input type="checkbox"/> Seat <input type="checkbox"/> Poppet <input type="checkbox"/> Test Cocks (#1/#2) <input type="checkbox"/> Other (Describe)	<input type="checkbox"/> Cleaned Only <input type="checkbox"/> Replaced <input type="checkbox"/> Disc/O-Ring <input type="checkbox"/> Spring <input type="checkbox"/> Seat <input type="checkbox"/> Poppet <input type="checkbox"/> Test Cocks (#3/#4) <input type="checkbox"/> Other (Describe)	<input type="checkbox"/> Cleaned Only <input type="checkbox"/> Replaced <input type="checkbox"/> Disc/O-Ring <input type="checkbox"/> Spring <input type="checkbox"/> Seat <input type="checkbox"/> Poppet <input type="checkbox"/> Stem <input type="checkbox"/> Diaphragm <input type="checkbox"/> Other (Describe)	<input type="checkbox"/> Cleaned Only <input type="checkbox"/> Replaced <input type="checkbox"/> Disc/O-Ring <input type="checkbox"/> Spring <input type="checkbox"/> Bonnet/Seat <input type="checkbox"/> Poppet <input type="checkbox"/> Cover <input type="checkbox"/> Other (Describe)
FINAL	Closed Tight? <input type="checkbox"/> Yes <input type="checkbox"/> No Holding PSID: _____	Closed Tight? <input type="checkbox"/> Yes <input type="checkbox"/> No Holding PSID: _____	RV Opening PSID: _____	Opening PSID: _____ Holding PSID: _____

TEST RESULTS – I certify the above to be true and correct.

INITIAL	Tested by: _____	Date: _____	<input type="checkbox"/> Passed
		Cert #: _____	<input type="checkbox"/> Failed
REPAIR	Repaired by: _____	Date: _____	
FINAL	Re-tested by: _____	Date: _____	<input type="checkbox"/> Passed
		Cert #: _____	<input type="checkbox"/> Failed

ASSEMBLY FAILURE/CUSTOMER FAILURE TO TEST: In accordance with State and Local laws, the assembly shall be repaired or replaced within 15 days of failure. Failure by the customer to complete assembly testing and submit reports in the stipulated timeframe shall result in the discontinuance of water service. **Required minimum Holding PSID for a #1 Check Valve on a reduced pressure principal assembly is 5.0 PSID.**

Additional Comments:

For any questions, please contact our Water Protection Department:
Phone: 951-674-3146 x8401 | Email: backflow@evmwd.net