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BACKFLOW TEST & MAINTENANCE REPORT

Status of Test: ANNUAL TEST NEW INSTALL REPLACED DEVICE (OLD#) _____

CUSTOMER/COMPANY INFORMATION:

Company/Customer Name: _____

Service Address: _____

Mailing Address: _____

ASSEMBLY INFORMATION:

Manufacturer: _____ Model: _____ SERIAL NO.: _____

Type of Assembly: RP DC PVB SVB FIRE SIZE: _____

Location of Assembly: _____

| | Check Valve #1 | Check Valve #2 | Relief Valve | Pressure Vacuum Breaker |
|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | <input type="checkbox"/> leaked or <input type="checkbox"/> closed tight | <input type="checkbox"/> leaked or <input type="checkbox"/> closed tight | opened at: _____ psi or <input type="checkbox"/> did not open | Air Inlet: opened at: _____ psi or <input type="checkbox"/> did not open |
| | differential pressure across check valve _____ psi | OPTIONAL TEST differential pressure across check valve _____ psi | Outlet shut-off valve: <input type="checkbox"/> leaked <input type="checkbox"/> closed tight | Check Valve: <input type="checkbox"/> leaked or held at _____ psi |
| | <input type="checkbox"/> cleaned only Replaced: <input type="checkbox"/> rubber kit <input type="checkbox"/> CV assembly or <input type="checkbox"/> disc <input type="checkbox"/> O-rings <input type="checkbox"/> Seat <input type="checkbox"/> spring <input type="checkbox"/> stem/guide <input type="checkbox"/> retainer <input type="checkbox"/> lock nuts <input type="checkbox"/> Other _____ | <input type="checkbox"/> cleaned only Replaced: <input type="checkbox"/> rubber kit <input type="checkbox"/> CV assembly or <input type="checkbox"/> disc <input type="checkbox"/> O-rings <input type="checkbox"/> Seat <input type="checkbox"/> spring <input type="checkbox"/> stem/guide <input type="checkbox"/> retainer <input type="checkbox"/> lock nuts <input type="checkbox"/> Other _____ | <input type="checkbox"/> RV cleaned only Replaced: <input type="checkbox"/> RV rubber kit <input type="checkbox"/> RV assembly or <input type="checkbox"/> disc <input type="checkbox"/> diaphragm (s) <input type="checkbox"/> seat <input type="checkbox"/> spring <input type="checkbox"/> guide <input type="checkbox"/> O-rings <input type="checkbox"/> Other _____ | <input type="checkbox"/> cleaned only Replaced: <input type="checkbox"/> rubber kit <input type="checkbox"/> CV assembly <input type="checkbox"/> disc, air inlet <input type="checkbox"/> disc, CV <input type="checkbox"/> seat, CV <input type="checkbox"/> spring, air inlet <input type="checkbox"/> spring, CV <input type="checkbox"/> retainer <input type="checkbox"/> guide <input type="checkbox"/> O-rings <input type="checkbox"/> Other _____ |
| | differential pressure across check valve _____ psi | differential pressure across check valve _____ psi | Relief valve opened at _____ psi | air inlet _____ psi check valve _____ psi |

This Assembly: PASSED FAILED **NOTE: All repairs shall be completed within five (5) working days.**

REMARKS: _____

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.

TESTER: _____ CERT. No: _____ DATE: _____

COMPANY: _____ TIME: _____

FOR GWC USE ONLY:

Account Number: _____ Date Posted: _____ Staff: _____