



# Yorba Linda Water District

1717 E. Miraloma Ave. : Placentia, P.O. Box 309  
 Yorba Linda, California 92885-0309  
 Phone: (714) 701-3100 Fax: (714) 701-3108

## BACKFLOW PREVENTION DEVICE FIELD TESTING & MAINTENANCE REPORT

ACCOUNT NUMBER:

OWNER:

ADDRESS:

LOCATION OF DEVICE:

Manufacturer:

Type:

Size:

Serial Number:

RP

DC

DCDA

PVB

<b>INITIAL</b>	<b>CHECK VALVE 1</b> Held at _____ PSID	<b>CHECK VALVE 2</b> Held at _____ PSID	<b>RELIEF VALVE</b> Opened at _____ PSID	<b>PVB</b> <b>AIR INLET</b> Opened at _____ PSID
<b>TEST</b>	Leaked <input type="checkbox"/>	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Did Not Open <input type="checkbox"/>

RESULTS: PASSED  FAILED

<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced _____ _____ _____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced _____ _____ _____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced _____ _____ _____	<b>CHECK VALVE</b> Held at _____ PSID Leaked <input type="checkbox"/> <input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced
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<b>FINAL TEST</b> _____ PSID	_____ PSID	Opened at _____ PSID	Air Inlet _____ PSID Check Valve _____ PSID
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REPAIRS: Give details of repairs made here:

RESULTS: PASSED  FAILED

TESTER'S SIGNATURE

PRINT NAME

TESTER NUMBER

DATE

TESTER'S FIRM

TELEPHONE NUMBER

ADDRESS CITY STATE ZIP

NOTES: TESTER'S SIGNATURE AFFIXED TO THIS FORM CERTIFIES THE ABOVE DATA TO BE CORRECT. TO ENSURE YOUR FILE IS PROPERLY UPDATED, PLEASE USE THIS FORM ONLY FOR YORBA LINDA WATER DISTRICT.