



# BACKFLOW PREVENTION ASSEMBLY TEST REPORT

**Orange Water and Sewer Authority**

OWASA

Assembly ID	0	Facility Name			
Acct Number		Meter #		Return Form By:	
Service Address			Schedule Code		
			Assembly Info (Replacement/Correction)		
Equip Location		SN	<input type="checkbox"/>		
Tap Number		Mfr	<input type="checkbox"/>		
Contact Name		Ph	Type	<input type="checkbox"/>	
Map Page		#2	Size	<input type="checkbox"/>	
			Model	<input type="checkbox"/>	
			Install Date		
			Permit Num		
Containment		Hazard Type		Haz. Level	

**For Irrigation Systems:** (Circle One)

Is the system equipped with a rain or soil moisture sensor?      Yes   No

Is the system equipped with an automatic controller?            Yes   No

Line pressure at time of test: \_\_\_\_\_ **REPORT OF TEST RESULTS**       Approved BFP

	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB	Shut Off Valves	#1	#2
<b>Initial Test</b>	<input type="checkbox"/> Held at PSID Apparent _____ Actual _____	<input type="checkbox"/> Held at PSID _____ PSID <input type="checkbox"/> Closed Tight	<input type="checkbox"/> Opened at _____ PSID <input type="checkbox"/> Did Not Open	<input type="checkbox"/> Air Inlet Opened at _____ PSID <input type="checkbox"/> Did not Open <input type="checkbox"/> Check Held at _____ PSID <input type="checkbox"/> Leaked	Closed Tight Leaked	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked				<input type="checkbox"/>	<input type="checkbox"/>
<b>R E P A I R</b>	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Diaphragm <input type="checkbox"/> Module <input type="checkbox"/> _____	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Module <input type="checkbox"/> _____	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Diaphragm <input type="checkbox"/> Seat <input type="checkbox"/> O-Ring(s) <input type="checkbox"/> Module <input type="checkbox"/> _____	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> Air Inlet Disc <input type="checkbox"/> Air Inlet Spring <input type="checkbox"/> Check Disc <input type="checkbox"/> Check Spring <input type="checkbox"/> Float <input type="checkbox"/> Diaphragm <input type="checkbox"/> _____	CLEANED REPLACED REPAIR	<input type="checkbox"/>	<input type="checkbox"/>
	Other/Notes: _____					Other	<input type="checkbox"/>

<b>Final Test</b>	<input type="checkbox"/> Held at PSID Apparent _____ Actual _____	_____ PSID <input type="checkbox"/> Closed Tight	<input type="checkbox"/> Opened at _____ PSID	Air Inlet _____ PSID CK Valve _____ PSID	Closed Tight	<input type="checkbox"/>	<input type="checkbox"/>

**THE ABOVE REPORT IS CERTIFIED TO BE TRUE:**

Initial Test By	Certificat	Date:	Gauge Num	Time	Company	Phone
Final Test By						
Repair By						