



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	<input type="checkbox"/>	Type	<input type="checkbox"/>
Map Page		#2	<input type="checkbox"/>	Size	<input type="checkbox"/>
			<input type="checkbox"/>	Model	<input type="checkbox"/>
			<input type="checkbox"/>	Install Date	
			<input type="checkbox"/>	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
Initial Test	<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"/>
R E P A I R	<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"/>

Final Test	<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"/>
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THE ABOVE REPORT IS CERTIFIED TO BE TRUE:

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