

**Lake Hemet Municipal Water District**

P.O. Box 5039, Hemet, California 92544-0039

Ph.# 951-658-3241 Fax# 951-766-7031

**TEST AND MAINTENANCE REPORT - BACKFLOW PREVENTION DEVICE**RP ☐DC ☐PVB ☐SVB ☐DCDA ☐RPDA ☐

Firm Name \_\_\_\_\_ Address \_\_\_\_\_

Size \_\_\_\_\_ Name and Model of Device \_\_\_\_\_ Serial No. \_\_\_\_\_

Location of Device \_\_\_\_\_ Meter No. \_\_\_\_\_

Meter Read \_\_\_\_\_

Proper Installation (Y/N) \_\_\_\_\_

Inlet Pressure \_\_\_\_\_

| Reduced Pressure Principle Assembly         |   |   |   |   | Notes: <span style="float: right;">PASS <input type="checkbox"/></span><br><br><span style="float: right;">FAIL <input type="checkbox"/></span> |
|---|---|---|---|---|---|
| Double check Valve Assembly                 |   |   | PVB/SVB   |   |   |
| Check Valve #1                              | Check Valve #2  | Relief Valve  |   |   |   |
| Initial Test                                | Held at _____ PSI   | Held at _____ PSI   | Opened at _____ PSI   | AIR INLET   |   |
|   | Leaked <input type="checkbox"/>   | Closed tight <input type="checkbox"/><br>Leaked <input type="checkbox"/>                                  | Did not open <input type="checkbox"/>   | Opened at _____ PSI<br>Did not open <input type="checkbox"/>  |   |
| REPAIRS: Give details of repairs made here. | <input type="checkbox"/> Cleaned<br><input type="checkbox"/> Replaced<br>_____<br>_____<br>_____<br>_____ | <input type="checkbox"/> Cleaned<br><input type="checkbox"/> Replaced<br>_____<br>_____<br>_____<br>_____ | <input type="checkbox"/> Cleaned<br><input type="checkbox"/> Replaced<br>_____<br>_____<br>_____<br>_____ | CHECK VALVE<br>Held at _____ PSI<br>Leaked <input type="checkbox"/>                                       | Office use only: ML <input type="checkbox"/> UD <input type="checkbox"/> MS <input type="checkbox"/>  |
|   |   |   |   | <input type="checkbox"/> Cleaned<br><input type="checkbox"/> Replaced<br>_____<br>_____<br>_____<br>_____ |   |
| Final Test                                  | Held at _____ PSI   | Held at _____ PSI<br>Closed Tight <input type="checkbox"/>  | Opened at _____ PSI   | Air inlet _____ PSI<br>Check Valve _____ PSI  | <input type="checkbox"/> PASS <input type="checkbox"/> FAIL   |

**LHMWD Contract worker Info.**

Company Name: \_\_\_\_\_ Ph# \_\_\_\_\_ Cert# \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**CERTIFICATION:** The above report is certified to be true, accurate and complete.

Tested By \_\_\_\_\_

Signature (LHMWD Backflow Contractor)