



COMMUNITY WATER COMPANY OF GREEN VALLEY

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 FOR ADDITIONAL INFORMATION VISIT OUR WEB SITE AT WWW.COMMUNITYWATER.COM

BACK FLOW TEST REPORT

CUSTOMER _____

ACCOUNT NO. _____

SERVICE ADDRESS _____

METER NO. _____

TYPE OF DEVICE _____

MANUFACTURER _____ MODEL _____

SIZE _____ SERIAL NO. _____ DATE INSTALLED _____

DEVICE LOCATION _____

	CHECK #1 VALVE	CHECK #2 VALVE	DIFFERENTIAL PRESSURE RELIEF VALVE	PRESSURE VACUUM BREAKER
INITIAL TEST	1. LEAKED RP _____ PSID <input type="checkbox"/> 2. CLOSED TIGHT <input type="checkbox"/>	1. LEAKED <input type="checkbox"/> 2. CLOSED TIGHT <input type="checkbox"/>	OPENED AT _____ PSID REDUCED PRESSURE DID NOT OPEN <input type="checkbox"/>	AIR INLET OPENED AT _____ PSID DID NOT OPEN <input type="checkbox"/>
R E P A I R S	CLEANED <input type="checkbox"/> REPLACED: <input type="checkbox"/> DISC <input type="checkbox"/> SPRING <input type="checkbox"/> GUIDE <input type="checkbox"/> PIN RETAINER <input type="checkbox"/> HINGE PIN <input type="checkbox"/> SEAT <input type="checkbox"/> DIAPHRAM <input type="checkbox"/> OTHER, DESCRIBE <input type="checkbox"/>	CLEANED <input type="checkbox"/> REPLACED: <input type="checkbox"/> DISC <input type="checkbox"/> SPRING <input type="checkbox"/> GUIDE <input type="checkbox"/> PIN RETAINER <input type="checkbox"/> HINGE PIN <input type="checkbox"/> SEAT <input type="checkbox"/> DIAPHRAM <input type="checkbox"/> OTHER, DESCRIBE <input type="checkbox"/>	CLEANED <input type="checkbox"/> REPLACED: <input type="checkbox"/> DISC: <input type="checkbox"/> UPPER <input type="checkbox"/> LOWER <input type="checkbox"/> SPRING <input type="checkbox"/> DIAPHRAM: <input type="checkbox"/> LARGE: <input type="checkbox"/> UPPER <input type="checkbox"/> LOWER <input type="checkbox"/> SMALL <input type="checkbox"/> SEAT: <input type="checkbox"/> UPPER <input type="checkbox"/> LOWER <input type="checkbox"/> SPACER: <input type="checkbox"/> LOWER <input type="checkbox"/> OTHER, DESCRIBE <input type="checkbox"/>	CHECK VALVE: <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> DID NOT CLOSE <input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED: <input type="checkbox"/> AIR INLET <input type="checkbox"/> DISK <input type="checkbox"/> CHECK DISK <input type="checkbox"/> AIR INLET <input type="checkbox"/> SPRING <input type="checkbox"/> CHECK SPRING <input type="checkbox"/> OTHER, DESCRIBE <input type="checkbox"/>
FINAL TEST	RP _____ PSID CLOSED TIGHT	CLOSED TIGHT	OPENED AT _____ PSID REDUCED PRESSURE	AIR INLET _____ PSID CHECK VALVE _____ PSID

INITIAL TEST BY: _____ CERTIFIED TESTER NO. _____ DATE _____ PASS FAIL

REPAIRED BY: _____ DATE _____

FINAL TEST BY: _____ CERTIFIED TESTER NO. _____ DATE _____ PASS FAIL

COMMENTS: _____

TESTING FIRM NAME _____ ADDRESS _____ The above device is operating properly: _____
 Signature of tester _____

THIS REPORT MUST BE COMPLETED AND RETURNED BY _____

Our mission... is to reliably deliver drinking water to our customers, and to maintain a sustainable water supply.