



South Mesa Water Company

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Calimesa, California 92320-0458

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Backflow Assembly Test Report

Property Owner: _____ Phone: _____ Email: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Assembly Address: _____ City: _____ State: _____ Zip: _____

Assembly Type: _____ Meter Number: _____ Line Pressure: _____ psi

Manufacturer: _____ Model: _____ Size: _____ Serial Number: _____

Assembly Location: _____

Existing New Removed Replacement

	Initial Test Results	Test After Repairs or Cleaning
RPBA	Relief Valve Opened: _____psid (2 min) #2 Check Valve: Closed Tight..... <input type="checkbox"/> Leaked..... <input type="checkbox"/> #1 Check Valve: Closed Tight..... <input type="checkbox"/> Leaked..... <input type="checkbox"/> #1 Pressure Drop: _____psid (5 min) Minimum AG Present: Yes <input type="checkbox"/> No <input type="checkbox"/>	Relief Valve Opened: _____psid (2 min) #2 Check Valve: Closed Tight..... <input type="checkbox"/> Leaked..... <input type="checkbox"/> #1 Check Valve: Closed Tight..... <input type="checkbox"/> Leaked..... <input type="checkbox"/> #1 Pressure Drop: _____psid (5 min) Minimum AG Present: Yes <input type="checkbox"/> No <input type="checkbox"/>
DCVA	#1 Check Valve: Tight <input type="checkbox"/> _____psid Leaked <input type="checkbox"/> #2 Check Valve: Tight <input type="checkbox"/> _____psid Leaked <input type="checkbox"/>	#1 Check Valve: Tight <input type="checkbox"/> _____psid Leaked <input type="checkbox"/> #2 Check Valve: Tight <input type="checkbox"/> _____psid Leaked <input type="checkbox"/>
PVBA/ SVBA	Air Inlet: Opened at _____psid Failed to open <input type="checkbox"/> Air Inlet Opened Fully: Yes <input type="checkbox"/> No <input type="checkbox"/> Check Valve: _____psid Leaked <input type="checkbox"/>	Air Inlet: Opened at _____psid Failed to open <input type="checkbox"/> Air Inlet Opened Fully: Yes <input type="checkbox"/> No <input type="checkbox"/> Check Valve: _____psid Leaked <input type="checkbox"/>
AG	Pipe Diameter: _____inches Separation: _____inches Minimum Separation: Yes <input type="checkbox"/> No <input type="checkbox"/>	Pipe Diameter: _____inches Separation: _____inches Minimum Separation: Yes <input type="checkbox"/> No <input type="checkbox"/>
RESULT	Initial Test: Passed <input type="checkbox"/> Failed <input type="checkbox"/> Date: _____	After Repairs: Passed <input type="checkbox"/> Date: _____

Proper Installation: Yes No

Approved Assembly: Yes No

Comments, Repairs and/or Remarks: _____

In completing and submitting this test report, the tester certifies that the assembly has been tested and maintained in accordance with all of the applicable rules and regulations of the water system, and state regulations.

Test Equipment: Make _____ Model _____ Serial # _____ Calibration Date _____

Certified Tested By:

Sign: _____ Cert # _____

- Off at #2 Shut Off
- Service Restored
- Off at Meter

Print: _____ Date: _____

Company: _____ Phone: _____