South Mesa Water Company

Telephone (909) 795-2401 ● Fax (909) 795-5299
391 West Avenue L ● P.O. Box 458
Calimesa, CA 92320-0458
Email: Info@southmesawater.com

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..... ☐ Leaked..... ☐ #1 Check Valve: Closed Tight..... ☐ Leaked..... ☐ #1 Pressure Drop: _____psid (5 min) Minimum AG Present: Yes ☐ No ☐	Relief Valve Opened: _____psid (2 min) #2 Check Valve: Closed Tight..... ☐ Leaked..... ☐ #1 Check Valve: Closed Tight..... ☐ Leaked..... ☐ #1 Pressure Drop: _____psid (5 min) Minimum AG Present: Yes ☐ No ☐
DCVA	#1 Check Valve: Tight ☐ _____psid Leaked ☐ #2 Check Valve: Tight ☐ _____psid Leaked ☐	#1 Check Valve: Tight ☐ _____psid Leaked ☐ #2 Check Valve: Tight ☐ _____psid Leaked ☐
PVBA/ SVBA	Air Inlet: Opened at _____psid Failed to open ☐ Air Inlet: Opened Fully: Yes ☐ No ☐ Check Valve: _____psid Leaked ☐	Air Inlet: Opened at _____psid Failed to open ☐ Air Inlet: Opened Fully: Yes ☐ No ☐ Check Valve: _____psid Leaked ☐
AG	Pipe Diameter: _____ inches Separation: _____ inches Minimum Separation: Yes ☐ No ☐	Pipe Diameter: _____ inches Separation: _____ inches Minimum Separation: Yes ☐ No ☐
RESULT	**Initial Test: Passed** ☐ **Failed** ☐ **Date:** _____	**After Repairs: Passed** ☐ **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
Print: _____ Date: _____ ☐ Service Restored
Company: _____ Phone: _____ ☐ Off at Meter