

WATER CUSTOMER INFORMATION		ASSEMBLY INFORMATION	
CUSTOMER NAME:		TYPE: _____	SERIAL NO.: _____
CARE OF:		MODEL: _____	SIZE: _____ MFG: _____
MAILING ADDRESS:		TYPE OF SERVICE: <input type="checkbox"/> DOMESTIC <input type="checkbox"/> IRRIGATION <input type="checkbox"/> FIRE <input type="checkbox"/> POOL	
		<input type="checkbox"/> EXISTING <input type="checkbox"/> NEW <input type="checkbox"/> REPLACEMENT	
CITY, STATE, ZIP:		DCDA METER READING: _____	
		REPLACEMENT OLD ASSEMBLY SN: _____	

WATER SERVICE LOCATION	
BUSINESS NAME:	_____
SERVICE ADDRESS:	_____
ASSEMBLY LOCATION:	_____

REPORT OF TEST RESULTS					
	DOUBLE CHECK VALVE ASSEMBLY			SPILL PROOF VACUUM BREAKER	
	REDUCED PRESSURE PRINCIPLE ASSEMBLY			PRESSURE VACUUM BREAKER	
	CHECK VALVE NO.1	CHECK VALVE NO.2	RELIEF VALVE	AIR INLET VALVE	CHECK VALVE
INITIAL TEST	CLOSED TIGHT <input type="checkbox"/> _____psid LEAKED <input type="checkbox"/>	CLOSED TIGHT <input type="checkbox"/> _____psid LEAKED <input type="checkbox"/>	OPENED AT: _____psid OPENED UNDER 2.0 psid or DID NOT OPEN <input type="checkbox"/>	BODY DRAINED <input type="checkbox"/> OPENED AT: _____psid 1.0 psid OR DID NOT OPEN <input type="checkbox"/>	CLOSED TIGHT <input type="checkbox"/> _____psid LEAKED <input type="checkbox"/>
REPAIRS	1) CLEANED <input type="checkbox"/> REPLACED: 2) DISC <input type="checkbox"/> 3) SPRING <input type="checkbox"/> 4) GUIDE <input type="checkbox"/> 5) SEAT <input type="checkbox"/> 6) MODULE <input type="checkbox"/> 7) O-RINGS <input type="checkbox"/> 8) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> REPLACED: 2) DISC <input type="checkbox"/> 3) SPRING <input type="checkbox"/> 4) GUIDE <input type="checkbox"/> 5) SEAT <input type="checkbox"/> 6) MODULE <input type="checkbox"/> 7) O-RINGS <input type="checkbox"/> 8) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> 2) EXERCISED <input type="checkbox"/> REPLACED: 3) DISC(S) <input type="checkbox"/> 4) SPRING <input type="checkbox"/> 5) DIAPHRAGM(S) <input type="checkbox"/> 6) SEAT(S) <input type="checkbox"/> 7) O-RING(S) <input type="checkbox"/> 8) MODULE <input type="checkbox"/> 9) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> 2) EXERCISED <input type="checkbox"/> REPLACED: 3) DISC <input type="checkbox"/> 4) GUIDE <input type="checkbox"/> 5) FLOAT <input type="checkbox"/> 6) SEAT <input type="checkbox"/> 7) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> REPLACED: 2) DISC <input type="checkbox"/> 3) SPRING <input type="checkbox"/> 4) GUIDE <input type="checkbox"/> 5) SEAT <input type="checkbox"/> 6) MODULE <input type="checkbox"/> 7) OTHER <input type="checkbox"/>
FINAL TEST	CLOSED TIGHT <input type="checkbox"/> _____psid	CLOSED TIGHT <input type="checkbox"/> _____psid	OPENED AT: _____psid	OPENED AT: _____psid	CLOSED TIGHT <input type="checkbox"/> _____psid

THE ABOVE REPORT IS CERTIFIED TO BE TRUE BY:

INITIAL TEST Pass Fail START TIME: _____ END TIME: _____ DATE: _____

NOTE: TO PASS, A 3 PSI BUFFER IS REQUIRED BETWEEN THE #1 CHECK AND THE RELIEF VALVE ON AN RP

FINAL TEST Pass Fail START TIME: _____ END TIME: _____ DATE: _____

AWWA CERTIFICATE #: _____ NAME (PRINT) _____

SIGNATURE _____

MAIL TO:
City of Cotati
Water Department
ATTN: BACKFLOW
201 W. Sierra Ave.
Cotati, CA 94931



COMMENTS

ORIGINAL TO CITY