CITY OF WOODLAND
CALIFORNIA

BACKFLOW PREVENTION ASSEMBLY TEST REPORT

Office: (530) 661-5962
Fax: (530) 661-1290
Email: backflow@cityofwoodland.org

WATER CUSTOMER INFORMATION

CUSTOMER NAME: _____
CARE OF (MGMT): _____
MAILING ADDRESS: _____
CITY, STATE, ZIP: _____
CONTACT PHONE #: _____
EMAIL ADDRESS: _____

☐ **MAILING ADDRESS CORRECTION REQUESTED**

ASSEMBLY INFORMATION

TYPE: _____ SIZE: _____ MFG: _____
MODEL: _____ SERIAL NO.: _____
☐ EXISTING ⇨ REFERENCE NO.: _____
☐ REPLACEMENT ⇨ OLD ASSEMBLY SERIAL NO.: _____
☐ NEW ⇨ PLUMBING PERMIT NO.: _____
TYPE OF SERVICE: DOMESTIC ☐ IRRIGATION ☐ FIRE ☐

WATER SERVICE LOCATION

BUSINESS NAME: _____

SERVICE ADDRESS: _____ CITY: _____

WATER PURVEYOR: CITY OF WOODLAND   IS DEVICE LOCATED AT METER   Yes ☐ or No ☐

ASSEMBLY LOCATION: _____ METER SERIAL #

(Please use dimensions and reference – Lot Lines, Curb, or other permanent features.)

INTERNAL ☐ _____

(Please provide location, name of room, room number, unit number, or suite number if the device is an internal assembly.)

TEST RESULTS INFORMATION

DOUBLE CHECK VALVE ASSEMBLY   ***The City of Woodland follows the testing procedures of the 10th Edition of the USC Manual of Cross-Connection Control

REDUCED PRESSURE PRINCIPLE ASSEMBLY | **PRESSURE VACUUM BREAKER**

	CHECK VALVE NO.1	CHECK VALVE NO. 2	DIFFERENTIAL RELIEF VALVE	AIR INLET VALVE	CHECK VALVE
INITIAL TEST	HELD AT: _____._____ PSID LEAKED ☐	HELD AT: ____._____ PSID CLOSED TIGHT (RP) ☐ LEAKED ☐	OPENED AT: _____._____ PSID OPENED UNDER 2.0 PSID OR DID NOT OPEN ☐	OPENED AT: _____._____ PSID OPENED UNDER 1.0 PSID OR DID NOT OPEN ☐	HELD AT: _____._____ PSID LEAKED ☐
R E P A I R	1) CLEANED REPLACED ☐ 2) DISC ☐ 3) SPRING ☐ 4) GUIDE ☐ 5) SEAT ☐ 6) MODULE ☐ 7) OTHER ☐	1) CLEANED REPLACED ☐ 2) DISC ☐ 3) SPRING ☐ 4) GUIDE ☐ 5) SEAT ☐ 6) MODULE ☐ 7) OTHER ☐	1) CLEANED ☐ 2) EXERCISED REPLACED: ☐ 3) DISC(S) ☐ 4) SPRING ☐ 5) DIAPHRAGM(S) ☐ 6) SEAT(S) 7) O-RING(S) ☐ 8) MODULE ☐ 9) OTHER ☐	1) CLEANED REPLACED: ☐ 1) DISC ☐ 3) DIAPHRAGM ☐ 4) FLOAT ☐ 5) OTHER ☐	1) CLEANED REPLACED: ☐ 1) DISC ☐ 1) MODULE ☐ 4) OTHER ☐
TEST AFTER REPAIR	HELD AT: _____ _____ PSID	HELD AT: _____ _____ PSID CLOSED TIGHT (RP) ☐	OPENED AT: _____._____ PSID	OPENED AT: _____._____ PSID	HELD AT: _____._____ PSID

INITIAL TEST	TEST AFTER REPAIR
START TIME: _____	START TIME: _____
END TIME: _____	END TIME: _____
DATE:	DATE:

COMMENTS: _____

ASSEMBLY: PASSED ☐   FAILED ☐   RE-TEST ☐

TESTERS: if Assembly has FAILED, please notify City of Woodland Cross-Connection Control within **24 hours** of failed test date (Phone number below) and then mail the test report immediately to the address below.

MAIL ORIGINAL COPY TO →
OR **EMAIL** PDF TO:
backflow@cityofwoodland.org
NO FACSIMILES

ATTN: CROSS-CONNECTION CONTROL
655 N PIONEER AVE
WOODLAND, CA 95776-6112
(530) 661-5962

AWWA TESTER NO.: _____
BUSINESS NAME: _____
PRINT YOUR NAME: _____
SIGNATURE: _____
CONTACT PHONE #: _____
EMAIL: _____

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