



LIBERTY UTILITIES - DOWNEY BACKFLOW TEST AND MAINTENANCE REPORT

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Attn: Jonathan Garcia
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Customer _____
Service Address: _____
Account Number: _____
Meter No.: _____

Backflow Mfg.: Size _____ Manf: _____ Model: _____ Serial #: _____

Location: _____

Inlet PSI: _____ Meter Read: _____ Proper Installation: Yes / No

		REDUCED PRESSURE PRINCIPAL ASSEMBLY			
		DOUBLE CHECK VALVE		Relief Valve	PVB
		Check #1	Check #2		Pressure
					Vacuum Breaker
<input type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> DCDA <input type="checkbox"/> RPDA	Initial Test	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight _____ Actual PSID	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight _____ Holding PSID	R.V. Opening _____ PSID <input type="checkbox"/> Discharging <input type="checkbox"/> Did Not Open	Opening PSID _____ Did Not Open <input type="checkbox"/> Discharging <input type="checkbox"/> <div style="text-align: center;">Check Valve</div> <input type="checkbox"/> Leaked _____ Holding PSID
	Final Test	<input type="checkbox"/> Cleaned Only <input type="checkbox"/> Replaced <input type="checkbox"/> Disc / O-Ring <input type="checkbox"/> Spring <input type="checkbox"/> Seat <input type="checkbox"/> Poppet <input type="checkbox"/> Test Cocks (#1 or #2) <input type="checkbox"/> Other (Describe)	<input type="checkbox"/> Cleaned Only <input type="checkbox"/> Replaced <input type="checkbox"/> Disc / O-Ring <input type="checkbox"/> Spring <input type="checkbox"/> Seat <input type="checkbox"/> Poppet <input type="checkbox"/> Test Cocks (#3 or #4) <input type="checkbox"/> Other (Describe)	<input type="checkbox"/> Cleaned Only <input type="checkbox"/> Replaced <input type="checkbox"/> Disc / O-Ring <input type="checkbox"/> Seat <input type="checkbox"/> Stem <input type="checkbox"/> Spring <input type="checkbox"/> Poppet <input type="checkbox"/> Diaphragm <input type="checkbox"/> Other (Describe)	<input type="checkbox"/> Cleaned Only <input type="checkbox"/> Replaced <input type="checkbox"/> Poppet/Disc <input type="checkbox"/> Spring <input type="checkbox"/> Bonnet/Seat <input type="checkbox"/> Cover <input type="checkbox"/> Other (Describe)

TEST RESULTS - I certify the above to be true and correct.

INITIAL	Date: _____ Cert #: _____	Tested By (Name & Company): _____	<input type="checkbox"/> Passed <input type="checkbox"/> Failed
REPAIR	Date: _____	Repaired By (Name & Company): _____	
FINAL	Date: _____ Cert #: _____	Retested By (Name & Company): _____	<input type="checkbox"/> Passed <input type="checkbox"/> Failed

ASSEMBLY FAILURE/CUSTOMER FAILURE TO TEST: In accordance with State and Local laws, the assembly shall be repaired or replaced within 15 days of failure. Failure by the customer to complete assembly testing and submit reports in the stipulated time frame shall result in the discontinuance of water service.

Required minimum holding PSID for a #1 Check Valve on a reduced pressure principle assembly is 5.0 PSID.