

# LIBERTY UTILITIES - DOWNEY BACKFLOW TEST AND MAINTENANCE REPORT

9750 Washburn Rd., P.O. Box 7002, Downey, CA 90241-7002  
Phone (562) 805-2038

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"/>  <b style="text-align: center;">Check Valve</b> <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.**

<b>INITIAL</b>	Date: _____ Cert #: _____	Tested By: _____	<input type="checkbox"/> Passed <input type="checkbox"/> Failed
<b>REPAIR</b>	Date: _____	Repaired By: _____	
<b>FINAL</b>	Date: _____ Cert #: _____	Retested By: _____	<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.**