CITY OF HUNTINGTON BEACH WATER DEPARTMENT BACKFLOW DEVICE TEST REPORT ☐ New Installation ☐ Replacement ☐ Existing Old Serial #: ______ attach photos Facility Name: Address Device Location: _____ Device Serves: _____ Meter#:_____ Type:____ Size:____ Mfg:____ Model:____ Passed [] Fail [] Line Pressure: RP 🗆 RPDA □ REDUCED PRESSURE PRINCIPLE ASSEMBLY DC 🗆 DCDA 🗆 PVB 🗆 Air Gap DOUBLE CHECK VALVE ASSEMBLY SVB 🗆 AVB 🗆 CHECK VALVE #1 **CHECK VALVE #2** RELIEF VALVE PVB / SVB Leaked Leaked Did not open AIR INLET INITIAL Did not open \square Closed Tight TEST Opened at _____ PSID Held at _____ PSID Held at _____ PSID Opened at _____ PSID CHECK VALVE Cleaned Cleaned Cleaned REPAIRS Replaced Replaced Replaced Leaked Held at _____ PSID DETAILS Cleaned Replaced AIR INLET Opened at PSID CHECK VALVE Closed Tight **FINAL** TEST **PSID PSID** Held at Held at PSID Opened at PSID Held at Comments: _____ THE ABOVE REPORT IS CERTIFIED TO BE TRUE. Tester# Tester Signature Passed Failed Print Name Phone # Date Initial Test Repairs

Return completed form by e-mail to crossconnection@surfcity-hb.org or mail to: City of Huntington Beach, Attn: Utilities Div. - CC P.O. Box 190, Huntington Beach, CA 92648

Final Test