TEST AND MAINTENANCE REPORT – BACKFLOW PREVENTION ASSEMBLY

Please correct or complete information below: (Serial # to be completed each test) _____. <mark>*** Please also note any detector assembly meter reading, when applicable.**</mark>

Location:

Serial#

Equipment:

Return to:
Rose Hess – BACKFLOW PROGRAM
City of Buellton
PO Box 1819
Buellton, CA 93427

RETURN COMPLETED REPORT BY:

Date Submitted:

<mark>**(Note: test reports are to be submitted to the City within 48 hours of completion)**</mark>

Fire Service/ Detector	*Fire Service Yes ☐ No ☐		*Detector Yes ☐ No ☐	*Detector Assembly Meter Reading: _____	
Type of Use	Domestic ☐ Fire ☐ Irrigation ☐ Commercial/Industrial ☐ Recycled ☐				
Assembly	Reduced Pressure Principle Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly		**Diff. Pres Relief Valve** Differential (2 PSID Min)	**Air Inlet**	**Check Valve**
	Check Valve #1	**Check Valve #2**		Opened at: _____ PSID	Held at: _____ PSID
Initial Test	Held at:_____PSID Leaked ☐	Held at: _____ PSID Closed Tight ☐ Leaked ☐	Opened _____PSID Did not open ☐	Did not open ☐	Leaked ☐
Repairs and Materials Used	Cleaned ☐ Replaced: Disc ☐ Spring ☐ ☐ Diaphragm ☐ Guide ☐ Pin.Ret ☐ Hinge Pin ☐ Seat ☐ Other ☐ Shut-off Valve ☐	Cleaned ☐ Replaced: Disc ☐ Spring ☐ ☐ Diaphragm ☐ Guide ☐ Pin.Ret ☐ Hinge Pin ☐ Seat ☐ Other ☐ Shut-off Valve ☐	Cleaned ☐ Replaced: Disc: Upper ☐ Lower ☐ Spring ☐ Diaphragm ☐ Large-Upper ☐ Lower ☐ Small ☐ Seat: Upper ☐ Lower ☐ Spacer ☐	Cleaned ☐ Replaced: Disc ☐	Cleaned ☐ Replaced Disc ☐ Spring ☐ Diaphragm ☐ Float ☐ Seat ☐ Other ☐ Shut-off Valve ☐
Test After Repair	_____ PSID	_____ PSID Closed Tight ☐	Opened at: _____ PSID	Opened at: _____ PSID	Held at: _____ PSID

COMMENTS: _____
_____

INITIAL TEST

Date: _____   Certified Tester No.: _____   Passed ☐   Failed ☐

Test by (Signature) _____   Print Name _____

REPAIR / REPLACE / FINAL TEST (Please circle action performed)

Date: _____   Certified Tester No.: _____   Passed ☐   Failed ☐

Repaired by (Signature) _____   Print Name _____

Testers Business Name_____   Acknowledged _____
Owner/Occupant

TO: PREMISES OWNER OR OCCUPANT

FROM: CITY OF BUELLTON

SUBJECT: **NOTICE TO TEST BACKFLOW PREVENTION ASSEMBLY**

Our records indicate the backflow prevention assembly described on the reverse side of this notice is due for annual testing. This backflow prevention assembly has been installed on premises owned or occupied by you for the protection of the potable water supply.

Under the requirements of the California Code of Regulations Title 17, the Santa Barbara County Code and your local jurisdiction, you are directed to have the assembly tested to ensure that it is functioning satisfactorily. Testing is required to be performed when first putting the assembly into service and at least annually for the life of the assembly. If found defective, the assembly shall be repaired or replaced without delay. Repair or replacement must be followed by a test to ensure effective operation. Please provide this test paperwork to the certified tester.

If tests have been made on a yearly basis, please forward the information to me below via fax, email or postal mail. If this information is not available or has not been done, please have the testing performed by a person holding a current California State Backflow Assembly Tester certificate and using a test gauge that has proof of accuracy or calibration on an annual basis.

If an assembly fails its test, please have the necessary repairs made. Upon completion of a satisfactory test, the enclosed Test Maintenance Report form must be filled in and returned to this office.

A person possessing a valid certificate of competence issued by the American Water Works Association (AWWA), County of Ventura or San Luis Obispo Health Department, must perform the testing. A list of companies supplying certified tester service is enclosed for your convenience. Please return the completed test reports (s) to the City of Buellton, to the address below. The responsibility for returning the form rests solely with the owner or occupant, unless the owner or occupant authorizes the tester to send the report to the City. *Please note that test reports are to be mailed within 48 hours of being completed.*

Please feel free to contact me by email or phone if you need additional information.

Sincerely,