

BACKFLOW PREVENTION ASSEMBLY TEST REPORT

NORTHSTAR COMMUNITY SERVICES DISTRICT

900 Northstar Drive, Truckee, CA 96161

P: 530-562-0747 F: 530-562-1505 Web: www.northstarcsd.org



Submit completed test forms to: backflow@northstarcsd.org

Customer Name:

Service Address:

Mailing Address:

Assessor's Parcel Number:

Total Number of Devices at this Location:

PLEASE SELECT ONE: ☐ Annual Test ☐ New Device ☐ Replacement
Replaced Devices Serial Number:

TYPE OF SERVICE: ☐ Domestic Supply ☐ Fire Protection ☐ Irrigation ☐ Other

DEVICE INFORMATION:

TYPE: ☐ RP Device ☐ Double Check ☐ PVB ☐ Other

Manufacturer Model Size

Serial Number Location

Please be advised that Double Check Valve assemblies are not allowed on irrigation systems.	REDUCED PRESSURE PRINCIPLE ASSEMBLY (RP)			PRESSURE VACUUM BREAKER	
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	1st Check	2nd Check			
INITIAL TEST (Select One) <input type="checkbox"/> Passed <input type="checkbox"/> Failed	Held at: _____ psid <input type="checkbox"/> Leaked	Held at: _____ psid <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	Opened at: _____ psid <input type="checkbox"/> Did Not Open	Opened at: _____ psid <input type="checkbox"/> Did Not Open	Held at: _____ psid <input type="checkbox"/> Leaked
REPAIRS/ MATERIALS USED					
FINAL TEST (Select One) <input type="checkbox"/> Passed <input type="checkbox"/> Failed	Held at: _____ psid <input type="checkbox"/> Leaked	Held at: _____ psid <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	Opened at: _____ psid	Opened at: _____ psid	Held at: _____ psid

Comments:

The cross-connection control assembly detailed herein has been tested and maintained as required by Title 17 of the California Administrative Code and Northstar Community Services District Water Ordinance and is certified to comply with these regulations. All testers must have a copy of their current AWWA certification and test equipment calibration certificate on file with the District.

THE ABOVE IS CERTIFIED TO BE TRUE:

Tester's Company Name: _____

Today's Test Date: _____

Certified Tester _____

AWWA Cert Number _____

Gauge Serial Number _____