City of West Sacramento
Department of Public Works
Backflow Division
4300 West Capitol Ave
West Sacramento, CA 95691
(916) 617-4850 • FAX (916) 371-1516

BACKFLOW ASSEMBLY TEST REPORT

ASSEMBLY INFORMATION			
TYPE:	SIZE:	MFG:	
MODEL:	SERIAL NO.:		
☐ EXISTING ⇒ REFERENCE NO.:			
☐ REPLACEMENT ⇒ OLD ASSEMBLY SERIAL NO.:			
☐ NEW ⇒ PLUMBING PERMIT NO.:			
TYPE OF SERVICE: DOMESTIC ☐	IRRIGATION ☐	FIRE ☐	

FACILITY

BUSINESS NAME: _____ SITE PHONE: _____

SITE ADDRESS: _____ CITY: _____

ASSEMBLY LOCATION: _____

(Please use dimensions and references – Lot Lines, Property Lines, Curb, and/or other permanent features/landmarks)

OWNER / MANAGEMENT

HOME OR PERSONAL INFORMATION IS NOT GIVEN ON PUBLIC RECORD SEARCHES. ARE THE ADDRESS AND THE PHONE NUMBER BELOW FOR YOUR HOME OR BUSINESS? **HOME:** ☐ **BUSINESS:** ☐ ☐ MAILING ADDRESS CORRECTION REQUESTED

OWNER / CONTACT NAME (ATTN): _____ PHONE: _____

MANAGEMENT NAME (C/O): _____ CELL PHONE: _____

MAILING ADDRESS: _____ FAX NUMBER: _____

CITY, STATE, & ZIP: _____ OTHER: _____

TEST RESULTS INFORMATION

	DOUBLE CHECK VALVE ASSEMBLY				
	REDUCED PRESSURE PRINCIPLE ASSEMBLY			PRESSURE VACUUM BREAKER	
	CHECK VALVE NO. 1	CHECK VALVE NO. 2	DIFFERENTIAL RELIEF VALVE	AIR INLET VALVE	CHECK VALVE
INITIAL TEST	HELD AT: _____.____ PSID LEAKED ☐	HELD AT: _____.____ PSID CLOSED TIGHT (RP) ☐ LEAKED ☐	OPENED AT: _____.____ PSID OPENED UNDER 2.0 PSID OR DID NOT OPEN ☐	OPENED AT: _____.____ PSID OPENED UNDER 1.0 PSID OR DID NOT OPEN ☐	HELD AT: _____.____ PSID LEAKED ☐
REPAIRS	1) CLEANED ☐ **REPLACED:** 2) DISC ☐ 3) SPRING ☐ 4) GUIDE ☐ 5) SEAT ☐ 6) MODULE ☐ 7) OTHER ☐	1) CLEANED ☐ **REPLACED:** 2) DISC ☐ 3) SPRING ☐ 4) GUIDE ☐ 5) SEAT ☐ 6) MODULE ☐ 7) OTHER ☐	1) CLEANED ☐ 2) EXERCISED ☐ **REPLACED:** 3) DISC(S) ☐ 4) SPRING ☐ 5) DIAPHRAGM(S) ☐ 6) SEAT(S) ☐ 7) O-RING(S) ☐ 8) MODULE ☐ 9) OTHER ☐	1) CLEANED ☐ **REPLACED:** 2) DISC ☐ 3) DIAPHRAGM ☐ 4) FLOAT ☐ 5) OTHER ☐	1) CLEANED ☐ **REPLACED:** 2) DISC ☐ 3) MODULE ☐ 4) OTHER ☐
TEST AFTER REPAIR	HELD AT: _____.____ PSID	HELD AT: _____.____ PSID CLOSED TIGHT (RP) ☐	OPENED AT: _____.____ PSID	OPENED AT: _____.____ PSID	HELD AT: _____.____ PSID

INITIAL TEST	TEST AFTER REPAIR
START TIME:	START TIME:
END TIME	END TIME:
DATE:	DATE:

COMMENTS: _____

ASSEMBLY: PASSED ☐ FAILED ☐

If FAILED, please mail the test report to the City of West Sacramento within 24 hours!

PLEASE MAIL ORIGINAL TO:

City of West Sacramento Public Works Backflow Division 1110 West Capitol Avenue West Sacramento, CA 95691

Or email to:
pwoffice@cityofwestsacramento.org

AWWA TESTER NUMBER: _____

PLEASE *PRINT* YOUR NAME: _____

SIGNATURE: _____