

BOARD OF DIRECTORS

Kelly Atchley
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APN _____

Account # _____

GENERAL MANAGER

Cindy Gustafson

TAHOE CITY PUBLIC UTILITY DISTRICT BACKFLOW PREVENTION ASSEMBLY TEST REPORT

P.O. Box 5249, 221 Fairway Drive, Tahoe City, California 96145 · Phone: (530) 583-3796 · Fax: (530) 581-1368

Customer Name _____
 Physical Address _____
 Mailing Address _____
 City / State / Zip Code _____

Type of Service:

Meter Protection

Irrigation

Fire Protection

Other _____

Manufacturer _____ RP Device _____ Double Check _____ PVB _____ Number of Devices at this location _____
 Model _____ Size _____ Location of Device _____ (Sketch on Back)
 Serial Number _____ New Device _____ Replacement Device _____ Serial Number of OLD Device _____

	Reduced Pressure Principle Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	1st Check	2nd Check			
Initial Test	Held at: _____ psid	Held at: _____ psid	Opened at: _____ psid	Opened at: _____ psid	Held at: _____ psid
Passed / Failed	Leaked: <input type="checkbox"/>	Leaked: <input type="checkbox"/> Closed Tight: <input type="checkbox"/>	Did Not Open: <input type="checkbox"/>	Did Not Open: <input type="checkbox"/>	Leaked: <input type="checkbox"/>
Repairs and Materials Used					
Initial Test	Held at: _____ psid	Held at: _____ psid	Opened at: _____ psid	Opened at: _____ psid	Held at: _____ psid
Passed / Failed	Leaked: <input type="checkbox"/>	Closed Tight: <input type="checkbox"/>			

The cross-connection control assembly detailed herein has been tested and maintained as required by Title 17 of the California Administrative Code and Tahoe City Public Utility District Ordinance No. 185 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.

Comments: _____

The above is certified to be true.
 Certified Tester _____ Tester Number _____
 Gage Serial Number _____ Today's Test Date: _____

