## FULL ROYON CALIFORNIA

## **BACKFLOW PREVENTION DEVICE TEST AND MAINTENANCE REPORT**

Send Original: City of Fullerton - Engineering Department Attn: Chad Blais - Water Quality Specialist 303 W. Commonwealth Ave. - Fullerton, CA 92832 Phone: (714) 738-6896 FAX: (714) 738-3115

Send Copy: Org Co Health Care Agency-Env Health Div-Water Quality Section Attn: Martin W. Friebert - 1241 E. Dyer Rd. Suite 120, Santa Ana, CA 92705

**FULLERTON** 

## **City of Fullerton**

TOLLLINTON						J.1.							
Assembly ID			Facility Name										
Acct Number			Meter#	93			Test	Test Report Due:					
Service Address								Schedule Code					
								Assembly Info (Replacement/Correction)					
Equip Location													
Contact Name			A CONTRACTOR OF THE CONTRACTOR	Ph	Ph		Туре					5077	
FileNo			Protectio	n Type	уре		Size						
Hazard Type				Hazard I	zard Level		Mode	el 🔲					
·							Insta	II Date					
Passed		Passed	Failed				Pern	nit Num		<del></del>			
Line press	ure at time of		grand of the state										
	Check Valve #1		Check Valve #2		Relief Valve		PVB/SVB		S	Shut Off Valves			
Initial Test	Held at		Held at		Opened at PSID		Air In	Air Inlet Opened at PSID			#1	#2	
	Closed Tight Leaked		Closed Tight Leaked		Did Not Open		Chec	not Open ck Held at PSI	Clo	Closed Tight Leaked			
	CLEANED		CLEANED		. CLEANED		Leaked  CLEANED			CLEANED			
R E P A I R	REPLACED  Disc Spring Guide Seat Hinge Pin Diaphragm Module		REPLACED Disc Spring Guide Seat Hinge Pin Diaphragm Module		REPLACED  Disc Spring Diaphragm Seat O-Ring(s) Module		REPLACED  Air Inlet Disc  Airl Inlet Spring  Check Disc  Check Spring  Float  Diaphragm		REI	REPLACED REPAIR			
Other:													
Final								PSI	ID				
Test	Closed 7	PSID   _ right   [	Closed Tight		Opene	_ PSID	Air Inlet CK Valve			sed Tight			
THE ABOVE REPORT IS CERTIFIED TO BE TRUE: City of Fullerton Business License No													
Initial Test By:		Certificate:	Date:	Tim	e:		(1, <b>2</b> )	Compar	ny:	Ph		one:	
Final Test By:													
Repair By:													