



BACKFLOW PREVENTION ASSEMBLY TEST REPORT

Please return report to:
Santa Ynez River Water Conservation
District, Improvement District No. 1
P.O. Box 157
3622 Sagunto Street
Santa Ynez, CA 93460

DUE DATE: **FEBRUARY 12, 2010** (Return completed original green test form to our office by due date)

ACCOUNT #: 04072501 METER #: 65281937

NAME OF PREMISE: Rabobank, N.A.

SERVICE ADDRESS: Faraday Street, Santa Ynez CITY: SANTA YNEZ ZIP: 93460

CONTACT PERSON: Rabobank, N.A. PHONE: (805)474-6243 FAX: _____

MAKE OF ASSEMBLY: Wilkins MODEL: 975XL SERIAL #: 2079730 SIZE: 3/4"

NEW INSTALLATION ☐ EXISTING ☐ REPLACEMENT ☐ OLD ASSEMBLY SERIAL NUMBER: _____

INITIAL TEST	DCVA/RPBA CHECK VALVE NO.1	DCVA/RPBA CHECK VALVE NO.2	RPBA	PVBA AIR INLET
PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	LEAKED <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> _____ PSID	LEAKED <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> _____ PSID	OPENED AT _____ PSID #1 CHECK _____ PSID	OPENED AT _____ PSID DID NOT OPEN <input type="checkbox"/>
NEW PARTS & REPAIRS	CLEAN REPLACE PART <input type="checkbox"/> <input type="checkbox"/> Disc <input type="checkbox"/> <input type="checkbox"/> Spring <input type="checkbox"/> <input type="checkbox"/> Diaphragm <input type="checkbox"/> <input type="checkbox"/> Guide <input type="checkbox"/> <input type="checkbox"/> Pin. Ret. <input type="checkbox"/> <input type="checkbox"/> Hinge Pin <input type="checkbox"/> <input type="checkbox"/> Seat <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/> Shut-off Valve	CLEAN REPLACE PART <input type="checkbox"/> <input type="checkbox"/> Disc <input type="checkbox"/> <input type="checkbox"/> Spring <input type="checkbox"/> <input type="checkbox"/> Diaphragm <input type="checkbox"/> <input type="checkbox"/> Guide <input type="checkbox"/> <input type="checkbox"/> Pin. Ret. <input type="checkbox"/> <input type="checkbox"/> Hinge Pin <input type="checkbox"/> <input type="checkbox"/> Seat <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/> Shut-off Valve	CLEAN REPLACE PART <input type="checkbox"/> <input type="checkbox"/> Disc Upper <input type="checkbox"/> <input type="checkbox"/> Disc Lower <input type="checkbox"/> <input type="checkbox"/> Spring <input type="checkbox"/> <input type="checkbox"/> Diaphragm <input type="checkbox"/> <input type="checkbox"/> Large Upper <input type="checkbox"/> <input type="checkbox"/> Large Lower <input type="checkbox"/> <input type="checkbox"/> Small <input type="checkbox"/> <input type="checkbox"/> Seat Upper <input type="checkbox"/> <input type="checkbox"/> Seat Lower <input type="checkbox"/> <input type="checkbox"/> Spacer	CHECK VALVE HELD AT _____ PSID LEAKED <input type="checkbox"/> CLEANED <input type="checkbox"/> REPAIRED <input type="checkbox"/>
TEST AFTER REPAIRS	CLOSED TIGHT <input type="checkbox"/> _____ PSID	CLOSED TIGHT <input type="checkbox"/> _____ PSID	OPENED AT _____ PSID #1 CHECK _____ PSID	AIR INLET _____ PSID CHK VALVE _____ PSID

FIRE SERVICE? Yes ☐ No ☐ DETECTOR? Yes ☐ No ☐ DETECTOR METER READING: _____

REMARKS: _____

INITIAL TEST Date _____ Certified Tester No. _____ Passed <input type="checkbox"/> Failed <input type="checkbox"/> Tested by (Signature) _____ Print Name _____	
REPAIR/REPLACE/FINAL TEST (Please circle action performed) Date _____ Certified Tester No. _____ Passed <input type="checkbox"/> Failed <input type="checkbox"/> Tested by (Signature) _____ Print Name _____	
NEW DEVICE Date _____ Certified Tester No. _____ Passed <input type="checkbox"/> Failed <input type="checkbox"/> Tested by (Signature) _____ Print Name _____	