



**City of Garden Grove – Public Works Department
Water Service Division – Water Quality Section
13802 Newhope St, Garden Grove, CA 92843
TEL (714) 741-5399 FAX (714) 638-9906**

BACKFLOW PREVENTION ASSEMBLY TEST & MAINTENANCE REPORT

Name: _____ File #: _____ Seq#: _____

Attn: _____ Quarter Due: _____

Address: _____ Water Use: _____

City, State, Zip _____ Meter Serv Protection?
 Yes No

Service Location: _____ Device Location: _____

Mfg/Type: _____ Size: _____ Serial #: _____

This is a Replacement Assembly This is a New Installation This is a Lead Free BFP

	REDUCED PRESSURE PRINCIPLE ASSEMBLY			Line Pressure _____	
	DOUBLE CHECK ASSEMBLY				
	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB	
INITIAL TEST	Held at _____ PSID Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Held at _____ PSID Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened at _____ PSID Did NOT Open <input type="checkbox"/>	Air Inlet Opened at _____ PSID Did NOT Open <input type="checkbox"/>	Check Valve Held at _____ PSID Tight <input type="checkbox"/> Leaked <input type="checkbox"/>
REPAIRS	CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> DISC <input type="checkbox"/> SPRING <input type="checkbox"/> GUIDE <input type="checkbox"/> HINGE PIN <input type="checkbox"/> SEAT <input type="checkbox"/> MODULE <input type="checkbox"/> OTHER <input type="checkbox"/> DESCRIBE:	CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> DISC <input type="checkbox"/> SPRING <input type="checkbox"/> GUIDE <input type="checkbox"/> HINGE PIN <input type="checkbox"/> SEAT <input type="checkbox"/> MODULE <input type="checkbox"/> OTHER <input type="checkbox"/> DESCRIBE:	CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> DISC <input type="checkbox"/> DIAPHRAGM ... <input type="checkbox"/> FLOAT <input type="checkbox"/> SPRING <input type="checkbox"/> O-RING(S) <input type="checkbox"/> MODULE <input type="checkbox"/> OTHER <input type="checkbox"/> DESCRIBE:	CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> DISC <input type="checkbox"/> DIAPHRAGM... <input type="checkbox"/> FLOAT <input type="checkbox"/> SPRING <input type="checkbox"/> O-RING(S) <input type="checkbox"/> MODULE <input type="checkbox"/> OTHER <input type="checkbox"/> DESCRIBE:	
FINAL TEST	Held at _____ PSID Closed Tight <input type="checkbox"/>	Held at _____ PSID Closed Tight <input type="checkbox"/>	Opened at _____ PSID	Air Inlet: Opened at _____ PSID	Check Valve: Held at _____ PSID

Comments: _____

Initial Test	Date: _____	Tester #: _____	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
	Signed: _____	Print: _____	Phone: _____	

Final Test	Date: _____	Tester #: _____	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
	Signed: _____	Print: _____	Phone: _____	

Send Report To:
Millie Castellanos-Rodriguez, WQ Tech/CCC Specialist
Cel Pasillas, WQ Tech/CCC Specialist
City of Garden Grove

Copy To:
Orange County Environmental Health
1241 E Dyer Rd, Suite 120, Santa Ana, CA 92705