

CITY OF LOMITA PUBLIC WORKS DEPARTMENT

24300 Narbonne Ave. Lomita, Ca. 90717
 Phone: (310) 325-7110 ext. 155 Fax: (310) 325-4024

PLEASE FILL IN ANY MISSING OR INCORRECT INFORMATION BELOW:

**BACKFLOW PREVENTION ASSEMBLY
 FIELD TEST AND MAINTENANCE REPORT**

FIRST NOTICE

TEST DUE: September 15, 2020

Account #:		Manufacturer	
Account Name:		Model:	
Meter Address:		Type:	
Contact Name:		Size:	
Phone Number:		Serial #:	
Email:		Meter #:	
Meter Location:		By Pass Meter #:	
Purpose:	<input type="checkbox"/> domestic <input type="checkbox"/> irrigation <input type="checkbox"/> fire <input type="checkbox"/> other		

	REDUCED PRESSURE PRINCIPLE ASSEMBLY			RP <input type="checkbox"/> RPDA <input type="checkbox"/> DC <input type="checkbox"/> DCDA <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap <input type="checkbox"/> SVB <input type="checkbox"/> AVB <input type="checkbox"/>
	DOUBLE CHECK VALVE ASSEMBLY			
	CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE	PVB / SVB
INITIAL TEST	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Did not open <input type="checkbox"/>	AIR INLET
		Closed Tight <input type="checkbox"/>		Did not open <input type="checkbox"/>
	Held at _____ PSID	Held at _____ PSID	Opened at _____ PSID	Opened at _____ PSID
REPAIRS	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	CHECK VALVE
	Replaced <input type="checkbox"/>	Replaced <input type="checkbox"/>	Replaced <input type="checkbox"/>	Leaked <input type="checkbox"/>
				Held at _____ PSID
DETAILS			AIR INLET	Cleaned <input type="checkbox"/>
			Opened at _____ PSID	Replaced <input type="checkbox"/>
FINAL TEST		Closed Tight <input type="checkbox"/>		CHECK VALVE
	Held at _____ PSID	Held at _____ PSID	Opened at _____ PSID	Held at _____ PSID

COMMENTS - ADDITIONAL INFO:	Line Pressure _____ Meter Reading _____ Held Backpressure _____ # Shutoff _____ Relief Valve Exercised _____
THE ABOVE REPORT IS CERTIFIED TO BE TRUE.	

	Tester #	Print Name	Tester Signature	Phone #	Date	Passed	Failed
Initial Test						<input type="checkbox"/>	<input type="checkbox"/>
Repairs						<input type="checkbox"/>	<input type="checkbox"/>
Final Test						<input type="checkbox"/>	<input type="checkbox"/>

PLEASE PROVIDE ANY CHANGES TO YOUR ACCOUNT:

MAILING ADDRESS: _____

CONTACT NUMBER: _____
 EMAIL ADDRESS: _____