

**BOARD OF DIRECTORS**

Erik Henrikson  
 Dan Wilkins  
 Lou Reinkens  
 Ron Treabess  
 Judy Friedman



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 · (530) 583-3796 · (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			
<b>Initial Test</b>	Held at: _____ psid	Held at: _____ psid	Opened at: _____ psid	Opened at: _____ psid	Held at: _____ psid
<b>Passed / Failed</b>	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"/>
<b>Repairs and Materials Used</b>					
<b>Initial Test</b>	Held at: _____ psid	Held at: _____ psid	Opened at: _____ psid	Opened at: _____ psid	Held at: _____ psid
<b>Passed / Failed</b>	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 \_\_\_\_\_  
 Gauge Serial Number \_\_\_\_\_ Today's Test Date: \_\_\_\_\_

