



APN _____

TAHOE CITY PUBLIC UTILITY DISTRICT BACKFLOW PREVENTION ASSEMBLY TEST REPORT

P.O. Box 5249, 221 Fairway Drive, Tahoe City, California 96145 · (530) 580-6281 · Fax (530) 581-1368
 Email: barbsmith@tcpud.org

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			
Initial Test	Held at: _____ psid	Held at: _____ psid	Opened at: _____ psid	Opened at: _____ psid	Held at: _____ psid
Passed / Failed	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"/>
Repairs made and Materials Used					
Initial Test	Held at: _____ psid	Held at: _____ psid	Opened at: _____ psid	Opened at: _____ psid	Held at: _____ psid
Passed / Failed	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 Water Ordinance No. 263 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. _____ (sign)
 Certified Tester _____ Tester Number _____
 Gauge Serial Number _____ Today's Test Date _____