



BACKFLOW ASSEMBLY TEST REPORT

Return Legible and Satisfactory Reports to:
VANDBERG VILLAGE COMMUNITY SERVICES DISTRICT
 3745 CONSTELLATION ROAD, LOMPOC, CA 93436
 PHONE: 805-733-2475 FAX: 805-733-2109 callen@vvcسد.org

<input type="checkbox"/>	NEW INSTALL
<input type="checkbox"/>	EXISTING INSTALL
<input type="checkbox"/>	REPLACEMENT
	OLD ASSY. SERIAL NUMBER: _____

Test results may be submitted from your mobile devices at <https://vandenberg-village-community-services-district-testers.syncta.com/>. Contact VVCSD to request system access.

ASSEMBLY MANUFACTURER		MODEL	SERIAL NUMBER	SIZE	TEST DUE DATE
ACCOUNT NAME					LAST TEST DATE
MAILING ADDRESS					WATER PURVEYOR
CONTACT NAME			CONTACT PHONE		FILE NUMBER
FACILITY NAME					SYNCTA NUMBER
SERVICE ADDRESS					WATER METER NUMBER
LOCATION OF ASSEMBLY					
DOWNSTREAM PROCESS				AREA SERVED <input type="checkbox"/> Domestic Water Service <input type="checkbox"/> Irrigation Service <input type="checkbox"/> Fire Service <input type="checkbox"/> Other	
INITIAL TEST RESULTS			TEST AFTER REPAIRS OR CLEANING		
RPBA	LINE PRESSURE AT TIME OF TEST _____ PSIG		PRESSURE DROP ACROSS #1 CHECK VALVE _____ PSID		
	PRESSURE DROP ACROSS #1 CHECK VALVE _____ PSID		RELIEF VALVE OPENED AT _____ PSID		
	RELIEF VALVE OPENED AT _____ PSID		NO. 1 CHECK: <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> LEAKED		
	NO. 1 CHECK: <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> LEAKED		NO. 2 CHECK: <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> LEAKED		
	NO. 2 CHECK: <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> LEAKED		PASSED TEST <input type="checkbox"/> YES <input type="checkbox"/> NO		
DCVA	LINE PRESSURE AT TIME OF TEST _____ PSIG		NO. 1 CHECK: <input type="checkbox"/> CLOSED TIGHT _____ PSID		
	NO. 1 CHECK: <input type="checkbox"/> CLOSED TIGHT _____ PSID		<input type="checkbox"/> LEAKED		
	<input type="checkbox"/> LEAKED		NO. 2 CHECK: <input type="checkbox"/> CLOSED TIGHT _____ PSID		
	NO. 2 CHECK: <input type="checkbox"/> CLOSED TIGHT _____ PSID		<input type="checkbox"/> LEAKED		
	<input type="checkbox"/> LEAKED		PASSED TEST <input type="checkbox"/> YES <input type="checkbox"/> NO		
PVB	LINE PRESSURE AT TIME OF TEST _____ PSIG		AIR INLET: OPENED AT _____ PSID		
	AIR INLET: OPENED AT _____ PSID		<input type="checkbox"/> FAILED TO OPEN		
	<input type="checkbox"/> FAILED TO OPEN		CHECK VALVE: HELD TIGHT AT _____ PSID		
	CHECK VALVE: HELD TIGHT AT _____ PSID		<input type="checkbox"/> LEAKED		
	<input type="checkbox"/> LEAKED		PASSED TEST <input type="checkbox"/> YES <input type="checkbox"/> NO		
AG	APPROVED AIR GAP SEPARATION PROVIDED? <input type="checkbox"/> YES		PLEASE RECORD REPAIR OR CLEANING INFORMATION IN THE REMARKS SECTION BELOW RECORD DETECTOR METER READING - WHEN APPLICABLE		
	<input type="checkbox"/> Physical Separation = 2 X Diameter of Supply Pipe to Overflow Rim <input type="checkbox"/> NO				
PROPER INSTALLATION? <input type="checkbox"/> YES		WATER SERVICE RESTORED? <input type="checkbox"/> YES			
<input type="checkbox"/> NO		<input type="checkbox"/> NO			
REMARKS: REPAIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO					
INITIAL TEST BY (PRINTED NAME):				CERTIFICATE NUMBER	TEST DATE
REPAIRED BY (PRINTED NAME):				REPAIR DATE	
FINAL TEST BY (PRINTED NAME):				CERTIFICATE NUMBER	RETEST DATE
TEST KIT MAKE		MODEL	SERIAL NUMBER	CALIBRATION DATE	
TESTER'S SIGNATURE:			COMPANY NAME AND ADDRESS	PHONE	
I CERTIFY THAT I HAVE PROVIDED COPIES OF MY CURRENT CALIBRATION REPORT AND TESTER CERTIFICATE TO VVCSD					