BACKFLOW ASSEMBLY TEST REPORT

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

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.

❑ NEW INSTALL
❑ EXISTING INSTALL
❑ REPLACEMENT
OLD ASSY. SERIAL NUMBER: _____

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** ❑ Domestic Water Service ❑ Irrigation Service ❑ Fire Service ❑ Other

	INITIAL TEST RESULTS	TEST AFTER REPAIRS OR CLEANING
RPBA	LINE PRESSURE AT TIME OF TEST _____ PSIG PRESSURE DROP ACROSS #1 CHECK VALVE _____ PSID RELIEF VALVE OPENED AT _____ PSID NO. 1 CHECK: ❑ CLOSED TIGHT ❑ LEAKED NO. 2 CHECK: ❑ CLOSED TIGHT ❑ LEAKED **PASSED TEST ❑ YES ❑ NO**	PRESSURE DROP ACROSS #1 CHECK VALVE _____ PSID RELIEF VALVE OPENED _____ PSID NO. 1 CHECK: ❑ CLOSED TIGHT ❑ LEAKED NO. 2 CHECK: ❑ CLOSED TIGHT ❑ LEAKED **PASSED TEST ❑ YES ❑ NO**
DCVA	LINE PRESSURE AT TIME OF TEST _____ PSIG NO. 1 CHECK: ❑ CLOSED TIGHT ❑ LEAKED _____ PSID NO. 2 CHECK: ❑ CLOSED TIGHT ❑ LEAKED _____ PSID **PASSED TEST ❑ YES ❑ NO**	NO. 1 CHECK: ❑ CLOSED TIGHT ❑ LEAKED _____ PSID NO. 2 CHECK: ❑ CLOSED TIGHT ❑ LEAKED _____ PSID **PASSED TEST ❑ YES ❑ NO**
PVB	LINE PRESSURE AT TIME OF TEST _____ PSIG AIR INLET: OPENED AT _____ PSID ❑ FAILED TO OPEN CHECK VALVE: HELD TIGHT AT _____ PSID ❑ LEAKED **PASSED TEST ❑ YES ❑ NO**	AIR INLET: OPENED AT _____ PSID ❑ FAILED TO OPEN CHECK VALVE: HELD TIGHT AT _____ PSID ❑ LEAKED **PASSED TEST ❑ YES ❑ NO**
AG	APPROVED AIR GAP SEPARATION PROVIDED? ❑ YES ❑ NO ❑ Physical Separation = 2 X Diameter of Supply Pipe to Overflow Rim	**PLEASE RECORD REPAIR OR CLEANING INFORMATION IN THE REMARKS SECTION BELOW**

PROPER INSTALLATION?	**WATER SERVICE RESTORED?**	**RECORD DETECTOR METER READING - WHEN APPLICABLE**
❑ YES ❑ NO	❑ YES ❑ NO	

REMARKS: REPAIRED? ☐YES ☐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