



# BACKFLOW PREVENTION ASSEMBLY TEST REPORT

11H

## City of San Diego

Assembly ID	2002525	Facility Name	Webbor, Jack	
Customer #	1729767	Meter	90784185	Return Form By:
Service Address	4036 Utah St San Diego CA 92104		Schedule Code	
Assy Location	At Meter	Assembly Info (Replacement/Correction)		
Account #	1729767	<input type="checkbox"/> Confinement	<input type="checkbox"/> Freeze Protect	SN <input checked="" type="checkbox"/> 111207
Contact Name		Ph	(619) 491-0355	Mfr <input checked="" type="checkbox"/> WATTS
Rate Code	85	Fax #		Type <input checked="" type="checkbox"/> RP
				Size <input checked="" type="checkbox"/> 1 1/2"
				Model <input checked="" type="checkbox"/> 009M2
				Install Date
				Permit Num
Protection	Containment	Hazard Type	Haz. Level	High

REQUIREMENTS	Yes	No	Yes	No
1. Is the device installed per:	<input type="checkbox"/>	<input type="checkbox"/>	3. Is there PVC Pipe between Meter and Backflow Preventer?	<input type="checkbox"/> <input checked="" type="checkbox"/>
2. Is there a strainer or Pressure Regulator between Meter and Backflow Preventer?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. Is there a Tee between Meter and Backflow Preventer?	<input type="checkbox"/> <input checked="" type="checkbox"/>
Line pressure at time of test:	70 #			

	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB	Shut Off Valves
<b>Initial Test</b>	<input checked="" type="checkbox"/> Held at PSID Apparent <u>7.8</u> Actual <u>7.5</u>	<input type="checkbox"/> Held at PSID <input checked="" type="checkbox"/> Closed Tight	<input checked="" type="checkbox"/> Opened at <u>4.5</u> PSID <input type="checkbox"/> Did Not Open	<input type="checkbox"/> Air Inlet Opened at PSID <input type="checkbox"/> Did not Open <input type="checkbox"/> Check Held at PSID <input type="checkbox"/> Leaked	#1 #2 Closed Tight <input type="checkbox"/> <input checked="" type="checkbox"/> Leaked <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> Leaked <input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED	<input type="checkbox"/> Leaked <input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED	CLEANED <input type="checkbox"/> <input type="checkbox"/> REPLACED <input type="checkbox"/> <input type="checkbox"/> REPAIR <input type="checkbox"/> <input type="checkbox"/>
<b>R E P A I R</b>	<input type="checkbox"/> Disc	<input type="checkbox"/> Disc	<input type="checkbox"/> Disc	<input type="checkbox"/> Air Inlet Disc	
	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring	<input type="checkbox"/> Air Inlet Spring	
	<input type="checkbox"/> Guide	<input type="checkbox"/> Guide	<input type="checkbox"/> Diaphragm	<input type="checkbox"/> Check Disc	
	<input type="checkbox"/> Seat	<input type="checkbox"/> Seat	<input type="checkbox"/> Seat	<input type="checkbox"/> Check Spring	
	<input type="checkbox"/> Hinge Pin	<input type="checkbox"/> Hinge Pin	<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> Float	
	<input type="checkbox"/> Diaphragm	<input type="checkbox"/> Module	<input type="checkbox"/> Module	<input type="checkbox"/> Diaphragm	
	<input type="checkbox"/>				Other <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/>				

Other/Notes: INITIAL TEST ON NEW INSTALLATION.

<b>Final Test</b>	<input type="checkbox"/> Held at PSID Apparent _____ PSID	<input type="checkbox"/> Opened at _____ PSID	Air Inlet _____ PSID
	Actual _____ <input type="checkbox"/> Closed Tight	PSID _____	CK Valve _____ PSID
		Closed Tight	<input type="checkbox"/> <input type="checkbox"/>

THE ABOVE REPORT IS CERTIFIED TO BE TRUE:

Initial Signature	Certificat	Date:	Gauge Num	Time In	Time Out	Print Name	Pass / Fail
	05 00545	2/16/06	099374	AM		Barry B. Burris	PASS
Repair Signature							