



**PLEASE RETURN THIS FORM. NO OTHER FORMS WILL BE ACCEPTED.**  
BACKFLOW DEVICE MAINTENANCE REPORT

MONTH: \_\_\_\_\_

LOCATION: \_\_\_\_\_

ACCOUNT NO.: \_\_\_\_\_

TYPE:  
MODEL: \_\_\_\_\_

SIZE: \_\_\_\_\_

BACKFLOW DEVICE NO.: \_\_\_\_\_

SERIAL NO.: \_\_\_\_\_

METER NO.: \_\_\_\_\_

**FAILURE TO COMPLY WITH THIS NOTICE  
COULD RESULT IN DISCONTINUANCE OF  
WATER SERVICE.**

**TO AVOID DELINQUENT / SHUT OFF FEES THIS DEVICE MUST BE TESTED ON OR BEFORE** \_\_\_\_\_

	REDUCED PRESSURE PRINCIPLE ASSEMBLY			LINE PRESSURE
	DOUBLE CHECK VALVE ASSEMBLY			_____
	CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE	PVB / SVB
INITIAL TEST	HELD AT _____ PSID LEAKED <input type="checkbox"/>	HELD AT _____ PSID CLOSED TIGHT <input type="checkbox"/> LEAKED <input type="checkbox"/>	OPENED AT _____ PSID DID NOT OPEN <input type="checkbox"/>	AIR INLET OPENED AT _____ PSID DID NOT OPEN <input type="checkbox"/>
REPAIRS	<input type="checkbox"/> CLEANED _____ _____ _____ _____ <input type="checkbox"/> REPLACED _____ _____ _____ _____	<input type="checkbox"/> CLEANED _____ _____ _____ _____ <input type="checkbox"/> REPLACED _____ _____ _____ _____	<input type="checkbox"/> CLEANED _____ _____ _____ _____ <input type="checkbox"/> REPLACED _____ _____ _____ _____	CHECK VALVE HELD AT _____ PSID LEAKED <input type="checkbox"/> <input type="checkbox"/> CLEANED _____ _____ <input type="checkbox"/> REPLACED _____ _____ _____ _____
	FINAL TEST	HELD AT _____ PSID	HELD AT _____ PSID CLOSED TIGHT <input type="checkbox"/>	OPENED AT _____ PSID AIR INLET _____ PSID CHECK VALVE _____ PSID

COMMENTS \_\_\_\_\_

THE ABOVE REPORT IS CERTIFIED TO BE TRUE.

\_\_\_\_\_  
INITIAL TEST (SIGNATURE)      PRINT NAME      CERT. TESTER NO.      DATE

\_\_\_\_\_  
FINAL TEST/REPAIRS (SIG.)      PRINT NAME      CERT. TESTER NO.      DATE

\_\_\_\_\_  
TESTER'S COMPANY NAME      TESTER'S PHONE NUMBER (REQUIRED)



## IMPORTANT NOTICE TO TEST BACKFLOW PREVENTION DEVICE

Dear Customer,

The Backflow Prevention Device described on the reverse side of this notice is due for its annual test, as required in Title 22 of the California Administrative Code and the Rules and Regulations of the Mesa Consolidated Water District. This test is necessary to ensure the continued proper operation of this device, which protects the public water supply from possible contamination.

If the device fails the test, the necessary repairs must be made and the device retested.

The device may not be replaced or relocated without approval of this office. Upon the completion of a satisfactory test, the Orange County Certified Tester shall complete the test and maintenance report form and forward it to the following address by the date specified on this form. Failure to return this form by the due date may result in delinquent fees and possible disconnection of service.

Additional information relative to this matter and a list of certified backflow testers can be obtained by visiting Mesa's website: [www.mesawater.org](http://www.mesawater.org) (Department-Engineering-Backflow) or by calling (949) 631-1291.

Thank you in advance for working with us to keep our water safe.

Sincerely,

Pieter H. Pijl

Cross Connection Specialist

**Please return completed test report to:**

**Mesa Consolidated Water District**

**Attention: Cross Connection Control Department**

**1965 Placentia Avenue**

**Costa Mesa, CA 92627-3420**

**Office (949) 631-1291 Fax (949) 574-1035**

MCW-B Rev. 11/08