



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.**

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"/> CLEANED _____ _____ _____ _____ _____ _____ _____	<input type="checkbox"/> CLEANED _____ _____ _____ _____ _____ _____ _____	CHECK VALVE HELD AT _____ PSID LEAKED <input type="checkbox"/>
	<input type="checkbox"/> REPLACED _____ _____ _____ _____ _____ _____ _____	<input type="checkbox"/> REPLACED _____ _____ _____ _____ _____ _____ _____	<input type="checkbox"/> REPLACED _____ _____ _____ _____ _____ _____ _____	<input type="checkbox"/> CLEANED _____ _____ _____ _____ _____ _____ _____
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 17 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.

Additional information relative to this matter may be obtained 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**

Fax (949) 574-1035