

TEST AND MAINTENANCE REPORT – BACKFLOW PREVENTION ASSEMBLY

Please correct or complete information below: (Serial # to be completed each test) _____. * Please also note any meter reading, when applicable.

Location: _____

Serial# _____

Equipment: _____

Return to: _____

Sheri Lubin
MNS Engineers, Inc.
201 Industrial Way, Ste. A
Buellton, CA 93427
Date Notice Mailed: _____

RETURN COMPLETED REPORT BY:

(Note: test reports are to be mailed within 48 hours of completion)

Fire Service/ Meter	Fire Service Yes <input type="checkbox"/> No <input type="checkbox"/>	Detector Yes <input type="checkbox"/> No <input type="checkbox"/>	*Meter Reading: _____		
Type of Use	Domestic <input type="checkbox"/> Fire <input type="checkbox"/> Irrigation <input type="checkbox"/> Commercial/Industrial <input type="checkbox"/> Recycled <input type="checkbox"/>				
Assembly	Reduced Pressure Principle Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Diff. Pres Relief Valve <small>Differential (2 PSID Min)</small>	Air Inlet	Check Valve
	Check Valve #1	Check Valve #2		Opened at: _____ PSID	Held at: _____ PSID
Initial Test	Held at: _____ PSID Leaked <input type="checkbox"/>	Held at: _____ PSID Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened _____ PSID Did not open <input type="checkbox"/>	Did not open <input type="checkbox"/>	Leaked <input type="checkbox"/>
Repairs and Materials Used	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>
	Replaced:	Replaced:	Replaced:	Replaced:	Replaced:
	Disc <input type="checkbox"/>	Disc <input type="checkbox"/>	Disc: Upper <input type="checkbox"/>	Disc <input type="checkbox"/>	Disc <input type="checkbox"/>
	Spring <input type="checkbox"/>	Spring <input type="checkbox"/>	Lower <input type="checkbox"/>	Spring <input type="checkbox"/>	Spring <input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Spring <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Diaphragm <input type="checkbox"/>	Diaphragm <input type="checkbox"/>	Diaphragm <input type="checkbox"/>	Diaphragm <input type="checkbox"/>	Diaphragm <input type="checkbox"/>
	Guide <input type="checkbox"/>	Guide <input type="checkbox"/>	Large-Upper <input type="checkbox"/>	Large-Upper <input type="checkbox"/>	Float <input type="checkbox"/>
	Pin.Ret <input type="checkbox"/>	Pin.Ret <input type="checkbox"/>	Lower <input type="checkbox"/>	Lower <input type="checkbox"/>	Seat <input type="checkbox"/>
	Hinge Pin <input type="checkbox"/>	Hinge Pin <input type="checkbox"/>	Small <input type="checkbox"/>	Small <input type="checkbox"/>	Other <input type="checkbox"/>
	Seat <input type="checkbox"/>	Seat <input type="checkbox"/>	Seat: Upper <input type="checkbox"/>	Seat: Upper <input type="checkbox"/>	Shut-off Valve <input type="checkbox"/>
Other <input type="checkbox"/>	Other <input type="checkbox"/>	Lower <input type="checkbox"/>	Lower <input type="checkbox"/>		
Shut-off Valve <input type="checkbox"/>	Shut-off Valve <input type="checkbox"/>	Spacer <input type="checkbox"/>	Spacer <input type="checkbox"/>		
Test After Repair	_____ PSID	_____ PSID Closed Tight <input type="checkbox"/>	Opened at: _____ PSID	Opened at: _____ PSID	Held at: _____ PSID

COMMENTS: _____

INITIAL TEST		
Date: _____	Certified Tester No.: _____	Passed <input type="checkbox"/> Failed <input type="checkbox"/>
Test by (Signature) _____	Print Name _____	
REPAIR / REPLACE / FINAL TEST (Please circle action performed)		
Date: _____	Certified Tester No.: _____	Passed <input type="checkbox"/> Failed <input type="checkbox"/>
Repaired by (Signature) _____	Print Name _____	

Testers Business Name _____

Acknowledged _____

Owner/Occupant

TO: PREMISES OWNER OR OCCUPANT
FROM: CITY OF BUELLTON
SUBJECT: **NOTICE TO TEST BACKFLOW PREVENTION ASSEMBLY**

Our records indicate the backflow prevention assembly described on the reverse side of this notice is due for annual testing. This backflow prevention assembly has been installed on premises owned or occupied by you for the protection of the potable water supply.

Under the requirements of the California Code of Regulations Title 17, the Santa Barbara County Code and your local jurisdiction, you are directed to have the assembly tested to ensure that it is functioning satisfactorily. Testing is required to be performed when first putting the assembly into service and at least annually for the life of the assembly. If found defective, the assembly shall be repaired or replaced without delay. Repair or replacement must be followed by a test to ensure effective operation. Please provide this test paperwork to the certified tester.

If tests have been made on a yearly basis, please forward the information to me below via fax, email or postal mail. If this information is not available or has not been done, please have the testing performed by a person holding a current California State Backflow Assembly Tester certificate and using a test gauge that has proof of accuracy or calibration on an annual basis.

If an assembly fails its test, please have the necessary repairs made. Upon completion of a satisfactory test, the enclosed Test Maintenance Report form must be filled in and returned to this office.

A person possessing a valid certificate of competence issued by the American Water Works Association (AWWA), County of Ventura or San Luis Obispo Health Department, must perform the testing. A list of companies supplying certified tester service is enclosed for your convenience. Please return the completed test reports (s) to Sheri Lubin, on behalf of the City of Buellton, to the address below. The responsibility for returning the form rests solely with the owner or occupant, unless the owner or occupant authorizes the tester to send the report to Sheri Lubin. *Please note that test reports are to be mailed within 48 hours of being completed.*

Please feel free to contact me by email or phone if you need additional information.

Sincerely,

Sheri Lubin
MNS Engineers, Inc.
201 Industrial Way, Ste. A
Buellton, CA 93427
slubin@mnsengineers.com
Office Phone: 805-697-1413
Office Fax: 805-686-5418