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|  |  |  |  |  |
| MANUFACTURER | MODEL NO. | SIZE | SERIAL NUMBER | SERVICE NUMBER |
|  |  |  |  |  |

LOCATION:

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|  |
|  |  | - IMPORTANT - |  |
| METER NUMBER: |  | Please Return This Form |
|  | NO OTHER FORM WILL BE ACCEPTED |

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|  | Moulton Niguel Water District |
| MAIL TO: | 26161 Gordon Rd.Laguna Hills, CA 92653-8224(949) 425-3581backflow@mnwd.com |
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| BACKFLOW PREVENTION DEVICE FIELD TESTING AND MAINTENANCE REPORT | DUE DATE: |  |

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| --- | --- | --- | --- |
| **PASS** | **REDUCED PRESSURE PRINCIPLE ASSEMBLY** | Line Pressure |  |
| **FAIL** | **DOUBLE CHECK VALVE ASSEMBLY** |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
| **CHECK VALVE # 1** | **CHECK VALVE # 2** | **RELIEF VALVE** | **PVB/SVB** |  |
| INITIAL TEST | Held at \_\_\_\_\_\_\_\_\_\_\_\_PSID | Held at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PSID | Opened at \_\_\_\_\_\_\_\_\_\_\_\_\_PSID | AIR INLETOpened at \_\_\_\_\_ PSIDDID NOT OPEN **AIR INLET FULLY OPEN**YES NO  |  |
| CLOSED TIGHTFAILEDLEAKED  |  | CLOSED TIGHTFAILEDLEAKED |  | DID NOT OPEN |  |  |
| REPAIRS |  CLEANED |  CLEANED |  CLEANED |  |
|   | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | **CHECK VALVE**HELD AT \_\_\_\_\_\_\_\_\_\_PSIDCLOSED TIGHT  FAILED  LEAKED   |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  |  |  |  |  |  |  |
|  REPLACED |  REPLACED |  REPLACED |  CLEANED |  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |   | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  REPLACED  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| FINAL TEST |  |  |  | **Air Inlet**OPENED AT \_\_\_\_\_\_\_\_\_PSIDFULLY OPEN YES **CHECK VALVE**HELD AT \_\_\_\_\_\_\_\_\_\_\_\_ PSID |  |
| Held at \_\_\_\_\_\_\_\_\_\_\_\_PSID | Held at \_\_\_\_\_\_\_\_\_\_\_\_\_\_PSID | Opened at \_\_\_\_\_\_\_\_\_\_\_\_PSID |  |
| CLOSED TIGHT  | CLOSED TIGHT  |  |

Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| INITIAL TEST (SIGNATURE) | PRINT NAME | CERT. TESTER NO. | DATE |
|  |  |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| FINAL TEST (SIGNATURE) | PRINT NAME | CERT. TESTER NO. | DATE |
|  |  |  |  |
|   |  |  |  |
| TESTERS COMPANY NAME  |  |  TESTERS PHONE NUMBER (REQUIRED) |



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|  Moulton Niguel Water District |  |
|  | 26161 Gordon Rd. |  |
| Laguna Hills, CA 92653-8224 |  |
| (949) 425-3581 |  |
| backflow@mnwd.com |  |
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| -IMPORTANT-Please Return This FormNO OTHER FORM WILL BE ACCEPTED |
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| **NOTICE TO TEST BACKFLOW PREVENTION DEVICE** |
| This backflow prevention device described on the reverse of this notice has been installed on premises owned or controlled by you for the protection of the domestic water supply |
| Under requirements of the California Administrative Code and the Orange County Public Health code, you are directed to have this device tested to determine that it is functioning satisfactorily. If found defective, the device shall be serviced or replaced without delay. |
| Failure to comply with these requirements will result in the termination of water service to the affected water user until the device is tested. A reconnection fee will be charged to restore the water service. |
| Testing must be performed by a person possessing a valid Certificate of Competence issued by the County of Orange Health office. A list of Certified Testers is available, at www.MNWD.com |
| The completed report is to be returned to the address indicated and by the date specified on the reverse of this notice. Reports can also be emailed to backflow@mnwd.com |